Routine Immunization

The ‘Muskan’ initiative
Bihar, India

Aradhana Johri,
Joint Secretary,
Ministry of Health & Family Welfare
Govt. of India
India, a changing environment

National Rural health Mission, the Flagship program of GoI launched in 2005

- Communization – Incentivised ASHA in each village. Village Health Committees set up. Community oversight at every level
- Decentralized district planning, flexible need based funding by GOI. Funding enhanced.$150 mill to Bihar.
- Infrastructure strengthening at each facility. IPHS norms made. 2 ANMs at sub health centre. PHCs are 24*7 with 3 nurses. CHCs are First referral unit
- Converged outreach scheme of monthly Village Health Nutrition Day launched nationally
- Institutional deliveries increased exponentially due to GOI incentive scheme

*ASHA Accredited Social Health Activist; ICDS Worker, **ANM= Auxiliary Nurse Midwife. IPHS= Indian Public Health Standards
Immunization Specific Initiatives in India

- Decentralized planning & need based funding.
- Improving service delivery through:
  - Alternate vaccinators
  - Alternate Vaccine Delivery
  - Increased services through Special immunization drives
  - Improving mobilization & tracking through community link workers* & vaccinators**
- Improving supervision & monitoring
- Intensified session Monitoring by partners
- Ongoing training of HWs in immunization
  - 51% Health Workers trained in India (107,066 / 209,695)
  - 90.6% in Bihar (11478 / 12675)

*ASHA Accredited Social Health Activist; ICDS Worker,  **ANM= Auxiliary Nurse Midwife.
Bihar: A Challenge

• State in North India, bordering Nepal
• Population 93 million (9% of total population)
• Poor infrastructure and annual floods add to service delivery challenge
• Poor roads and power supply
• Frequent polio SIAs. 15 days / month
## Bihar: A Challenge (contd..)

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<thead>
<tr>
<th>Indicator</th>
<th>Bihar</th>
<th>India</th>
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<td>MMR</td>
<td>371</td>
<td>301</td>
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<td>IMR</td>
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Fully Immunized Children
Evaluated Coverage

India: 47.6%
DLHS-2 (2002-04)

Bihar: 24.4%

Bihar: 41.4%

DLHS-3 (2007-08)

Source: http://www.mohfw.nic.in/dlhs/dlhs08_release_1.htm
Muskan (In English...Smile)

An Innovative Initiative in Bihar

• Target children 0-23 months: ~ 4.7 million
• Augmentation of immunization efforts started in 2005 through special immunization drives
• Later formalized as ‘Muskan’ in Oct-2007
• Partners in Implementation :
  – State Health Society, Bihar
  – UNICEF
  – NPSP/WHO
• Enhanced Political commitment
Enhanced Political Commitment

✓ Oversight by the Chief Minister of Bihar

✓ Regular Review by the Executive Director

✓ State Task force meetings to review the programme & take corrective actions
Muskan Strategy

Inter-Sectoral Coordination

Identification & Tracking of beneficiaries

Muskan Strategy

Involvement of village level Mahila Mandal *

Performance based incentives for service providers

Review of Microplan

* Local women’s group
How ‘Muskan’ Works

- **Muskan Register & Survey**
  - Enlisting of all beneficiaries through h-to-h survey by community link workers *(ICDS* & *ASHA**)  
  - Regular updating of muskan registration data

**Recording & Registering (Jan-Nov’08)**

- (>60% Muskan Registers Updated)

Data not available  
Less than 50 %  
50 to 79 %  
80% & above

*ICDS: Integrated Child Development Scheme  
**ASHA: Accredited Social Health Activist  

**Source:** WHO/NPSP & UNICEF RI Monitoring
How ‘Muskan’ Works

- **Weekly Muskan sessions**
  - Microplans revised and 6700 additional ANMs hired
  - Increasing outreach sessions by adding an additional day for immunization
    (8-10 outreach sessions per each sub-center area per month)
  - Integrated efforts of ICDS and health department at all levels esp. at imm session

Re-establishing Outreach services (Jan-Nov’08)
(>90% Sessions Held)

Source: WHO/NPSP & Unicef RI Monitoring

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<tr>
<th>Data not available</th>
<th>Less than 50 %</th>
<th>50 to 79 %</th>
<th>80% &amp; above</th>
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<td>n : 36,980</td>
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Improved Micro Planning using GIS

- Urban RI initiated in 23 towns and cities of Bihar
- Micro-planning and monitoring using GIS technology
% Monitored Sessions with Mobilizer Present
(Pre & Post Muskan)

Pre Muskan (n=17910) | Post Muskan (n=37134)

- AWW Presence
  - Pre Muskan: 51
  - Post Muskan: 74

- ASHA Presence
  - Pre Muskan: 49
  - Post Muskan: 65

- Any Mobilizer Presence
  - Pre Muskan: 78
  - Post Muskan: 88

Pre Muskan: Nov-06 to Oct-07, Post Muskan: Nov-07 to Oct-08

Source: WHO/NPSP & UNICEF RI Monitoring
...How ‘Muskan’ Works

• **Coverage based Incentive**
  
  – Tracking new borns through due list
  
  – Performance based monetary incentive to workers for ensuring vaccination of over 80% due for the month

Tracking of Beneficiaries (Jan-Nov’08)
(>65% Due List Registers Used)

Data not available
Less than 50%
50 to 79%
80% & above

Source: WHO/NPSP & Unicef RI Monitoring
...How ‘Muskan’ Works

- **Local women’s group** meeting
  - Conducting twice a month meetings
  - Create awareness on issues related to Health, Nutrition and Immunization.

- **Supportive Supervision**
  - Integrated approach to supervision by MO & ICDS official
  - Random verification and cross checking of immunized beneficiaries from muskan registers.
  - This forms the basis for release of monetary incentive to the link workers.

*Care givers with vaccinator & community link workers*
Process Monitoring (Jan 08 to Nov 08)

Inter Sectoral Coordination
(>75% ICDS Presence)

Community participation
(>65% Local women’s group meetings held)

Source: WHO/NPSP & Unicef RI Monitoring

Data not available
Less than 50%
50 to 79%
80% & above
...How ‘Muskan’ Works

• **Budgetary support**
  - Funding support from Government of India under the National Rural Health Mission (NRHM)
  - Expenditure in Routine Immunization has increased more than two times in last two years

• **Regular Review**
  - Reviews conducted at all levels
  - Monitoring by the state and partners holds the key to bridge gaps.
How ‘Muskan’ Works

Summary

Muskan Register & Survey
Muskan Sessions
Coverage Based Incentive
Women group meeting
Supportive Supervision
Budgetary support
Regular Review
RI Strengthening efforts and Survey Results

Launching RI augmentation Drive (Aug 05)
Muskan Launched (Oct 07)

Source: http://www.mohfw.nic.in
Evaluated Immunization Coverage: Bihar

% Coverage

Challenge is to reduce drop out & left out children

Source: http://www.mohfw.nic.in
Conclusions

• Bihar has shown considerable improvement in immunization coverage over last two years

• Improved Micro Planning, Enhanced political commitment, performance based incentives and inter-sectoral coordination are key to these achievements

• Efforts are on to fill gaps in infrastructure and skilled human resources.

• Improvement in data quality on GOI’s centralized web based HMIS launched in Sept. 2008
Muskan Session

Muskan – Where there is a will there’s a way

Reaching the unreached...

Immunizing...

Tracking...
Thank you
Fully immunized – DLHS-3
Monthwise % of Muskan Incentive distribution to ICDS Workers & ASHAs for Mobilization of Beneficiaries to the Session sites (Jan’08 – Sep’08)

- AWW
- ASHA