**Feedback Report on monitoring of First round of Mission Indradhanush Ph-2 at Sheopur, Madhya Pradesh**

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**Organization:** NIHFW, New Delhi

**Date of Visit:** 5th to 10th October 2015

**Blocks Visited:** 4

1. Vijayapur
2. Baroda
3. Karhal
4. Sheopur, Urban

**District visited:** Sheopur (Madhya Pradesh)

* The MI monitoring visit undertaken from 5th to 10th October 2015, during the said visit all four blocks and district headquarter were visited by the National Observer.
* The MI activities were closely monitored during the said visit to the respective blocks and session sites.
* The Sheopur was non MI district in 1st phase of MI, but state initiated Immunization activities undertook by the district during MI ph-1.

**I. Planning**

1. DTFI was held before this round; DM chaired the meeting but some of the partners or their representative not attended the DTFI meeting. There was no meeting minutes found with the district.
2. STFI meeting held on 14.09.15 and attended by DIO and one urban nodal officer.
3. The Micro plans were not based on actual headcount, as headcount was not done as per guidelines in almost all the blocks. It was reported to use the RI registers to prepare due list and estimation of beneficiaries was not based on the headcount.
4. There were huge deficiencies found in the planning of MI 1st round in Sheopur urban block. There was no head counting took place in Sheopur Urban block and microplans also not prepared & submitted to district till 08th Oct. Thereby, no MI activities undertook in the urban area of sheopur block, where as it was reported by DS/In-Charge Officer of Urban block that almost 50% of total population of sheopur urban, lives in slum area. Ignoring the fact, the district authority not played their role to implement MI for such vulnerable/deprived section of society for whom the MI is particularly conceptualized to enhance the immunization coverage.
5. The total number of MI sessions planned for this round was 668 including 28 sessions in urban sheopur.
6. District had not received any communication planning and totally unaware about it. Therefore, not planned the same for mission Indradhanush. However, district made a comprehensive district and block level IEC plan to undertake the IEC activities.

**II. Financial Aspects**

1. There was clarity found among DIO/BMOs about financing of MI and financial norms for IEC activities and incentives to be given to ASHA/AWWs whom are involved in MI; it found at all the visited blocks.
2. Neither the district nor any block had received the communication letter released by AS & MD NHM, about financial support for IEC activities under MI.
3. None of the block had received any fund for IEC activities.
4. DIO/BMO/MOIC known about the incentives to be given to ASHA/AWWs for line listing/due list preparation and mobilization activities.

**III. IEC**

1. Press briefing to have local media coverage was done at CMHO office on 05.10.15.
2. The IEC activities found to be satisfactory but very poor at session site and there were no session site banner distributed by the district.
3. It was found that posters/banners about MI were used at public places and on buses/ autorikshaws etc., very limitedly. The wall painting found at some public places and at roadside.
4. Invitation cards to beneficiaries found to be distributed in all the visited blocks.
5. It was seen to broadcasting the information about MI on local cabel operator.
6. The ASHA/AWWs not received any printed training material; almost all had received the verbal guidelines.

**IV. Conduct of Session & Review Mechanism**

1. District had appointed district level observers for MI after instructing by the visiting National Monitor but supervisory activities by district level observers found to be poor. Daily evening meeting not found to take place at block level but reported to receive feedback telephonically or through social media.
2. Block level observers reported to be deployed by BMO/MOICs, but supervisory activities at block level found to be poor.
3. Sessions were conducted in time but were less in number in comparison to level of immunization coverage of the district.
4. There were no state deployed observer found for MI in sheopur district and only UNICEF deployed observer found to be visiting the district.
5. Monitoring by district level and block level observers was very poor and not found to report the findings and filled-in checklist to the district/block headquarter.
6. It was observed that there were no formal review mechanism adopted by the district and blocks to review the implementation of MI on day to day basis.
7. It was observed that district and blocks usually collecting the feedback and reviews by phone, social media and email only.

**V. Vaccine, logistics and cold chain**

1. District vaccine/cold chain depot found to be well maintained and shown the up to date records of all the vaccines and logistics.
2. It was found that district cold chain depot maintaining all the vaccines and logistics promptly. However, thermometer kept in DF/ILRs found to be not working properly in some of the cold chain points.
3. The supply and distribution of vaccines found to be satisfactory.

**Major Recommendations:**

1. District authority’s needs to develop a sense of accountability and responsiveness among all the sub cadre including the orientation of ASHA/AWWs towards the roles and responsibilities with the desired deliverables.
2. It’s felt that there is urgent need to re-orient the ANMs/ASHAs about how to prepare the due list based on head counting and mobilization of beneficiaries and reporting the daily MI coverage accordingly; in a very simplistic way. As in whole the district ANMs/ASHAs found to be less informed and unaware to undertake the MI activities apart from the RI activities.
3. A strong review mechanism needs to be adopted for MI as per the GOI guidelines.
4. The communication planning needs to be adopted very comprehensively to have the effective mobilization and advocacy of the services.
5. The IEC activities needs to be vitalize in a very comprehensive and effective way to uplift the existing level of the services.
6. The district needs to adopt the participatory, sensible and responsive approach to encourage the involvement of service providers and planners.

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