

Government of West Bengal,
Department of Health and Family Welfare,
State Family Welfare Bureau,
Wing A, 3rd Floor, Swasthya Bhaban,
GN 29, Sector V, Salt Lake, Kolkata-700091

Memo. No. HFW-35099/192/2018-SFWB/ 229(30)

Date: 27/02/2019

To,

1-28 All Chief Medical Officers of Health, 29-30. CMHO, KMC and DFWO, Kolkata

Sub: - Operational & Financial Guidelines for NID – IPPI, 10th March 2019.

Objectives:

- To maintain the “Zero Polio Status” in the State in the years to come

Strategy:-

- To immunize **all** U5 Children in your Districts along with the State of West Bengal
- To administer 2 drops of bOPV to all children through booth & bi-phasic H_H activity

THE PREPARATORY PHASE:-

MICROPLAN:

- Framing of micro plan with the active participation of BDO, CDPO, Medical Officers, BPHN & Other staffs.
- Review/Refine& SEE: missed areas/missed children/ temporary settlements/ special areas (Char, tea garden, forest settlement, politically disturbed regions, displaced from inundated areas, brick kilns etc.)
- MAPS: Clearly defining the jurisdiction of supervisors & H_H team members.

IEC:

- Miking: on pre booth days & booth day for wide & advance publicity
- Prominent display of Banners & Posters outside the booths, TPT and at important intersections & landmarks
- Effective utilization of local TV channels, newspapers, folk programmes & artists
- Orient : Religious & local community leaders

LOGISTICS: COLD CHAIN & VACCINE:

- For attention of BPHN/ PHN /Store keepers/ Health & IPPI supervisors: **Look & record:** VVM, date of expiry, batch no, manufacturer’s name.
- Supply vaccines on assessed requirement & ensure daily return at the end of the day, maintaining cold chain, throughout the campaign to enable implementation of “Open Vial Policy”. Arrange for ICE in advance if required.
- Marker Pen: for each H-T-H team, individual members of TPT & Supervisors. Mark a child **ONLY AFTER** vaccination.
- Tally sheets & formats: Print adequate quantities & distribute to peripheral units well in advance.

TRAINING:

- MOs or SMOs: Impart training to vaccinators & Supervisors.

EMPHASIZE on:

- Complete H-T-H coverage through bi-phasic activity
- Employ “Search & Immunize strategy” in each and every household, brick-kiln, temporary settlement, slums & special areas.
- **Pay special attention** on Name of vaccine, Exp. Date, VVM, house markings, finger marking, tally sheet filling & newborns.
- Mark all immunized children in home or outside after vaccination with marker pen.
- In areas where the parents are unwilling the Panchayat members/Councillors/Religious leaders are to be involved

HEALTH CAMPS:

- **3 pre booth special health camps** to be held in high risk pockets and where coverage is low. Coverage to be recorded in the booth day tally sheet for immunization through camp approach. RCH Plus Camps held during above dates may be treated as pre booth health camps. It is being observed that the attendance in these health camps is comparatively low, wide publicity should be made for these camps so as to increase the attendance.

THE ACTUAL CAMPAIGN:

Booth Day:

- Community must be aware of the site & timings-**9.00 am – 4.00 pm**.
- Booth to be manned by 4 trained preferably accountable persons such as ANM, ASHA, AWW etc.
- All health units having OPD services should function as a booth on all the 3/4 days of NID.
- Willing Private practitioners/Paediatricians attached/not attached to Government Hospitals doing practice in the locality to be provided with vaccines during 3/4 days of NID starting from **10th March 2019** & will function as Clinic Booths. Publicize these booths well in advance to ensure good coverage.

TPT Booths:

- Teams with agile, proactive young persons are preferred.
- Multiple shifts, if necessary, to minimize the chance of missing children in important & busy transit points: railway stations, ferry-ghats, bus stands, busy intersection on the days of activity as per micro plan.
- Timings to be adjusted as per micro plan. One accountable member (ANM/AWW/ ASHA) in each team is to be ensured.
- TPT Booth should be visible, jacket worn, banners displayed & music played.

Special high risk areas Plan:

- Mobile team to cover: brick kilns, char areas, migrant settlement, construction sites etc. **Adjust TIMINGS & visit AT LEAST TWICE within the week** to immunize maximum number of beneficiaries.

H-T-H Activity:

- Equitable distribution of household/team-days. No. of households to be visited /team / day (except in difficult geographical terrain): at least 90 houses in Rural and 125 in Urban areas.
- Start H-T-H activity on or before 9 AM. Biphasic from 2 PM. Continue till the last X house is visited every day for 3 post booth days.
- **Immunize all unvaccinated children en-route.**
- (*) any unimmunized /unmarked child who attends sub-centre clinic on Wednesday shall be administered a dose of tOPV, entered in tally sheet [not in MCP-card] & advised to return the next day scheduled for RI for his regular dose of OPV.

Role of IPPI Supervisors -Please consult the guideline issued under Memo No. H/ SFWB/ IPPI/ 943 (12) Dated 27th August 2012

- Each Supervisor shall be responsible for 6 teams
- Shall be responsible for supply of vaccine & logistics to the team members
- See that the team is working as per micro plan
- To carry OPV Vials (maintaining cold chain) and marker pen to immunize children in X houses or on streets, market places. Record in P-Sweep sheets.
- Ensure: training of vaccinators, on VVM, house markings, finger marking, and tally sheet filling.
- Cross check at least 5 P marked houses + Convert X houses to P in as many as possible every day in his/her team day area. Identify False P if any- convert, record and inform the worker and record.
- Supervise TPT/Special areas under his / her jurisdiction.
- (**) Individual performance of all supervisors will be tracked & assessed at the end of the programme).Format provided

Role of Medical Officers

MOs of BPHC/ PHC should

- Actively participate in preparation of Micro plan
- Participate in the training of vaccinators
- Conduct 3 pre-NID Health camps.
- Impart training to vaccinators & supervisors.
Be present in their station throughout the NID period & supervise the H-T-H team. (2nd to 4th day). Help in X-P conversion by immunizing sick children in XS houses in high risk pockets.
- To attend evening review meet at Block HQ daily
- Their day to day activities are to be recorded in prescribed format

Role of State Monitors & Faculties from Medical Colleges:-

- To guide in refining & updating of micro plans
 - To assess & supervise the H-T-H activities in HRA in rural & urban settings
 - Provide feedback to District & state authorities
- State monitors have been specially detailed for providing advice and guidance to the district programme managers in both planning & implementation of the IPPI –NID programme
- (***) CMOHs are requested to extend all help to the officers during their stay & monitoring activities and also contact them /ADHS(EPI) in any difficulty during the NID

POST CAMPAIGN ACTIVITIES

Reporting:

- Daily district performance report (Provisional if necessary) in proper format. E-mail to adhs.epi2017@gmail.com;
- Consolidated report at the end of activity of left over 'XR-XS-XL-XO' (in 9D format)
- Assess load of "X" houses, especially X(S) at Block/district level and take action accordingly. X(R) houses should be specially looked into and local leaders/clinicians'/family help to be taken.
- List of X-R cases to be shared with the PRI and general administration
- Special one day extensive X-P conversion by all teams & supervisors in the high priority blocks of South 24 Parganas, Howrah and Borough XV of Kolkata.
- Special one day monitoring of 100 children & vaccination (if required) by IPPI supervisors in a separate supervisory area within the same block/ward, after the activity. Report to be submitted separately.
- REVIEW MEETINGS.
- District & Block or Urban Planning Unit: CMOH & BMOH at their respective levels to conduct desk review of this SIA performance daily and take corrective measures.
- District & Block level task force meetings, both **prior** to and **after** the IPPI rounds : to assess the status of preparedness, determine the action points for SIA at respective levels

IMPORTANT

- ☞ *No Medical officers/ health personnel should be allowed to avail leave during the period **5th March 2019 to 16th March 2019**, except in emergency situations with the permission of the respective CMOHs.*
- ☞ Report on "Action taken against the poor performers" to reach the undersigned by **20th March 2019**.
- ☞ The *SOE/UC* of all pending SNID/NID round as to reach the SFWB with the FMR of *May 2017*.

FINANCIAL GUIDELINES

Funding will be made to the districts as per the following norms:

- a) **Vaccinator's honorarium:** @ Rs 75/- per vaccinator per day X maximum 4 days. H-t-H microplan should follow the norms of daily household load as stated earlier.
- b) **Supervisors' honorarium :** @ Rs 75/- per supervisor per day X maximum 4 days
- c) **Mobility for supervisors:** @ Rs. 125/- per Supervisor per day. **District and block level mobility including cold chain support @ Rs.500/- per day per 5 booths for 4 days.**
- d) This fund may also be utilized to meet any shortage in **for X-P conversion by supervisors after the end of activity @Rs. 75/-for one day.**

e) **Miking:**

Booth: @ Rs.250/day for 12 booths for 3 days (including 2 days prior to the activity only on slow moving vehicles)

TPT Miking: - @ Rs.150/- per transit point x 3 days. Pre-recorded audio - cassettes will be supplied by the state

Training: @ Rs. 20/- for each vaccinator (H-t-H as well as T-P-Team) and for supervisor

f) **Contingency:** @ Rs 20/- per 2 H-t-H teams & TPT team days. This fund is to be utilized for purchase of pen/pencil, chalk, vial openers, zip-lock plastic pouches for storing OPV in vaccine carriers and printing of different forms

g) **Special Fund:** (i) Rs.90, 000/- for Howrah as in the previous rounds.

(ii) Fund for mobility & Honorarium for the House Staff & Internees from Ayush & Allopathic streams detailed to the districts of South 24 Parganas & Borough XV of Kolkata to be disbursed as per guideline.

****Please NOTE That:-**

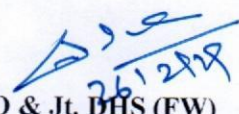
1. Dy. CMOH-III is to ensure that fund to be disbursed to the blocks **ONLY after deducting the balance IPPI fund available with the block from the total fund outlay of the block.**
2. **Intensified X-P conversion** the districts of **Howrah, South 24 Pgs** and **Borough XV** of Kolkata by **all** teams & supervisors of **both** high priority and low risk blocks & ULB is to be under taken.
3. House-staffs and Interns of allopathic & Ayush streams from Kolkata based Medical Collages are being deployed to the 12 units in the two districts of South 24 Pgs (11 Blocks) and Borough XV of Kolkata for reinforcing special X-P conversion to be under taken. Three interns from Homeopathy, 3 from Ayurvedic & 4 from MBBS shall be deployed to each block/ULB. The districts authorities are to organize training session for these doctors and provide vehicles for movement within service area.

House staffs and Interns so deployed are entitled to an honorarium @Rs. 100/- per day for one day and transport charges at Rs. 50/- per head for two days – one day for attending training session and other for field activity.

It has been observed that houses staffs and interns are not properly attending the training/X-P conversion activities. This type of dereliction of duty should be recorded and reported to the respective Principals and ADHS-EPI.

The guideline for role & responsibility of IPPI supervisor [vide Memo No. H/SFWB/IPPI/943(12) dated 27th August, 2012] is to be followed and report submitted as desired.

This guideline may please be shared with all concerned.



SFWO & Jt. DHS (FW)
West Bengal

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Date: 27/02/2019

Copy forwarded for kind information & necessary action to

1. The Mission Director, NRHM & Commissioner (FW), H & FW Dept, WB
2. The Commissioner, Kolkata Municipal Corporation
3. The Director of Health Services, West Bengal
4. The Addl. Mission Director-NHM, West Bengal
5. The Chief Health Officer, KMUHO, 73 Purna Das Road, Kol-29
6. The Regional Team Leader, NPSP-India, BF-124, SaltLake, Kolkata-64.
7. Dr Kaninika Mitra, Health & HIV Specialist, UNICEF, Kolkata.
8. The Cold Chain Officer, SFWB, West Bengal.
9. The Administrative Officer, CFW Store, Bagbazar.
10. The Dy. Chief Medical Director, Eastern Railways, Kolkata.
11. The Dy. Chief Medical Director, South-Eastern Railways, Kolkata
12. The Project Director, SUDA


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