

DIRECTORATE OF FAMILY WELFARE (GOVT. OF NCT OF DELHI)
B & C WING, 7TH LEVEL, VIKAS BHAWAN-II
NEAR METCALF HOUSE, CIVIL LINES, NEW DELHI- 110054

F.No. 6(959) /CH/DFW/2020-21/ 5424- 35

Dated: 03/7/23

Minutes of Meeting

Meeting of **State Task Force Immunization** was held under the **Chairpersonship of Special Secretary(H&FW) & MD, NHM, in the Conference Room, 6th Floor, DSHM, Vikas Bhawan-II, Civil Lines, at 10:30am on 22nd June 2023.** The meeting was attended by DGHS, DFW, CDMOs, DIOs, Immunization Section DFW and WHO representatives.

Director, DFW welcomed all participants and briefed them regarding the objective of the meeting. She reiterated that frequent regular granular review of all activities pertaining to MR elimination on a war footing at District, Sub-District and Health Facility will be key for them to achieve MR Elimination by December 2023. District being the focal point, under the able leadership of District Magistrates & CDMOs, should plan activities based on the disease epidemiology and demography in their respective districts. DFW urged the attendees to keep up the momentum gathered during the MR Campaign, as a way forward to the goal of MR Elimination. DFW briefly touched upon the requirements of MR elimination, including monitoring and setting up of War Rooms at district level for MR Elimination.

It was followed by a comprehensive PowerPoint presentation by PO Imm., sharing the MR Elimination Roadmap. Strategic objectives to achieve MR Elimination were briefed upon. Activities already undertaken for MR Elimination were highlighted, including coordination meetings, MR Campaign and IEC/BCC/ Communications were shared. Following points were highlighted:

- a) **Epidemiology of Measles cases** and Suspected Outbreaks in the state for the past 10 years was presented. Further, Measles Incidence Spot Maps of 2022 and 2023 was discussed, showing the reduced incidence in 2023, due to prompt mitigation and control activities.
- b) **Measles Rubella Surveillance:** District-Wise data of Measles cases reported, Sample collected and measles positivity were discussed, highlighting few districts with significant gap in the measles cases reported vs sample collected. Districts like North, North West, North East, Central, South and West need to intensively focus of reporting and sampling of Fever with rash cases.
- c) **Fever and Rash Surveillance:** SMO WHO, briefly elaborated the issues in sample collection issues in Fever and Rash Surveillance cases. Cold Chain Transfer issues of samples were also discussed and highlighted by some CDMOs and DIOs. OSA WHO, also highlighted that the state level training of Lab Technicians for Sample Collections in Fever and Rash cases was unutilised.
- d) **Non Measles Non Rubella Discard Rate(NMNR):** PO Imm. Highlighted the recent or consistent lower than expected rate of NMNR Discard Rate over years for the districts, wherein the lagging districts like North West, North East, North and West were requested to look into remedial measures to be taken on exigent basis to improve NMNR.

- e) **MCV-1 and MCV-2 Coverage:** MRCV coverage maps of 11 districts in NCT of Delhi were displayed. It was emphasized that there was a large inter-district variation in MRCV 1 & 2 coverage and the desirable coverage of > 95 % for both the doses needs to be achieved by all the districts through more intensified and focused coverage of MRCV. FIC coverage of 2022-23 was also discussed.
- f) **Status of U-WIN Roll out:** Special Secretary and participant were briefed about the status of roll-out of U-WIN across all the districts. It was informed that collection of baseline data collection and training (including special batches for CGHS) was already going on in full swing with the aim to go live with U-WIN in first week of July '23.
- g) **Key Highlights of IMI 5.0:** Participants were informed regarding conduction of three rounds of IMI 5.0 from 7th August 2023, which will be a crucial activity to reach out to the under or unimmunized children, not only to improve immunization coverage, but also to bridge immunity gap for MRCV-1 & 2. Following key features of IMI 5.0 were emphasized:
- Schedule for 3 IMI rounds:
 - 7th to 12th Aug 2023
 - 11th to 16th Sep 2023
 - 09th to 14th Oct 2023
 - Each round will be conducted for 6 working days.
 - Flexibility of timings keeping in mind the community needs.
 - Focus will be on Left Out/Drop Out/ Refusal (LODOR) children
 - IMI 5.0 will cover children up to 5 years of age.
 - IMI 5.0 will be rolled out in all districts.
 - IMI 5.0 will be exclusively recorded and reported on U-WIN portal.
- h) **Regional Team Leader, WHO** shared the **observations and recommendations of the 5th IEAG meeting** reiterating that meticulously planned activities including importance of high quality fever with rash surveillance, adequate sampling, institutionalization of prompt public health measure and robust and effective use of IMI 5.0 to vaccinate all eligible children with both doses of MRCV1 & will decide the roadmap for Delhi's MR elimination goal. With seasonal trend of Measles, he pointed out that the next 4-5 months can be fruitfully used for covering the immunity gap.

After due deliberations & discussions, following important directions were issued by Special Secretary Health & Family Welfare for immediate compliance:

- 1) **More than 95% coverage for MRCV1 & MRCV2** across all health facilities in the districts irrespective of administrative control like, MCD, NDMC, Cantonment, Railways, CGHS & ESIC. Municipal bodies should also participate to improve coverages. MIS Cell DSHM should ensure regular reporting of immunization activity by Private hospitals and nursing home on HMIS portal. The seasonal trend of lower transmission of Measles in the upcoming months needs to be used to the advantage of immunizing maximum eligible beneficiaries.

- 2) **Intensification of Measles Rubella surveillance** through institutionalizing accountability at all levels for timely notification of Fever with Rash cases from all types of health facilities (All agencies. Public & private Hospitals, AAMCs). The District Weekly Review meeting (DWR) involving the DIOs, SMOs-WHO and DSOs must be convened weekly to capture all the cases and follow up with the necessary actions. Fever with rash cases must be reported and followed up using all available avenues in the lines of COVID-19 contact tracing mechanism to strengthen active case search. Quality of Active Case Search needs to be improved in leaps and bound with a more proactive role of Govt. Surveillance Officers in the same. **Surveillance activities to be stepped up e.g. active case search, quality sample collection, and shipment.**
- 3) **Quality Laboratory surveillance:** It was reiterated that NMNR of all the districts should be above 2 at all point of times. For quality of timely sample collection, it was emphasized that pool of well-trained manpower, lab technicians who will be accountable for sample collection must be created within the next 10 days. Medical Officers may also be sensitized for proper sample collection. WHO NPSP was requested to provide capacity building support.
- 4) **Districts were directed to strictly and timely fill the MR tracker tool of GOI as it is being monitored at higher level.** Further, it is must be used as a comprehensive measuring application to map the progress of MR elimination activity.
- 5) **Ensure adequate and rapid MR outbreak preparedness through strict compliance to outbreak response SOPs** to mitigate circulation of virus in the community. Daily review of reported outbreaks to ensure prompt public health response. **Districts to plan and execute** Outbreak Response Immunization (ORI) in larger outbreak area and need based Catch Up Immunization in LO-DO-R/ High risk areas.
- 6) **District has been identified as the Focal Point for MR Elimination**, therefore setting up District War Rooms and review of all the parameters by District Magistrate of Districts through DTFIs is to be done fastidiously. DTFI must be used as a platform for inter-departmental & inter-sectoral convergence as well to seek support and cooperation from all stakeholders including private Sector. Health facility-wise performance needs to be analysed to pick up and lift the performing areas with extra focus on peri-urban and high transmission areas. Sub district task forces and SDMs should be roped in for due penetration of the program across all the areas of the districts.
- 7) **Rollout of U-WIN across all the health facilities by 1st week of July 2023.** U-WIN will be the digital platform for capturing all the information related to Immunization. DMs in coordination with CDMOs were requested to ensure capacity building of all health facilities (including Pvt. Sector) for seamless rollout of U-WIN and pre-registration of all the eligible beneficiaries on U-WIN by 5th of July 2023. **Compliance from all private facilities must be ensured.** It was suggested that pre-registration of beneficiaries must be prioritised so that 0- 1-year cohort is entered first.

- 8) **Supportive supervision** at all level from State to SDMs and from partner agencies must be utilised for timely feedback sharing and improving the progress in time-bound manner. Focus should be given on field visits. Active case reporting and more participation from Govt. facilities is warranted to achieve MR elimination.
- 9) **Three rounds of Intensified Mission Indradhanush - IMI 5.0** have been planned in August, September and October 2023 in all districts. IMI to be extensively used as an opportunity to identify and vaccinate all dropouts/left-outs closing the immunity gap. with special focus on MR vaccine (MR-1 & MR-2) and increasing immunization coverage. For good quality IMI rounds districts should gear up through well conducted physical head count survey, all-inclusive robust and updated due list, extensive planning of sessions in low coverage peri-urban and High risk areas (HRAs). Rationale deployment of manpower for optimal results and flexibility of need based hiring of trained vaccinators in under-served areas through utilization of RoP funds must be explored to plan sessions during IMI (Focus on Slum). RoP provision of hiring of Vaccinators on a daily reimbursement basis should be done in areas wherein the loss of work hours of existing vaccinators (being on prolonged leave etc.) cannot be met / fulfilled by the existing vaccinator pool of the facility / district, and thus, justification / judgement for the same may be obtained at the level of facility and district.
- 10) **Special Secretary reiterated that India is co-signatory to the goal of Measles and Rubella Elimination by 2023.** Delhi being the national capital needs to expedite the activities to accomplish the goal ahead of other states. With less than six months in hand to achieve elimination targets, boosted efforts are needed to be completed in time bound manner. Few Important timelines for compliance are as below:

TIMELINES			
S.No.	Activity	Timeline	Implementation by
1.	Capacity building of all stakeholder for UWIN to completed	30 th June 2023	CDMOS/DIOs
2.	Pre-registration and up-dation of previous immunization records of all eligible beneficiaries on UWIN	5 th July 2023	Health Facilities under supervision of DIOs
3.	Quality head count survey for IMI 2023	15 th July 2023	Health Facilities under supervision of DIOs
4.	Micro-Planning for IMI based on head count	22 nd July 2023	Health Facilities under supervision of DIOs
5.	IMI training of all health functionaries (ANMs, ASHA, AWW)	29 th July 2023	DFW/DIOS/WHO
6.	DTFI (along with MOM and ATR)	1 st week of every month (for the previous month)	DIOs/CDMOs
7.	District weekly review meeting	1 st week of every month (compiled for the previous 4 weeks)	DIOs/DSOs/SMos

- 11) Special Secretary requested that frequent need based review meetings to necessarily review, coverages, monitoring findings, sessions held Vs planned, reason for unvaccinated, surveillance indicators, root cause analysis of outbreaks and response, HR and training issues must be conducted over the next months to navigate through the MR Elimination Roadmap successfully.

Meeting ended with thanks to all participants and Special Secretary DFW / MD DSHM.

This issues with prior approval of Competent authority.



(Dr. Vandana Bagga)
Director, DFW

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Dated: 03/7/23

Copy to:

1. Director, Directorate of Health Services, F-17, Karkardooma, Shahdara New Delhi-54.
2. Director-Women and Child Development(WCD), 1, Canning Lane (Pandit Ravi Shankar Shukla Lane), Near Bharatiya Vidya Bhavan Bus Stop, Kasturba Gandhi Marg, New Delhi - 110 001
3. Representative from MCD.
4. SPO, IDSP, F-17, Karkardooma, Shahdara New Delhi-34.
5. SPO- Store, DFW, B& C wing, 7th floor, Vikas Bhawan, Civil lines, Delhi-54.
6. State MIS officer, DFW, B& C wing, 7th floor, Vikas Bhawan, Civil lines, Delhi-54.
7. State community processes officers, DSHM, 6th floor, DFW, Vikas Bhawan, Civil lines, Delhi-54
8. OSA & State Regional Team Leader, WHO, NPSP, 7th floor, DFW, Vikas Bhawan, Civil lines, Delhi-54
9. State EPI Officer, DFW, B& C wing, 7th floor, Vikas Bhawan, Civil lines, Delhi-54.
10. UNDP, 55 Lodhi Estate PO box no. 5059, New Delhi 11003 (eVIN Representative)
11. CDMOs (All 11 Districts)
12. DIOs (All 11 Districts)
13. Guard file.



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