

No. 12



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# GOVERNMENT OF MEGHALAYA

## REPORT ON THE QUICK EVALUATION STUDY OF INTENSIVE IMMUNIZATION DRIVE IN MEGHALAYA

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EVALUATION UNIT, PROGRAMME IMPLEMENTATION DEPARTMENT  
GOVERNMENT OF MEGHALAYA  
SHILLONG.

I N D E X

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P R E F A C E

At the instance of the Health and Family welfare Department a quick Evaluation Study was conducted in Intensive Immunization Drive during the latter part of 1990-91 by the Evaluation Unit when it was still under the Directorate of Economics and Statistics. In order to intensify the on-going "Universal Immunization" Programme, in operation throughout the country including the state of Meghalaya, the implementing Department have ventured a special Drive known as "Intensive Immunization Drive", beginning from April 1990. At the first instance, the Drive was confined to the 5(five) Development Blocks viz(i) Mawphlang in East Khasi Hills, (ii) Mairang in West Khasi Hills (iii) Amlarem in Jaintia Hills, (iv) Rongjeng in East Garo Hills and Selsella in West Garo Hills. The Study accordingly, covered all these Blocks for its period of the operation from April '90 to November '90.

2. Among other things, the Report attempts to highlight certain aspects of the Drive such as the adequacy of personnel mobilised for the task, the efficacy of the measures adopted in identifying the target groups, the extent of coverage achieved and as well as the quantum of drop-outs(i.e. these who did not complete the stipulated doses of injections) and the problems confronted by the implementing agencies.

3. Within such a short period of time as the Study was undertaken, it was heartening to note the prompt and full co-operation extended by all the concerned Medical Officers and other para-medical personnel right from the District Medical and Health Officer level down to the sub-centre level, without whose support it would be impossible for us to complete the Report within such a brief period of time as this was done. We are also grateful to Shri A.U. Chaudhury the Director of the erst while composite Directorate of Economics, Statistics and Evaluation who undertook a personal supervision and interest in expediting the Report.

4. The timing of the Study has a special significance in that it was conducted when the Drive was still at its initial stage. It is, therefore, hoped that the findings and suggestions incorporated in the Report, though limited and inadequate they may be, may contribute some light to the implementing Department for effective implementation of the scheme in future.

Dated Shillong,  
the 20th Sept '91.

N. Roy.  
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## CHAPTER - I

### INTRODUCTION

The Immunization Programme :- The child survival revolution formula, initiated in the 1980's in the face of global economic crisis, got a boost in the late Eighties. To protect the newly born children, the Government of India launched in November, 1985, the "Universal Immunization Programme" which provides free services for vaccinating all children against the 6 (six) common diseases viz. Neo-natal tetanus, Polio, Diphtheria, Pertussis (Whooping cough), Measles and Tuberculosis. Each of these diseases can be prevented if the child is given three doses of DPT and Polio and one dose each of B.C.G. and Measles vaccines between 3rd and 12th month. Measles vaccine is not recommended before 9 months of age.

1.2 With the beginning of the year 1990 every country had before it the U.N. Convention on the rights of the child adopted by the U.N. General Assembly in November, 1989. It is to be mentioned that about 20 to 22 million children are born in India every year. One in every ten dies even before celebrating the first birthday.

### 1.3. Health facilities

In their endeavour to cater a health care to the public in general and the Children in particular, the Govt. of Meghalaya have from year to year been setting up a number of institutions, <sup>viz.</sup> hospitals, dispensaries, Primary Health Centres and Sub-centres staffed with different Categories of medical and para-medical personnel. The number of such institutions and health personnel is shown in the table No. 1.2.

Table 1.2

No. of Hospitals, Dispensaries, T.B. Clinics, Beds,  
Primary Health Centres/Sub-Centres, Doctors  
and Para Medical staff

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Districts	Hos- pitals (1990)	Dispen- saries (1990)	Beds (90-91)	PHC (90- 91)	Sub- Centres inclu- ding MCW (90-91)	Doc- tors (1990)	Nur- ses (1990)	A.N.M. (1990)	Vac- cina- tors (1990)	Health visi- tors (1990)
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.
1. East Khasi Hills	4	8	1189	18	63	190	320	137	38	14
2. West Khasi Hills	1	1	88	7	48	29	29	68	9	5
3. Jaintia Hills	1	3	135	11	46	37	48	84	13	7
4. East Garo Hills	1	1	116	9	45	19	41	86	13	6
5. West Garo Hills	1	8	243	16	70	49	85	124	76	11
Total Meghalaya	8	21	1,771	61	272	324	523	499	149	43

Source :- Directorate of Health Services,  
Government of Meghalaya

#### 1.4 The Evaluation Study on Immunization - The current

Evaluation Study was undertaken by the Evaluation Wing of the Directorate of Economics, Statistics & Evaluation, Government of Meghalaya at the instance of the Health Department. The Health Department undertook an intensive drive for Immunization in 5 (five) Development Blocks of the State during April - September, 1990 with the objective of giving three doses each of D.P.T. and Polio and one dose each of B.C.G. and Measles to all the infants born during or immediately prior to the period (January - March, 1990), as well as to infants who would be completing one year of age by June, 1990. In addition to this, the drive also aimed at ensuring that all pregnant women received atleast 2 doses of T.T. vaccines.

The Blocks identified for the intensive drive for Immunization are as below :-

1. Mawphlang Block in East Khasi Hills district
2. Mairang Block in West Khasi Hills district
3. Amlarem Block in Jaintia Hills district
4. Rongjeng Block in East Garo Hills district and
5. Selsella Block in West Garo Hills district

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### 1.5 Objectives and Methodology of the Evaluation

Study - In order to have some idea about the efficacy of the Drive, the following broad objectives were kept in view in this study :-

- i) to examine the adequacy of Medical staff, timely supply of medicines, etc.
- ii) to assess the extent of identification of the target groups
- iii) to assess the extent of coverage achieved during the specified period from April - September, 1990 and
- iv) to highlight the problems, if any and to offer suggestions thereof for improvement in the future.

1.6 Sampling Design - All the five Blocks were covered by the study. With regard to the Primary Health Centres (PHCs) selected, the approach adopted was that where-ever there were more than one PHCs, the best one (as adjudged by their respective District Medical and Health Officer) was selected for our sample. A random selection was also resorted to in respect of one sub-centre and the 15 beneficiaries (10 nos. of 0-1 year old children + 5 pregnant women) each from the selected PHCs and the sub-centres in the entire Block.

1.7. Tools of the Study - For getting the views of the concerned implementing Officers, Workers and as well the selected beneficiaries four types of instruments of observations were designed in form of schedule-cum questionnaire. These were-

i) District Level Schedule purported for reflecting the combined performance of all the PHCs within the Block and the views of the District departmental head about the implementation of the Drive within his/her jurisdiction.

ii) Dist Project Schedule - This schedule sought information from the Medical officer incharge of the selected PHC regarding inter-alia, the adequacy of staff, medicines and other pre-arranging measures, the experience he/she encountered in his/her role as a co-ordinating agent for all the sub-centres under him/her.

iii) Sub-Centre Schedule - (a) This was canvassed with the para-medical worker incharge of the selected sub-centre. In general, the schedule sought to throw light about the

practical experience of the respondent in the field while dealing with the target groups. Since, some ANMS/male workers attached to the PHCs were also assigned with the duties of immunizing the eligible beneficiaries, so therefore, the same schedule was canvassed with the ANMS incharge posted at the PHC.

iv) Beneficiaries Schedule : It was meant both for the selected 0-1 year old children and the pregnant women beneficiaries to highlight their awareness and the extent of actual benefit derived by them from the programme.

1.8 Field Work - The canvassing of schedule was carried out by two Research Officers along with one Research Assistant. One Officer was assigned with the field work in East and West Garo Hills, while the other had to complete the work in Jaintia Hills and in East and West Khasi Hills.

1.9 Reference Period - Although the Govt. specifically mentioned April to September, 1990 as the period of performance to be assessed, the study attempted to collect the maximum available data covering up to the month of November, 1990.

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## CHAPTER - II

### THE ORGANISATIONAL STRUCTURE AND FUNCTIONING

#### A. Organisational Arrangement

##### (1) State and District Level.

2.1 The Director of Health Services incharge of Family Welfare and Maternity and Child Health Care Services has an over-all authority and responsibility over the immunization programme including this special drive in the State. Necessary instructions and advice emanated from the Directorate. At the district level, the District Health and Medical Officer exercised control over the day-to-day functions of the Medical and para-medical personnel and co-ordinated their various functions inclusive of the special immunization Drive enforced in a Block within his/her jurisdiction. For the effective implementation of the immunization programme, one Medical Officer designated as the District Immunization Officer (D.I.O.) was entrusted exclusively with the task of looking after the immunization affairs in the district. It was his/her special efforts to see that the immunization programme was executed effectively according to guidelines. The performance and achievement of the Drive in the entire selected Block could be observed from the records kept in his/her office. He/she was appraised with fortnightly and monthly reports about the progress of the Drive. Such returns were compiled and maintained properly in Register. It was, not however, a one man show. He/she was found to be assisted with certain experienced staff designated as District Health and Education Officer/District Extension and Education Officer, Statistical Assistant etc.

##### 2.2 (ii) The Primary Health Centre (PHC) Level.

The actual task of immunization for the beneficiaries started from the PHC level down-ward. Of the 5 (five) Blocks where the Drive was implemented in 1990. 2 (two) of them, viz. Rongjeng and the Mawphlang Development Blocks were found to have one PHC each. The rest had more than one PHC functioning in 1990 as could be seen from the Table No.2.1. Their (PHCs) number did not seem to correspond with the Blocks' respective population, for example, the Amlarem Block with 21,765 population (1981) had as many as 3 PHCs against the Rongjeng Block with 44,329 population with one PHC.



2.3 At the PHC level, the Medical Officer assumed the responsibility of controlling and co-ordinating the functions of the para-medical personnel posted at the centre itself and in different sub-centres. To give vaccinations to the eligible beneficiaries inhabiting in and around the centre and the nearby villages, the Auxiliary Nurse-Mid-Wives attached to the centre were assigned with this duty. Besides the ANMs, (in some PHCs) workers known as Multipurpose Workers (MPW) Surveillance Workers etc. were arranged to assist them. Therefore, to prevent overlapping in their functions, each worker was allotted with a definite number of hamlets/villages under her/his lock-cut. It was his/her responsibility to identify the target group, through the Survey and get them inoculated with relevant vaccines as per immunization schedule.

Table No. 2.1  
No. of P.H.Cs in the Blocks

Sl. No.	Name of the Block	Population (1981)	No. of PHCs
1.	2.	3.	4.
1.	Salsella	56,430	3
2.	Rongjeng	44,329	1
3.	Mairang	45,023	2
4.	Mawphlang	23,455	1
5.	Anlarom	21,765	3

iii) Sub-Centres.

2.4 Below each PHC, there were a number of Sub-centres spread in far flung interiors of the rural areas. In as far as the selected samples were concerned, the number of such health units ranged between 3 and 13 as shown in the Table No.2.2. The Sub-centres were run by one ANM each. In some sub-centres another male-worker was found to be attached in order to help the ANM for carrying out the Immunization Drive in respect of villages allotted to him.

Table 2.2  
No. of Sub-centres in the PHCs

Sl. No.	Name of the Primary Health Centre	No. of villages covered	Population covered in villages	No. of Sub-Centres
1.	2.	3.	4.	5.
1.	Salsella	133	27,600	6
2.	Rongjeng	210	49,243	13
3.	Mairang	91	31,232	7
4.	Sohlong	75	N A.	4
5.	Dawki	28	6,631	3

Source : D.M. & H. os

**B. Staff Adequacy**

**2.5 (1) Manifold activities**

2.5.1 The selected PHCs were provided with Beds ranging between Nil (not yet functioning) to 12 Nos. each. Three PHCs indicated not to have yet started admitting in-patients while one PHC left blank the relevant column. The remaining two PHCs showed to have admitted during 1990 (upto Novr) (1) 1401 and (2) 48 in-patients respectively. Attending to out-door patients had been the daily engagement of the Medical Officers and their staff. As per figures furnished by them (PHCs), the Sohiong PHC exceeded them all in the number of out-door patients having as many as 29,626 nos. followed by Mairang with 22,119. Like-wise, the ANMs posted at the PHCs had to spend most of their time in rendering necessary health services to these in-door (especially) and the out-door patients. This might, therefore, be one of the reasons why the performance of the ANMs at the Centre vis-a-vis the immunization Drive indicated to be the minimum compared to the achievements by their counterparts in the sub-centres.

Also, it was found in certain cases, that instead of paying a weekly visit to their respective area, the interviewed beneficiaries reported that they visited only once a month.

Table No.2.3

NO. OF INDOOR & OUT DOOR PATIENTS BY PHC-1990

Sl. no.	Name of the P.H.C.	No. of beds	Total-number of patients upto Novr, 1990 of	
			In-door patient	Out-door patient
1.	2.	3.	4.	5.
1.	Selsella	6	48	Figures not readily available
2.	Rongjeng	10	N.A.	12,090
3.	Mairang	12	1,401	22,119
4.	Sohiong	10	N.A.	29,626
5.	Dawki	Not yet started functioning	—	12,507

2.5 (ii) Staff position

The Para-Medical workers at the PHC level were stated to be already over burdened with their normal duties. No extra hand was provided while undertaking intensive drive on Immunization except in case of two PHCs where one additional ANM each was provided during the drive.

2.6 The staff position at the grass-root level (i.e. sub-centres) appeared to be under staffed and un-even, in so far as the five selected sub-centres were concerned. For example Rongmil S/C with 15 scattered villages and 3629 population having only two workers as against Mukdangra S/C with 5 villages covering 1258 population with one worker. So also with Laitdam and Lyngkholi S/Cs having one worker each to cover respectively 12 villages with 2968 population and 9 villages with 2154 villages.

Table No. 2.4

Staff workers in the selected Sub-Centres

Sl No	Name of Sub-Cen- tres	No. of workers		No. of villages	Population stated
		stated			
1	2	3		4	5
1.	Mukdangra S/C	1		5	1258
2.	Rongmil S/C	2		15	3629
3.	Laitdam S/C	1		12	2968
4.	Lyngkholi S/C	1		9	2154
5.	Darrang S/C	1		5	1902

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CHAPTER III  
PREPARATORY MEASURES

**A. Survey :**

**1) Period :**

3.1. As desired, all the selected PHCs. and Sub-centres were stated to have actually conducted a Survey with a view, perhaps, to ascertaining the number of target groups and the other relevant indicators. A "Census Register" was also seen to be maintained by the workers in the sub-centres of the 5 selected PHCs. and 5 sub-centres, 3 of them completed the survey in one month and 2, in less than a month. The rest took it for 2 months and above. Only Salsella PHC reported to have done the survey by 31st March, 1990. The rest indicated to continue it even after March, 1990 upto June, July and September, 1990. Table No. 3.1. below depicted the period of Survey by each PHC and Sub-centre.

Table No. 3.1.  
PERIOD OF SURVEY

Sl. No.	Name of the PHCs.	Period of Survey	
		1.	2.
1.	Salsella P.H.C.	1st - 31st March, 1990.	
2.	Rongjeng P.H.C.	1st - 16th April, 1990.	
3.	Mairang P.H.C.	1st - 8th April, 1990.	
4.	Sohlong P.H.C.	1st April - June, 1990.	
5.	Dawki P.H.C.	April, 1990.	
6.	Mukdangra Sub-Centre.	April - September, 1990.	
7.	Rongmil	June - July, 1990.	
8.	Laitdon	N. A.	
9.	Lyngkhoh	April - June, 1990.	
10.	Darrang	April, 1990.	

**11) Identification of Target groups :**

3.2. To quote the Government letter, "the purpose of this drive was to give three doses each of D.P.T. and Polio, and one dose each of B.C.G. and Measles to all the infants born during or immediately prior to this period (January - March, 1990), as well as to infants who would be completing one year of age by June, 1990. Along-with this, the drive also aimed at ensuring that all pregnant women received at least 2 doses of T.T., Vaccines". Accordingly the target groups, comprised of those infants born during the above specified period including also the pregnant women whose number, it was said to have been obtained through house to house enumeration. The number of target groups as identified in the entire Blocks/Selected P.H.Cs. area is indicated in the Table No. 3.2. together with reported covered villages' population.

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Table No. 3.2.

No. of Identified Target Groups - Block

Name of Block/ Selected P.H.C.	Covered villages Popula- tion.	0 - 1 Year old		Estima- ted 5.29% popula- tion covered (0-1 year)	Preg- nant women iden- tified	Esti- mated 2.4% (Popula- tion) covered (P.W.)
		Born alive June - March, 1989- 90	Total iden- tified			
1.	2.	3.	4.	5.	6.	7.
1. Selsella Block	72,200	708	3819	3819	573	1732
2. Rongjeng Block	49,243	121	1890	2605	2380	1182
3. Mairang Block	46,322	443	2401	2450	501	1112
4. Mawphlang Block	22,144	295	801	1171	803	531
5. Amlarem Block	25,294	253	1019	1338	549	607
<b>Total Blocks :</b>	<b>2,15,203</b>	<b>1820</b>	<b>9930</b>	<b>11383</b>	<b>4806</b>	<b>5164</b>
6. Selsella P.H.C.	54,740	1052	2391	2895	102	1314
7. Rongjeng P.H.C.	49,243	276	1890	2605	2380	1182
8. Mairang P.H.C.	31,232	611	1096	1652	501	749
9. Sohlong P.H.C.	22,144	295	801	1171	801	531
10. Dawki P.H.C.	6,831	191	191	361	164	164
<b>Total P.H.C.</b>	<b>1,64,190</b>	<b>2425</b>	<b>6369</b>	<b>8684</b>	<b>3948</b>	<b>3940</b>

Sources : (1) O.E.H.C.S.,

(2) P.H.C.M.Os.

Notes :- (1)\* As per General Economic Tables & Social and Cultural PART III A & B, Census of India, 1981 the total population of 00-01 year children in Rural area worked out to 57,858 against the total Rural population of 10,94,486. Hence the percentage of this age-group (00-01 year children) to total rural population was equal to 5.29.

(2)\*\* Manual on I.C.D.S., (Annexure 8.II. page 233).

3.3. The figures at col. 5 of the Table 3.2. indicated the figures arrived at by taking 5.29% of 00-01 year children in rural are to total population of all ages covered by the Drive. The figures at col. 7 in respect of pregnant women were derived by using the 2.4% of the total population covered. These estimated figures deemed necessary because the figures as furnished appeared to be, in many cases, under-estimated.

3.4. As pointed out at para 2.3. the A.N.Ms. plus other workers (in some cases) attached to the P.H.Cs. were also assigned with immunization works under the drive besides their normal duties. Thus, their target number and achievement in respect of those villages/hamlets assigned to them was included in the study in the same manner as those of A.N.Ms./Male workers posted to the selected sub-centres. The table given below indicated the reported number of covered villages population and target groups.

Table No. 3.3.

No. of Target Groups in Sub-Centres/  
P.H.C. ( Centre - Proper )

....

Name of the Sub-Centre/PHC Centre proper.	Covered villages population.	0 - 1 Year old			Pregnant Women	
		Born alive during June '89 - March, 1990.	Total No. identified	Estimated figures 5.29% of covered population	Identified	Estimated 2.4% of covered population
1.	2.	3.	4.	5.	6.	7.
1. Mukdangra Sub-Centre	1258	60	70	67	15	30
2. Rongnil Sub-Centre	3629	36	No records	192	N.A.	87
3. Laitdom Sub-Centre	2968	-	205	157	52	71
4. Lyngkhoh Sub-Centre	2154	6	84	114	30	52
5. Darrang Sub-Centre	1902	57	57	101	109	46
6. Selsella PHC Proper	8183	154	154	433	N.A.	196
7. Rongjeng PHC Proper	6279	44	350	332	139	151
8. Mairang PHC Proper	7776	132	235	411	158	187
9. Sohiong PHC Proper	N.A.					
10. Dawki PHC Proper	1722	47	79	91	5	41

3.5. Some of Sub-centres did not have records about the infants born during the specified period. The Laitdom sub-centre selected at random, just started functioning sometimes in May, 1990. Hence, the drive was still in a beginning stage. Besides, people's attitude to the programme, not only from Mothers' side but also from husband's was reported to be negative as at present. As done in case of Block level, here also estimation with a common value of 5.29% of total covered population in respect of 0 - 1 year children and 2.4% in respect of pregnant women were used to derive the estimated figures in respect of two groups.

#### B. Publicity :

3.6. Public meetings and orientation Training Camps were held in the Central places of all sampled PHCs with an object of motivating the villagers for accepting the free facilities made available to them. In such gatherings, pamphlets in local dialects and posters were distributed to the participants for wide publicity of the programme. But above all, health education imparted by the A.N.Ms. through home-visits appeared to be an upper most in motivating the target groups. From our selected sample beneficiaries, nine of them became aware of the immunization drive through this medium. The majority of them however became aware through Para-medical personnel.



**C. Vaccines :**

3.7. Every district health authority received their quota of vaccines from the Directorate of Health Services who preserved the same in the Pasture Institute, Shillong. The District Health and Medical Officer distributed the vaccines to the PHCs under him for their own use in the centre itself and also for onward distribution to the different sub-centres on their demand. Except for few gaps of time, the study heard no complaint about the paucity of vaccines.

**3.8. Storage at Sub-centres :**

The main problem, with regard to vaccines lay in the absence of storage facilities at the sub-centres. Hence, the unused vaccines cannot be kept for more than 48 hours in the sub-centres and <sup>had</sup> to be returned to the PHCs. The condition posed a serious problem to those far-off sub-centres with no regular transport facilities. Further, the trouble of carrying the vaccine carrier from place to place compelled the workers to stop going to the beneficiaries villages for vaccinations but arranged them to come on every Wednesday to the Sub-centre.

CHAPTER IV  
THE DRIVE AND ITS COVERAGE

A. Its Implementation

(i) Period :

3.1. Though the commencing month of the Drive was more or less the same i.e. the month of April'90 the period of time of its launching lacked uniformity. In two Blocks, it was said to be in operation for three months with effect from April'90 in 2 Blocks, four months (April - July) in 1 Block and five months in the remaining 2 Blocks.

(ii) April - September'90 as common :

4.2. As the immunization campaign is still continuing in all those 5 Blocks even though the Drive in some blocks was said to have been over, it was therefore decided to take April - September, 1990 as a common or uniform period of implementation of the Drive which was also according to the Government's given reference period. Their performance was accordingly evaluated during this 6 (six) months period (April - September, 1990). But in case of D.P.T. Vaccinations and polio drugs which both require for 3 months period to complete full doses (i.e. 3 injections) the ending month was taken to be November, 1990 so that those beneficiaries who got their first dose in September, 1990, would be completing their third dose by November, 1990 only.

(iii) Natural Calamities :

4.3. Two Blocks/P.H.Cs. experienced unfavourable circumstances during the period of operating the Drive. The Mawphlang Block confronted the un-precedented cyclone which inflicted severe damage to peoples' houses and even lives also while the heavy down-pour in Selsella Block caused disruption of roads and communications. Both of these incidents adversely affected the smooth functioning of the programme.

B. Coverage :

(i) Villages and Population :

4.4. The Table No. 4.1 exhibited the number of inhabited villages and their population during 1981 census but the number of villages and population <sup>indicated therein to be</sup> covered under the special immunization Drive <sup>to refer to</sup> appear/1990. (As the villages and population figures collected by the health workers appeared to relate to 1990.)

Table No. 4.1.

No. of Inhabited Villages etc. covered, 1990.

Sl. no.	Name of Block	No. of villagers (1981)	Population (1981)	Covered under Immunization Drive	
				Villages	Population
1.	2.	3.	4.	5.	6.
1.	Selsella	280	56,430	339	72,200
2.	Rongjeng	216	44,329	210	49,243
3.	Mairang	122	45,023	111	46,322
4.	Mawphlang	112	29,455	75	22,144
5.	Amlarem	69	21,765	67	25,294

## (ii) Beneficiaries - Total Blocks :

4.5. The total performance by the 5 Blocks i.e. Rongjeng, Selsella, Mairang, Mawphlang and Amlarem and the percentage of achievement against the identified number of beneficiaries and as well as the estimated number of beneficiaries is presented in the Table No. 4.2. The total identified 0 - 1 year beneficiaries worked out to (a) 9,930 and the estimated figure being (b) 12,721. The total identified pregnant women numbered (c) 4806 against the estimated figures of (d) 5164. Now from these total identified and estimated figures, the study would find out the extent of beneficiaries being immunized for D.P.T., (3rd dose), Polio (3rd dose), B.C.G. and Measles and T.T. for pregnant women showing also the percentage of achievement thereof.

Table No. 4.2.

No. of Beneficiaries Immunized in Five Blocks  
(From April - September, 1990).

Sl. no.	Vaccines / Drugs	Groups	Total Targets		Actual No. Immunized	Percentage of Col. 6 to	
			Identified	Estimated		Col. 4	Col. 5
1.	2.	3.	4.	5.	6.	7.	8.
1.	D.P.T. (3rd dose)	0 - 1 (Year)	9930	12721	3233	32.56	25.41
2.	Polio	"	"	"	3405	34.29	26.77
3.	B.C.G.	"	"	"	2559	25.77	20.12
4.	Measles	"	"	"	2096	21.11	16.48
5.	T.T. (2nd & booster)	P.W.	4806	5164	1237	25.74	23.95

4.6. From the Table No. 4.2. the total number of 0 - 1 year old children immunized was 3233, 3405, 2559, 2096 respectively for D.P.T., Polio, B.C.G., Measles and the corresponding percentages being 32.56, 34.29, 25.77, 21.11 to total identified number (9930). Against the estimated figures (12,721) however, the corresponding percentages of achievement worked out to 25.41, 26.77, 20.12 and 16.48. As regards

(iv) Block-wise achievement :

4.8. Assessing the extent of coverage against the targets identified by Blocks themselves, it was found that, in this context the Selsella Block was leading, when out of the 1963 and 2202 received respectively the 3rd dose D.P.T. and Polio immunizations equivalent to 51.40 P.c. and 57.66 P.c. of the achievement. It was followed by Amlarem Block where the percentage of coverage of its target reached the level of 33.56 P.c. for D.P.T. and 32.19 P.c. for Polio. In relation to B.C.G. vaccination, however, Mairang Development Block ranked first by getting 811 or 33.78 P.c. of infants immunized against the identified number of 2401. In respect of Measles, the Mawphlang Development Block submitted a nil figure. It was trailed behind by the Mairang Block securing just 3.04 P.c.. With regard to T.T. beneficiaries, the percentages of achievement by the five Blocks in descending order were Selsella (70.51%), Amlarem (57.56%), Mairang (31.74%), Rongjeng (12.18%) and Mawphlang (8.47%). The over all achievement for all the five Blocks showed it to be D.P.T. - 32.56%, Polio - (34.29%), B.C.G. - 25.77%, Measles - 21.11%, T.T. - 25.74% against their respective target. Table No.4.4. below displayed the Block-wise achievement against their respective target.

Table No. 4.4.  
Extent of Achievement By Block

Sl. no.	Name of Block	Identified target (0 - 1 year)	Achievement				Identified target Pregnant women	T. T. 2nd and 3rd dose
			DPT	POLIO	B.C.G.	Measles		
			3rd	dose				
1.	2.	3.	4.	5.	6.	7.	8.	9.
1.	Selsella	3819 (100.00)	1963 (51.40)	2202 (57.66)	729 (19.09)	1218 (31.89)	573	404 (70.51)
2.	Rongjeng	1890 (100.00)	533 (28.31)	486 (25.71)	530 (28.04)	380 (20.10)	2380	290 (12.18)
3.	Mairang	2401 (100.00)	241 (10.04)	241 (10.04)	811 (33.78)	73 (3.04)	501	159 (31.74)
4.	Mawphlang	801 (100.00)	152 (18.98)	148 (18.48)	122 (15.23)	N11	803	68 (8.47)
5.	Amlarem	1019 (100.00)	342 (33.56)	328 (32.19)	367 (36.02)	425 (41.71)	549	316 (57.56)
Total of 5 Blocks		9930 (100.00)	3233 (32.56)	3405 (34.29)	2559 (25.77)	2096 (21.11)	4806 (100.00)	1237 (25.74)

(Figures in brackets indicate percentage to Targets)

\* total identified 3819, beneficiaries,

the pregnant women, out of the total identified 4806, the actual number inoculated with T. T. vaccines was 1237 (i.e. 25.74%). Out of the estimated figure (5164) the percentage of achievement worked out to 23.95.

### III. Comparative performance :

4.7. Among these five Blocks, Selsella, F.H.C. according to the data made available for the study, was by far the best of all the four blocks in the extent of coverage both for the 0 - 1 - year old infants as well as in respect of pregnant Women, except for B.C.G. vaccination. Out of the total 3233 D.P.T. beneficiaries, Selsella alone gave vaccinations as many as 1963 Nos. which worked out to 60.72%. So also for Polio, out of 3405 total the Block shared it by 64.67 P.c. or 2202 beneficiaries. Nearing to this level of achievement was the case for measles beneficiaries in which the proportion secured by this same Block was equal to 58.11 P.c. by immunizing 1218 infants out of the five Blocks total (2096). With regards to B.C.G. immunization, Mairang Block was ahead of Selsella by securing all beneficiaries or 31.69 P.c. While Selsella could get only 729 beneficiaries or 28.49 P.c. - Concerning T. T., however, Amlarem took the first place<sup>by</sup> inoculating 25.55 P.c. of the total, followed by Selsella (32.66 P.c.). The relative position of all the five Blocks was depicted in the Table No. 433 below :

Block-wise No. of Beneficiaries

...

Sl. no.	Name of Block	D.P.T. (3rd dose)	Polio (3rd dose)	B. C. G.	Measles	T. T. (2nd and Booster)
1.	2.	3.	4.	5.	6.	7.
1.	Selsella	1963 (60.72)	2202 (64.67)	729 (28.49)	1218 (58.11)	404 (32.66)
2.	Rongjeng	535 (16.55)	486 (14.27)	530 (20.71)	380 (18.13)	290 (23.44)
3.	Mairang	241 (7.45)	241 (7.08)	811 (31.69)	73 (3.48)	159 (12.85)
4.	Mawphlang	152 (4.70)	148 (4.35)	122 (4.77)	N11	68 (5.50)
5.	Amlarem	342 (10.58)	328 (9.63)	367 (14.34)	425 (20.28)	316 (25.55)
Total 5 Blocks :		3233 (100.00)	3405 (100.00)	2559 (100.00)	2096 (100.00)	1237 (100.00)

Note : Figures in brackets indicate percentage to total

....

(v) Drop - outs :

4.9. As stated earlier, both D.P.T. and Polio beneficiaries need three inoculations of vaccines/drugs to have a complete dose for each. The study, as hinted in the Government letter, would like to throw some light regarding the extent of drop-outs i.e. those 0 - 1 year infants whose parents failed to comply with the required schedule of D.P.T./Polio vaccinations. In the Table No. 4.5. presented below, it transpired that out of the total 5080 DPT first dose beneficiaries, only 3233 turned out for the third dose leaving a remainder of 1847 or 36.36 P.c.. Similarly, for Polio, out of 5487 only 3405 completed the 3rd dose giving rise to 2082 drop-outs or 37.94 P.c. Viewing it by Block, Mairang was found to have the highest percentage of drop-outs with 69.61 P.c. and 69.49 P.c. respectively for D.P.T. and Polio. Next in order of magnitude of incomplete immunizations came the Mawphlang Block with 58.58 P.c., D.P.T. drop-outs and 60.10 P.c. of Polio. In this regard, Amlarem's intensive performance enabled it to minimise the percentage of drop-outs by 24.34 (D.P.T.) and 27.43 (Polio), followed by Selsella having 25.59 P.c. and 27.73 P.c. of beneficiaries who missed the third dose of D.P.T. and Polio respectively.

Table No. 4.5.  
Drop-outs - By Block

Name of Block	D. P. T.				P O L I O			
	1st dose	3rd dose	Drop-outs	Drop-outs (%)	1st dose	3rd dose	Drop-outs	Drop-outs (%)
1.	2.	3.	4.	5.	6.	7.	8.	9.
1. Selsella	2638	1963	675	25.59	3047	2202	845	27.73
2. Rongjeng	830	535	295	35.54	827	486	341	41.23
3. Mairang	793	241	552	69.61	790	241	549	69.49
4. Mawphlang	367	152	215	58.58	371	148	223	60.10
5. Amlarem	452	342	110	24.34	452	328	124	27.43
Total :	5080	3233	1847	36.36	5487	3405	2082	37.94

Source :- D.M. H.C. & M.Cs I/C.

(vi) Selected Primary Health Centres' performance :

4.10. As the Rongjeng and the Mawphlang Development Blocks were having (up to period of study), one P.H.C. each, viz. the Rongjeng P.H.C. and the Sohiong P.H.C. respectively, so whatever data indicated earlier against these two Blocks actually connoted the extent of achievement by their respective P.H.C. But this was not the case in respect of the other three Blocks which were having more than one P.H.C. in position. It was to be mentioned here,



that wherever, the question of choice for samples was required, the best P.H.C. was selected. Although the achievement of the Rongjeng and Sohiong P.H.Cs. were already indicated at their respective Block in the preceding paras. However, for comparison sake, they had to be taken into account. In all the items of immunizations the Selsella P.H.C. was shown to have attained the highest level of achievement not only in terms of numerical numbers but also in percentages against its target No. (identified). Thus against the target No. 2391, the percentages of achievement stood at 64.41 (DPT), 70.05 (Polio), 45.59 (B.C.G.) and 43.16 (Measles), followed by Dawki P.H.C. the corresponding achievement of which against its target No. 191, stood at 55.50 (D.P.T.), 56.02 (Polio), 35.08 (B.C.G.) and 35.08 (Measles). The Table No. 4.6. below showed that while Mairang P.H.C. in West Khasi Hills could administer immunizations against Measles only 76 Nos. or 6.93 P.c. out of its 1096 total targets, Sohiong P.H.C. under Mawphlang Block, in East Khasi Hills indicated a blank return on this particular item. The reason, according to the M.C. I/C, was due to the non-availability of the Measles vaccine.

4.11. In regard to T.T. beneficiaries, the Selsella P.H.C. showed to have attained a 314.70 percentage of achievement by having 321 beneficiaries out of identified 102 pregnant women. The fact seemed to indicate that the 102 related to those women only who reported for Ante-Clinics and not their total available number. Based on 2.4 P.c. of the total population covered by the Drive, the estimated figure arrived at was 1314. Accordingly, the rate of achievement turned out to be 24.43 P.c. In this particular item, the Mairang P.H.C. proved to top them all by securing 59.88 P.c. (300 beneficiaries) out of its target 501. It was followed by the Dawki P.H.C. with its 56.10 P.c. of achievement. The level of achievement by the selected P.H.Cs. vis-a-vis the Intensive Immunization Drive was shown in the Table No. 4.6.

Table No. 4.6.  
Achievement By P.H.C.

Name of Public Health Centre	0 - 1 Year Old					T. T.	
	Target	D.P.T.	Polio	B.C.G.	Measles	Target Pregnant women	2nd dose E.D.
		3rd dose	3rd dose				
1.	2.	3.	4.	5.	6.	7.	8.
Selsella P.H.C.	2391	1540 (64.41)	1675 (70.05)	1090 (45.59)	1032 (43.16)	102	321 (314.70)
Rongjeng P.H.C.	1890	535 (28.31)	486 (25.71)	560 (29.63)	380 (20.01)	2380	290 (12.18)
Mairang P.H.C.	1096	174 (15.88)	210 (19.16)	519 (47.35)	76 (6.93)	501	300 (59.88)
Sohiong P.H.C.	801	111 (13.86)	111 (13.86)	112 (13.98)	Nil	801	71 (8.86)
Dawki P.H.C.	191	106 (55.50)	107 (56.02)	67 (35.08)	67 (35.08)	164	92 (56.10)

Note :- Figures in brackets related to percentages to Targets.

Source :- D.M.H.Cs./P.H.Cs.

(vii) Extent of Drop-outs at P.H.C. level :

4.12. The extent of drop-outs in respect of D.P.T. and Polio could be observed in the Table No. 4.7 below. According to the results worked out from the data furnished by them (P.H.Cs.), the Dawki P.H.C. indicated to have the least percentage number of drop-outs having D.P.T. only 10.92 and Polio 10.08. Next to it, was the Salsella P.H.C. with 24.95 P.c. and 27.96 P.c. of D.P.T. and Polio drop-outs respectively. The remaining three P.H.Cs. followed in descending order of the D.P.T. and Polio defaulters - Rongjeng P.H.C. 35.54% and 41.23% respectively, Sohiong 55.42% both for D.P.T. and Polio, Mairang P.H.C. - 64.77% and 57.06 P.c. The aggregate number of drop-outs from these selected P.H.Cs. worked out to 1278 or 34.13 P.c. of the total 3744 1st dose D.P.T. Likewise, in case of Polio, out 4009 first doses infants only 1420 or 35.42 P.c. completed the third dose.

Table No. 4.7.  
Extent of Drop-outs - P.H.C.-wise.

Name of the P.H.C.	D. P. T.				P O L I O			
	Ist dose	III dose	Drop- outs	Drop- outs (%)	Ist dose	III dose	Drop- outs	Drop outs (%)
I.	2.	3.	4.	5.	6.	7.	8.	9.
1. Salsella P.H.C.	2052	1540	512	24.95	2325	1675	650	27.96
2. Rongjeng P.H.C.	830	535	295	35.54	827	486	341	41.23
3. Mairang P.H.C.	494	174	320	64.78	489	210	279	57.06
4. Sohiong P.H.C.	249	111	138	55.42	249	111	138	55.42
5. Dawki P.H.C.	119	106	13	10.92	119	107	12	10.08
Total :-	3744	2466	1278	34.13	4009	2589	1420	35.42

Sources :- Public Health Centres.

(viii) Performance at the Sub-Centre/FHC proper :

4.13. As stated earlier, the sub-centres appeared in this study were selected at random out of the total functioning sub-centres in a Block. In relation to the performance of the Drive at the Primary Health Centre proper, those selected FHCs. themselves were used as samples. These two levels were grouped together following the identity of their functions concerning the Drive. Wherever the targets were not indicated the same were derived through estimation on the basis of the aforesaid parameter, with a view to assessing their achievement. The Table No.4.8 presenting their achievement showed that the rates of achievement by the Mukdangra sub-centre

under Garobada P.H.C. in Selsella Block, surpassed all the other sub-centres and the P.H.Cs. Proper themselves in all the different components of immunization envisaged under the Drive, except on B.C.G., Its percentage achievement against D.P.T., Polio, B.C.G., Measles and T.T. recorded as 75.7, 78.6, 17.1, 42.9 and 86.7 respectively against its targets. After Mukdangra sub-centre, the Mairang P.H.C. proper showed its lead over the remaining sub-centre, and P.H.Cs. proper. In case of the B.C.G., it rather topped them all, securing, 131.5 P.c. out of its own target 235 which appeared to be of lower figure. The estimated target worked out to 411 and thus the would-be percentage of achievement for B.C.G. would turn out to be 75.18 P.c., Selsella P.H.C. proper occupied the third position.

4.14. The low turn-up of beneficiaries for Measles in the Mawphlang Block was already explained in the preceeding paragraph, <sup>(4.10)</sup> which was due to non-availability of vaccines, whereas, with regard to B.C.G. immunization the level of achievement by the Selsella and the Rongjeng P.H.C. proper and the Mukdangra sub-centre which is under Garobadha P.H.C. in Selsella Block was very meagre. This would further be seen at the next chapter dealing with the beneficiaries. According to the concerned ANMS/Male-workers, it was because one phial of B.C.G. vaccine will suffice for 20 beneficiaries. Therefore, unless this optimum number was obtained, it would waste the vaccine because once opened, it can no longer <sup>be</sup> preserved. Hence, the reason for this back-log.

Table No. 4.8.

Achievement at Sub-Centre Level.

Sl. no.	Name of the Sub-centre/P.H.C.	Target	3rd dose		B.C.G.	Measles	T.T.	
			D.P.T.	Polio			Target	2nd dose B.D.
1.	2.	3.	4.	5.	6.	7.	8.	9.
1.	Mukdangra S/C.	70	53	55	12	30	15	13
		(	(75.7)	(78.6)	(17.1)	(42.9)		(86.7)
2.	Rongnail "	192*	19	19	Nil	10	87	27
			( 9.9)	( 9.9)		( 5.2)		(23.3)
3.	Laitom "	157*	No records		No records		52	N.R.
4.	Lynghoi "	84	8	8	26	Nil	30	5
			( 1.0)	( 1.0)	(30.9)			(16.7)
5.	Darabang "	57	N.R.	N.R.	23	20	109	N.R.
					(40.4)	(35.1)		
Total : S/C.		560	80	82	61	60	293	45
6.	Selsella PHC(Proper)	433*	141 <sup>(42.6)</sup>	197 <sup>(45.5)</sup>	4 <sup>(0.9)</sup>	103 <sup>(23.8)</sup>	15	13 <sup>(86.7)</sup>
7.	Rongjeng "	350	18	16	12	18	139	12
			( 5.1)	( 4.6)	( 3.4)	( 5.1)		(8.6)
8.	Mairang "	235	130	130	309	42	158	92
			(55.3)	(55.3)	(131.5)	(17.9)		(58.2)
9.	Sohlong "	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
10.	Dawki "	79	N.R.	N.R.	23	21	5	N.R.
					(29.1)	(26.6)		
Total PHC (A) (Proper)		1097	289	343	348	184	317	117

Note :- (1) \* - Estimated figures

(2) Figures in brackets showed percentages against the target.

(3) N.R. - Either no records or figures not readily available.

Sources :- Sub-Centres/P.H.Cs. proper.

(ix) Special impression :

4.14. It would fail our duty, it was felt, unless a special but brief mention, was made about the performance exhibited by the AM I/C. Mukdangra Sub-centre which was under the Garobadha P.H.C. in the Selsella Block. Despite of the fact that only few 'hours' notice in advance she was informed of the visit of the Evaluation Officer, the latter was highly delighted to find her proper maintenance of various Registers, records and charts which were also all up-dated. This implied her sincerity and regularity in her day-to-day works. Right at the glance, one would be able to grasp the performance of the sub-centre through the displaying charts showing the achievement etc. of the Centre. It was found no difficulty to get the list of beneficiaries. Actually it was anticipated that such performance was to be obtained from the AMS posted in the PHC proper, but this was not the case.

P.O. / SUPERVISIONS

4.15. The task of supervising to the P.H.C. level was performed mainly by the District Immunization Officer besides a regular monitoring of their fortnightly and monthly reports. In some cases, backed by his/her experienced staff, a cross checking of the beneficiaries <sup>the syst. was</sup> carried out here and there depending upon time available at their disposal. In every public meeting/orientation training camp, held at different PHCs to motivate the villages about the Drive, the Medical Officer in charge Immunization was always present.

4.16. To the sub-centres level it was the responsibility of the Medical Officer with his supporting staff to supervise the performance of the Field Workers (AMs/MPW/SW). As to the ability of the Medical Officer in charge P.H.C. for paying adequate visits to the sub-centres, it was doubtful as he was always bound with his regular duties at P.H.C. In one instance, it was found that 3 P.H.C. had to share one vehicle, perhaps by rotation, among themselves. Over and above, many of our villages/sub-centres still lack the road communication. The vital role of supervision was however, entrusted to their subordinates trained in this sphere of medical practice. Those Officers/Staff have different designations such as Lady Health Visitors/PHN/Sanitary Inspector, Block Extension Educator, Rural Health Inspector/Surveillance Inspector/Senior Malaria Inspector etc. Among these staff, LHV, PHN, as could be ascertained from the 4 selected sub-centres, had been the regular supervisors of their works. The frequencies of their visits to the selected sub-centres varied from twice to thrice a month. The Medical Officers were also indicated to have paid visits once or twice to them during the Drive period.

4.17. Due to the reported paucity of fund towards meeting the T.As. and D.As. <sup>as</sup> claimed by the Supervisory Officers, the later found it financially very difficult to do justice to their duties. These circumstances no doubt hindered greatly the effective supervisions by the different categories of the Officers/Staff into the operational areas of the Drive.

CHAPTER - V  
BENEFICIARIES

(i) Selection :

5.1. As envisaged in Methodology of the study, all the Samples were selected from among the beneficiaries recorded in the Health Worker respective register through random selection. It so happened however, in some cases the Registers were found incomplete and not yet recorded. In such a circumstances the samples were taken according to the suggestion of the local workers. Further, in case of one sub-centre viz., Laitdom within Mairang PHC/Block only two beneficiaries for 0 - 1 year were found to have been so far immunized in so far as the Intensive Immunization Drive was concerned and were also taken for sample. Also in one sub-centre two samples for Pregnant women were found out of station. Accidentally the intended substitutes were also away in the fields. Eventually, therefore all the samples taken for schedule canvassing totalled to 92 for 0 - 1 year old infants, instead of 100 and 48 pregnant women instead of 50 as designed.

(ii) Awareness :

5.2. In an attempt to bring home the sources of beneficiaries' awareness of the programme (Immunization), the study found out that 43 (46.74%) of the total 92 samples (child mothers) came to know the programme through their earlier attendance of either Ante Natal Clinic or Child Clinic while, the other 49 (53.26%) through home-visits by the local para-medical worker which implicitly meant the health education imparted by them. The similar trend was indicated by the pregnant women respondents, who out of the total 48, 31 (64.58%) of them said to have become acquainted with the programme through the local ANMs and the rest 17 or 35.42% through previous clinics.

(iii) Immunization Cards :

5.3. The majority of the respondents were found to have been issued with the Immunization Cards particularly for the 0 - 1 year infants. However, out of 92 some 7 nos. only were not in receipt of the same due to exhaustion of stock at the point of time. For the pregnant women it did not seem to be taken seriously either by the health worker or by the beneficiaries themselves.

(iv) Coverage - Intensiveness :

5.4. One important aspect taken into consideration by the study was relating to the extent as to whether the interviewee was receiving all the intended vaccinations/immunizations according to schedule. The results so derived was depicted at the table no. 5.1. which revealed that out of the total 92 selected 0 - 1 year beneficiaries, only 21 (22.83%) of them were able to utilize the three doses, each of D.P.T., Polio and one dose each of B.C.G. and



and Measles which according to Schedule is to be administered after the babies attain 9 months old. There were, however as many as 35 (38.13 p.c.) <sup>cases</sup> who had not received complete dose(s) either DPT/Polio or ECG or Measles. The Table No.5.1 further indicated that out of the total 20 nos. (12 nos. in case of Mairang) of selected beneficiaries for each Block, the number of beneficiaries who received all the vaccinations by Blocks were, Amlarem 12 nos. (60.p.c.), Selsella 6 nos. (30.p.c.), Mairang 2 nos. (17 p.c.) and Mawphlang 1 (5p.c.) It was conspicuous to note that of all the 20 selected samples from Rongjeng Block none of them was found to have a complete immunization for all the vaccines nor anyone who had received all but for Measles.

Table No. 5.1  
INTENSIVENESS OF IMMUNIZATION AMONG THE SAMPLES

Sl. no.	Name of Block	No. of samples	Number of beneficiaries					Reasons for non-receipt of Measles vaccination	
			Receiving all vaccines	Receiving all except Measles	Not completing either in ECG or Polio	Not due	not felt necessary	Ill health	
1.	2.	3.	4.	5.	6.	7.	8.	9.	
1.	Selsella Block	20	6	6	8	5	-	-	1
2.	Rongjeng Block	20	nil	nil	20	-	-	-	-
3.	Mairang Block	12	2	- 8	2	-	6	-	2
4.	Mawphlang Block	20	1	-14	5	3	12	-	-
5.	Amlarem Block	20	12	8	nil	8	-	-	-
	Total	92	21	36	35	16	17	-	3

5.3 As hinted in the preceding paragraph, the major reason for non-completion of the Measles lay on the ground of not yet being due as on the date of visits, for which the study had 16 respondents of the total 36 who had got all the vaccinations except measles. Another significant reason advanced by the 17 interviewees from Mairang and Mawphlang Blocks was their hesitation to accept the preventive measure against the Measles. Only 3 beneficiaries put off the same due to ill-health. (The Block-wise reasons already indicated in the Table 5.1 above).

(iv) Beneficiaries' break-up by vaccines :

5.6. The distribution of beneficiaries, according to immunizations received was indicated in the Table No. 5.2. below. It showed that all the 20 samples, from Anlarem Development Block had received the B.C.G. vaccination and the 3rd doses of D.P.T./ Polio but only 12 of them get inoculated with Measles, vaccination while the remaining 8, as stated earlier, were not yet due for the (measles). In Selsella, while 18 of them had already completed the 3rd dose of D.P.T. and Polio, yet only 13 and 6 respectively of them were vaccinated with B.C.G. and Measles. In case of Rongjeng Block none of the 20 selected beneficiaries had received either B.C.G. or Measles vaccination. Similarly only 12 out of 20 had completed the 3rd dose of D.P.T. and Polio. Looking at the trend shown in respect of Mairang and Mawphlang Blocks, the common striking feature was the relatively smallness in the number of beneficiaries who received Measles injections as compared to their number who received D.P.T./ Polio vaccinations. Thus in Mawphlang Development Block only 1 (one) i.e. 5. p.c. of them, got the vaccination against the Measles, presumably, from Mairang P.H.C. which is not <sup>for</sup> from the selected Lynthoi Sub-Centre (because, the Mawphlang P.H.C. had no Measles vaccine as explained earlier). In Mairang Development Block, however, while 12 per cent of the 12 selected beneficiaries were reported to have obtained B.C.G. vaccination and 9 of whom received complete doses for DPT/ Polio immunizations but only 2 (16 p.c.) <sup>\*\*</sup> Actually, this was the tendency for the entire P.H.C. area as reflected from the figures furnished by the M.O. showing thereby that they seemed to attach more importance for B.C.G. vaccination.

Table No. 5.2.  
Distribution of Selected Beneficiaries  
by Immunizations

Blocks.	No. of Samples	B.C.G.	D.P.T.		Polio		Measles
			1st	3rd	1st	3rd	
1.	2.	3.	4.	5.	6.	7.	8.
1. Selsella	20	13	20	18	20	18	6
2. Rongjeng	20	Nil	20	12	20	12	Nil
3. Mairang	12	12	10	9	10	9	2
4. Mawphlang	20	14	19	19	19	19	1
5. Anlarem	20	20	20	20	20	20	12

\*\* of them got the required preventive measures against measles.

5.7. On query, the AMIS I/C of Rongjeng P.H.C. Proper and the one I/C of Rongnil Sub-centre as well as those in Selsella Block, contended that they could not administer B.C.G. vaccination to the few number of beneficiaries as the content of one phial of vaccine will required for 20 persons so as to avoid any wastage of medicine, because once opened it can no longer be preserved for future use. They were, however, advised to assemble all such beneficiaries at any central place on any particular date and time for getting this important vaccination. It was conceivable from the trend noticed from the selected samples that the number of such beneficiaries would be much higher than the minimum number required. With regard to reason of beneficiaries' reluctance for acceptance of Measles vaccination in Mairang and Mauphlang Blocks it could not be probed in detail due to time constraint.

(vi) T. T. Beneficiaries :

5.8. Among the 48 selected samples, 22 and 23 of them state to have received the 1st and 2nd dose (including booster dose) respectively while 2 of them could not complete the 2nd dose T. T. immunization. One of these 2 intentionally avoided the second dose injection because she understood that her delivery was about to be due. Unfortunately, the baby did not survive. Besides, there were found about two other cases whose babies did not survive immediately after birth though completed in full the prescribed dose of T.T. injections. One of them was found bed ridden at the time of visit. One sample indicated to have received only medicine and not immunization. Table No. 5.3. displayed the results so derived.

Table No. 5.3.

Distribution of T. T. Beneficiaries Samples by Block

Blocks	No. of Samples	T. T. Dose			
		Only 1st	1st and 2nd	Booster	No injection
1.	2.	3.	4.	5.	6.
1. Selsella	8	-	4	4	-
2. Rongjeng	10	1	5	3	1
3. Mairang	10	nil	2	8	-
4. Mauphlang	10	-	6	4	-
5. Amarem	10	1	5	4	-
Total :	48	2	22	23	1

(iv) Beneficiaries' break-up by vaccines :

5.6. The distribution of beneficiaries, according to immunizations received was indicated in the Table No. 5.2. below. It showed that all the 20 samples, from Anlarem Development Block had received the B.C.G. vaccination and the 3rd doses of D.P.T./ Polio but only 12 of them get inoculated with Measles, vaccination while the remaining 8, as stated earlier, were not yet due for the (measles). In Selsella, while 18 of them had already completed the 3rd dose of D.P.T. and Polio, yet only 13 and 6 respectively of them were vaccinated with B.C.G. and Measles. In case of Rongjeng Block none of the 20 selected beneficiaries had received either B.C.G. or Measles vaccination. Similarly only 12 out of 20 had completed the 3rd dose of D.P.T. and Polio. Looking at the trend shown in respect of Mairang and Mawphlang Blocks, the common striking feature was the relatively smallness in the number of beneficiaries who received Measles injections as compared to their number who received D.P.T./ Polio vaccinations. Thus in Mawphlang Development Block only 1 (one) i.e. 5. p.c. of them, got the vaccination against the Measles, presumably, from Mairang P.H.C. which is not <sup>for</sup> from the selected Lyngkhol Sub-Centre (because, the Mawphlang P.H.C. had no Measles vaccine as explained earlier). In Mairang Development Block, however, while 12 per cent of the 12 selected beneficiaries were reported to have obtained B.C.G. vaccination and 9 of whom received complete doses for DPT/ polio immunizations but only 2 (16 p.c.) <sup>\*</sup>Actually, this was the tendency for the entire P.H.C. area as reflected from the figures furnished by the M.O. showing thereby that they seemed to attach more importance for B.C.G. vaccination.

Table No. 5.2.

Distribution of Selected Beneficiaries  
by Immunizations

Blocks.	No. of Samples	B.C.G.	D.P.T.		Polio		Measles
			1st	3rd	1st	3rd	
1.	2.	3.	4.	5.	6.	7.	8.
1. Selsella	20	13	20	18	20	18	6
2. Rongjeng	20	Nil	20	12	20	12	Nil
3. Mairang	12	12	10	9	10	9	2
4. Mawphlang	20	14	19	19	19	19	1
5. Anlarem	20	20	20	20	20	20	12

\*\* of them got the required preventive measures against measles.

(vi) Place for Immunization :

5.9. From the information furnished by the ANMS I/C. as well as by the selected beneficiaries themselves, it became clear that the spot arranged for immunization was not fixed in many cases. For example, in the same P.H.C. proper, the common places selected for immunization included P.H.C. itself, school, Anganwadi Centres or any central place of a village. This seemed to be done according to convenience of the beneficiaries. In some cases, however, the ANM was said to perform the immunization at the respective residence of the beneficiaries themselves. In another contrast situation, all the beneficiaries were to turn up at the sub-centre itself for getting immunization.

(vii) Side Effects :

5.10. Of all the selected samples, none reported to have had any side-effects as a result of injections, except normal temperature which also subsided with the using of medicines made readily available to them by the health workers.

(viii) Gratefulness :

5.11. All the selected beneficiaries expressed their gratitude to the Government particularly the implementing Department, for the free treatment they received.

CHAPTER - VI

SUMMARY OF FINDINGS AND RECOMMENDATIONS

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A. Findings

6.1 In connection with this Quick Evaluation Study on the Special Intensive Immunization Drive launched in 1990 in the 5 Blocks viz. Selsella, Rongjeng, Mairang, Mawphlang and Amlarem one Primary Health Centre (PHC) and one Sub-Centre were selected as samples from each of the Blocks mentioned above. (para.1.6.)

6.2.1 Adequacy - Staff : The Medical Officers In-charge of all the selected PHCs agreed that their paramedical staff were already over-burdened with their normal manifold duties. Yet, there was hardly any sign to show of the mobilizing the available personnel posted in the nearby Blocks by placing their services into these five Blocks so as to intensify the immunization programme therein. Instead, a negative aspect was resorted by replacing the existing experienced and well-known ANMs by some new hands. (para.2.5.(ii)).

6.2.2 Staff distribution - Further, the study showed the present lack of equitable distribution of sub-centres or of the health-workers based on the population criterion. (para.2.6.).

7. Vaccine : The supply of vaccine was by and large adequate. But the lack of storage facilities at sub-centres level gave rise to a lot of problems impeding the smooth implementing of the Drive. (paras. 3:7-8).

8.1 Survey : All the selected PHCs and sub-centres affirmed to have conducted the survey for the purpose of identifying the target groups, (a) the 0-1 year infants and (b) the pregnant woman for the purpose of the Drive. But the month of starting and the duration of survey was not uniform. (para.3.1.).

8.2 The figures relating to the number of the target groups as derived from the survey all appeared to be under-estimated though they claimed it to be a house-to-house visit. (paras.3:2-3; 4:5-6).

The Drive :

9.1 (1) Operation Period : Here also, like the survey, the length of time stated to be assigned for the operation of this special Intensive Immunization Drive was not harmonious. However, since the immunization programme has been assuming a continuing process in the State, a uniform period from April to September, 1990 was taken as the reference period for this study which was also in consonance to the Govt. direction. (para.4.2.).



**9.2 Coverage** - (1) The extent of coverage in terms of villages and population could not be assessed as (a) the implementing authorities in the 5 Blocks seemed to include hamlets as villages and also (b) because the population taken into account by them appeared to relate to 1990 while the figures available with us refer to 1981 census. (para.4.4.)<sup>5</sup>

**9.2 (ii)** In terms of beneficiaries : Out of the total 9930 identified for 0-1 year infants, the percentages of immunization against DPT, Polio, BCG and Measles worked out to 32.56, 34.29, 25.77 and 21.11 respectively. As pointed out earlier, the identified figures seemed to be under-estimated, therefore, the extent of achievement would be of lower sides should the actual or more accurate number of target groups was obtained. (para.4.6).

**9.3.1** Among the 5 Blocks, Selsella surpassed them all for every item of immunization except for BCG. Thus, out of the aggregate number of 3233 DPT beneficiaries, 3405 Polio, the contribution made by this Block worked out to over 60 p.c., while in case of Measles, the total number of 2096 beneficiaries, its share reached the level of 58.11 p.c. (para.4.7).

**9.3.2** Taking from the 5 Blocks' achievement against their respective target also Selsella Block took the lead in all categories of vaccination except BCG. (para.4.8.)

**9.3.3** As against this apparent success, the study revealed that there was a large number of beneficiaries who were being left out without the BCG vaccination, a prevention against the disease the danger of which remains potential throughout the life-span of an individual. This situation assumed of a greater dimension in Dongjeng and Selsella Blocks on the plea of vaccine wastage than else-where. (para.5.6-7).

**9.4 Drop-outs** - In considering of the number of beneficiaries who had taken up the first dose of DPT and Polio but failed to complete the third dose of the same, it was found that the extent of drop-outs in Mairang and Mawphlang Blocks was of the highest. In between the two, the Mairang Block exceeded the Mawphlang Block with the 69.61 percentage followed by the later with 56.58 p.c. in DPT and 60.10 p.c. in Polio. The same tendency was indicated by taking at FHC level also. (para.4.9).

#### **B. Suggestions :**

**12 :** In the light of findings narrated in the preceding chapters and summarised as above, it is felt desirable to suggest some measures which perhaps, may be found helpful for the effective implementation of the Immunization programme in general and the Intensive Immunization Drive in particular :-

i) It is necessary to equip the implementing agencies of the Department with the maximum available strength of the involved para-medical personnel at all the relevant levels.

ii) Conveyances facilities and fund position to be enhanced to ensure effective supervisions.

iii) Avoid transferring the existing sincere workers who are well-known to the villagers.

iv) Effective identification of the target groups be evolved so as to have a maximum, if not full coverage of the eligible beneficiaries and thereby to ensure an accurate number of target groups.

v) In case of the Intensive Immunization Drive, it appears desirable to have a uniform period of time to be stated for its operation by the implementing Health Units within the selected Blocks.

vi) Steps be taken to minimise the number of the drop-outs as well as those beneficiaries remaining without either BCG or Measles vaccinations or both.

vii) The ANMS/Workers at the PHC and the sub-centre levels be instructed to maintain properly and up-date regularly their Registers and other relevant records including the displaying charts found lacking in many visited centres.

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