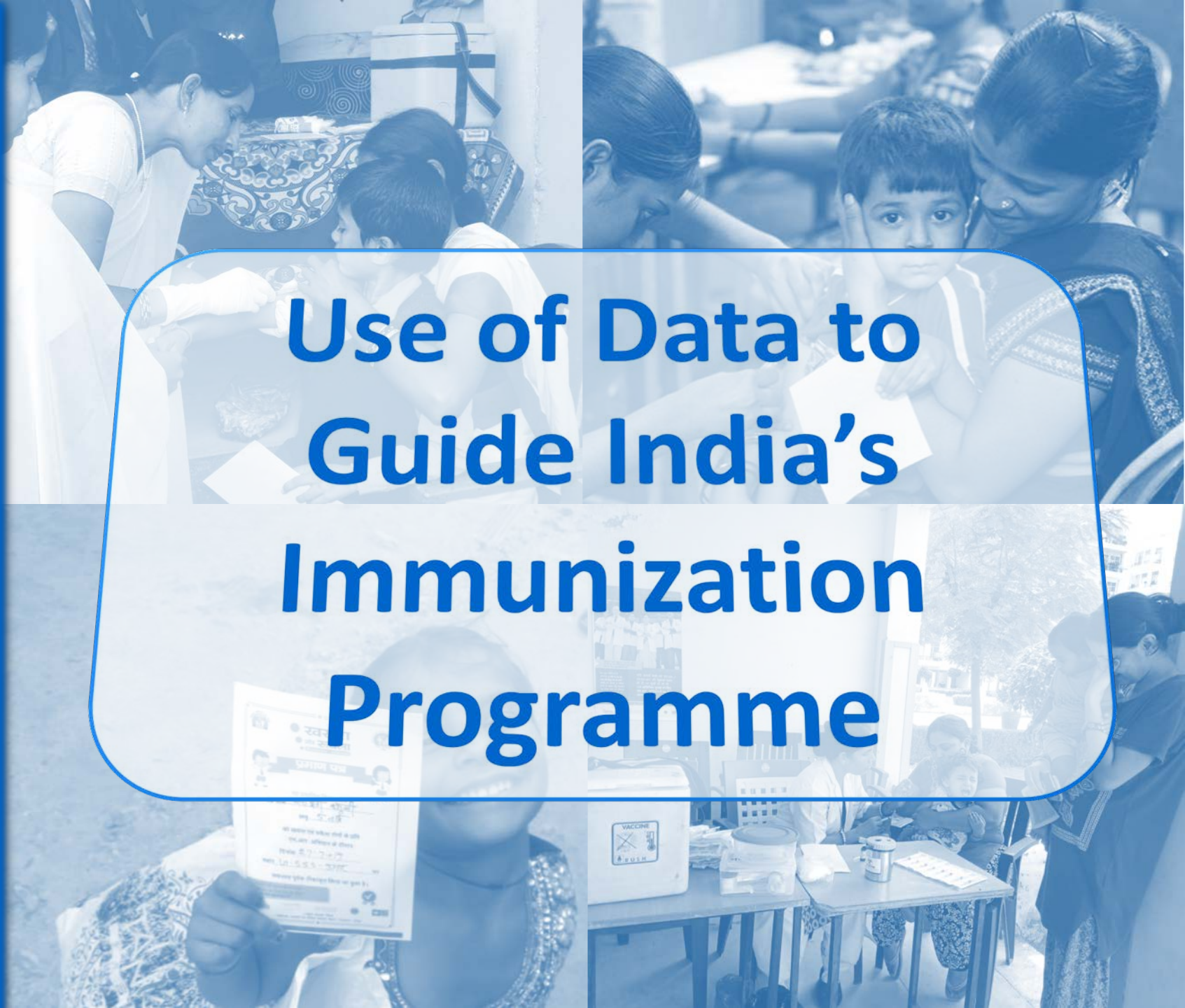




Dr Danish Ahmed

Use of Data to Guide India's Immunization Programme



Presentation Outline



Background – Immunization Programme



Key Recommendations from Data Working Group



Actions Taken – India Context



Summary

Universal Immunization Programme – India

One of the world's largest Public Health Programmes

Annual target
Birth Cohort of 26 million
29 million pregnant women



Vaccines against VPDs

- 10 nationwide
- 2 sub-nationally (JE, PCV)

~12 million sessions planned
per year

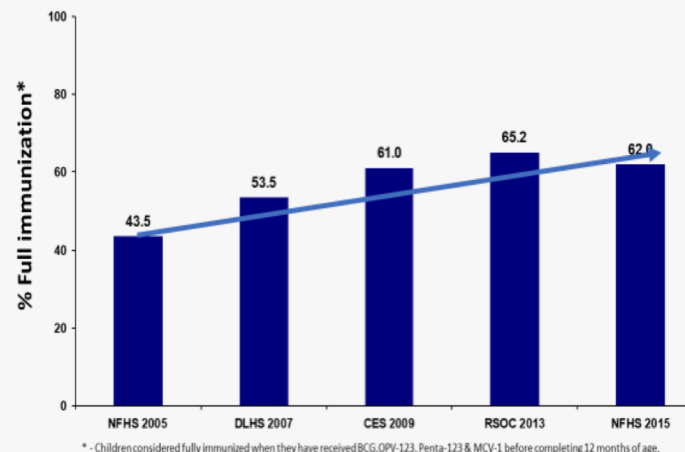


~29,000 cold chain points for
storage and distribution of
vaccines

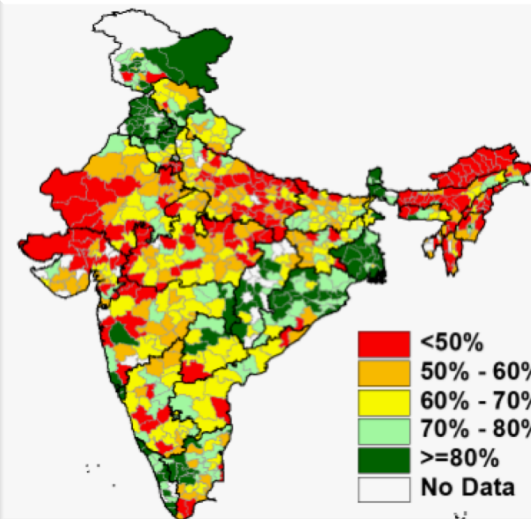
Made in India: largest vaccine manufacturing capacity worldwide

Universal Immunization Programme

(Programmatic Challenges)



Slow Progress



Equity Issues



Accessibility



Acceptance



Rapid Urbanization



Migrant Populations

Data Sources Being Used by Immunization Programme

Coverage Reports (HMIS)

- Electronic reports from planning units
- Available in public domain

Periodic Surveys

- At periodic Intervals (every 2-3 years)
- Includes coverage and equity indicators

Immunization Data Sources

Surveillance (AFP, Measles & VPD)

- CIF includes detail on immunization, socio-demographics and risks
- Data collected by trained Medical Officers
 - More than 100,000 cases annually
- Quality assurance
 - Weekly district meeting
 - Prioritization of reporting network
 - Regular reviews

Concurrent RI Monitoring

- Generates data on program quality and coverage
 - Monitors visit sessions and the community
- Mobile app for data collection & real time analysis
 - 400,000 sessions & 4 million children/year
- Quality assurance
 - Monitoring plans
 - Monitoring of monitors
 - Reviews and Task Forces

Data Working Group Recommendations (April - May 2019)

(Actionable Points for Countries)

- Embed monitoring and VPD surveillance (triangulation)
- Increase capacity and capability for data quality
- Enhance use of existing data for tailored action and policy-change
- Improve the accuracy of immunization targets (denominators)
- Strengthen use of ICT tools for data collection & use
- Data-driven continuous quality improvement (CQI) approach
- Improve data sharing and knowledge management

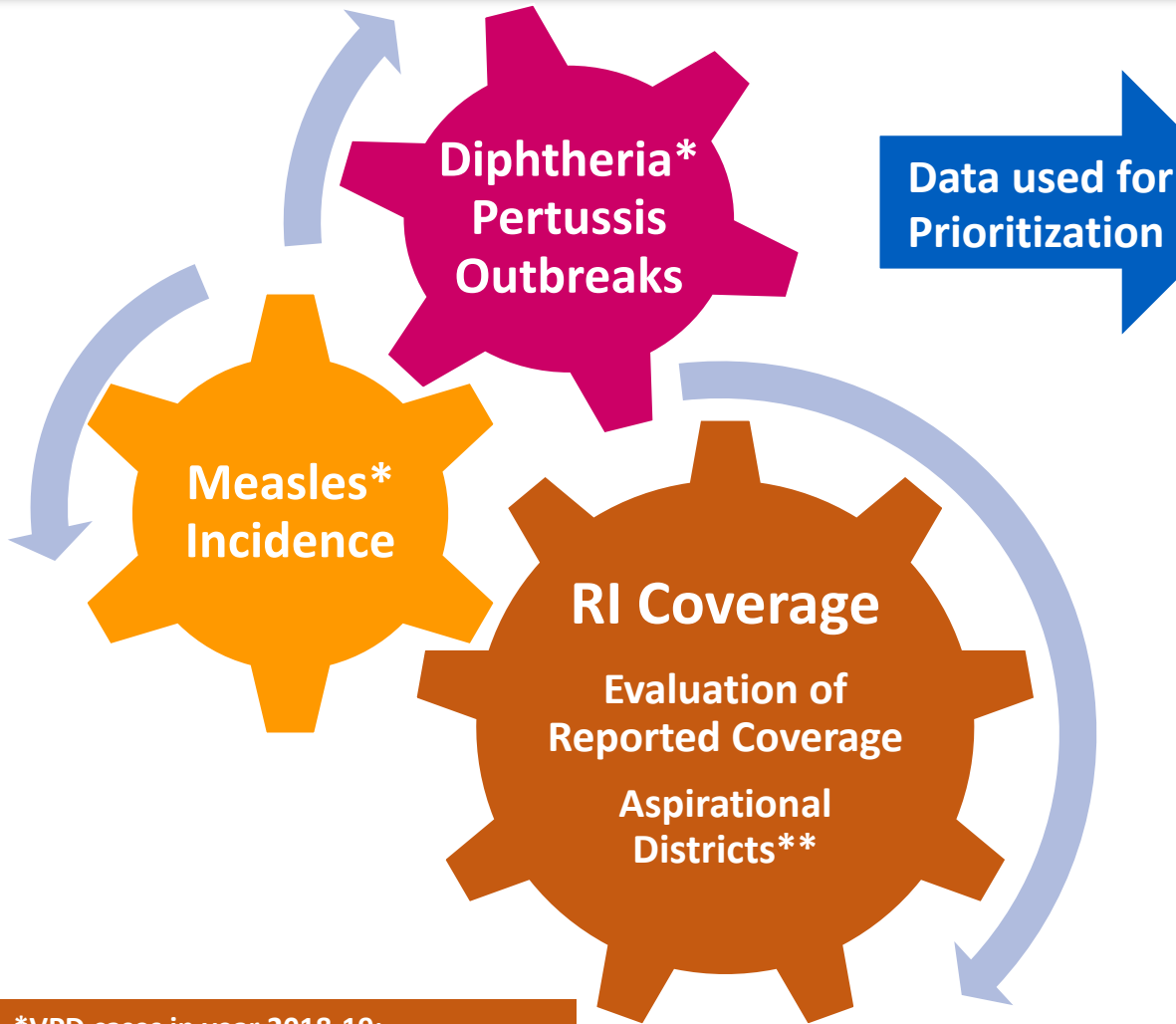
Data Working Group Recommendations (April - May 2019)

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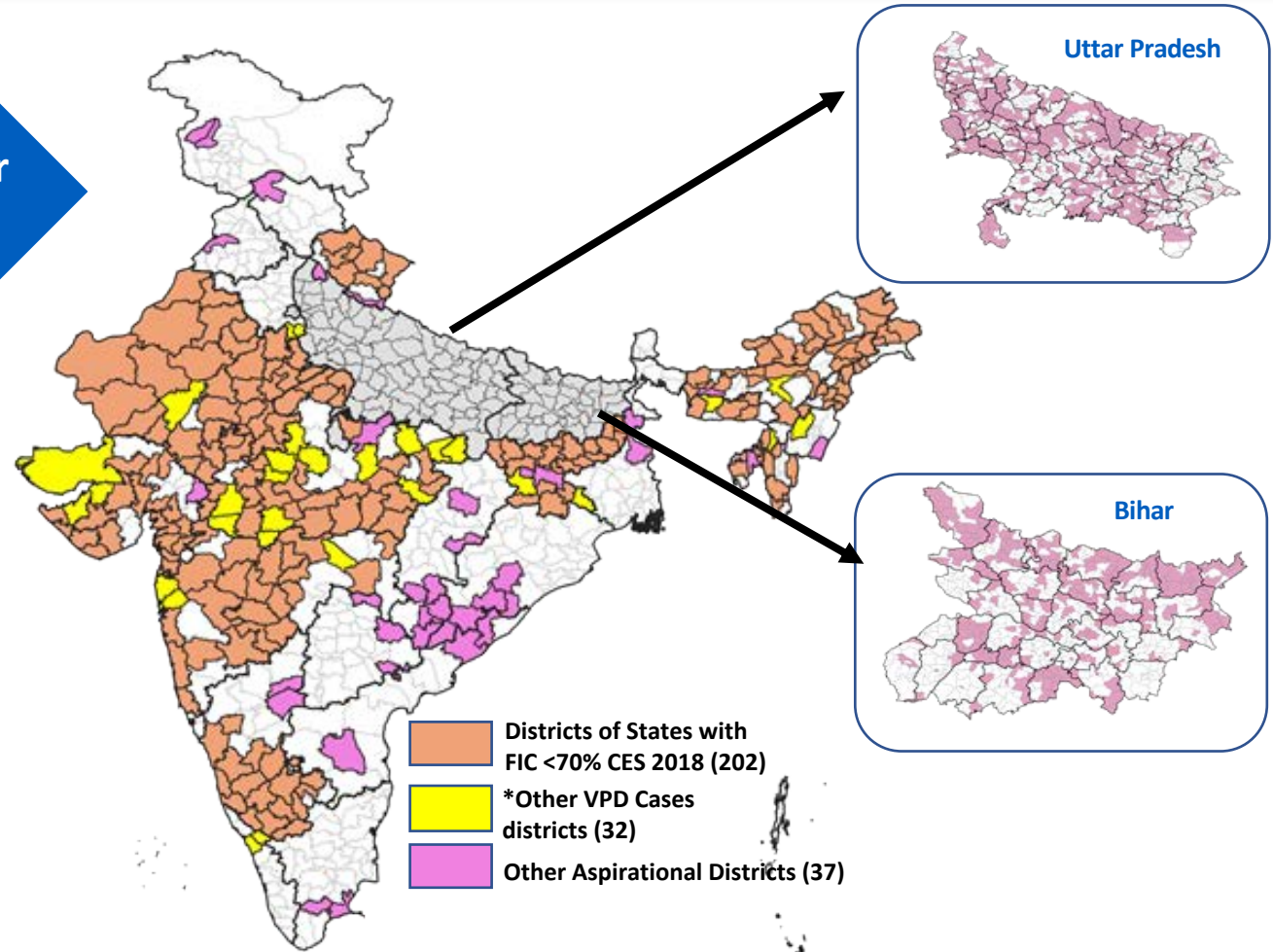
Embed RI Monitoring with VPD Surveillance

(Data triangulation of identified districts for immunization strengthening)



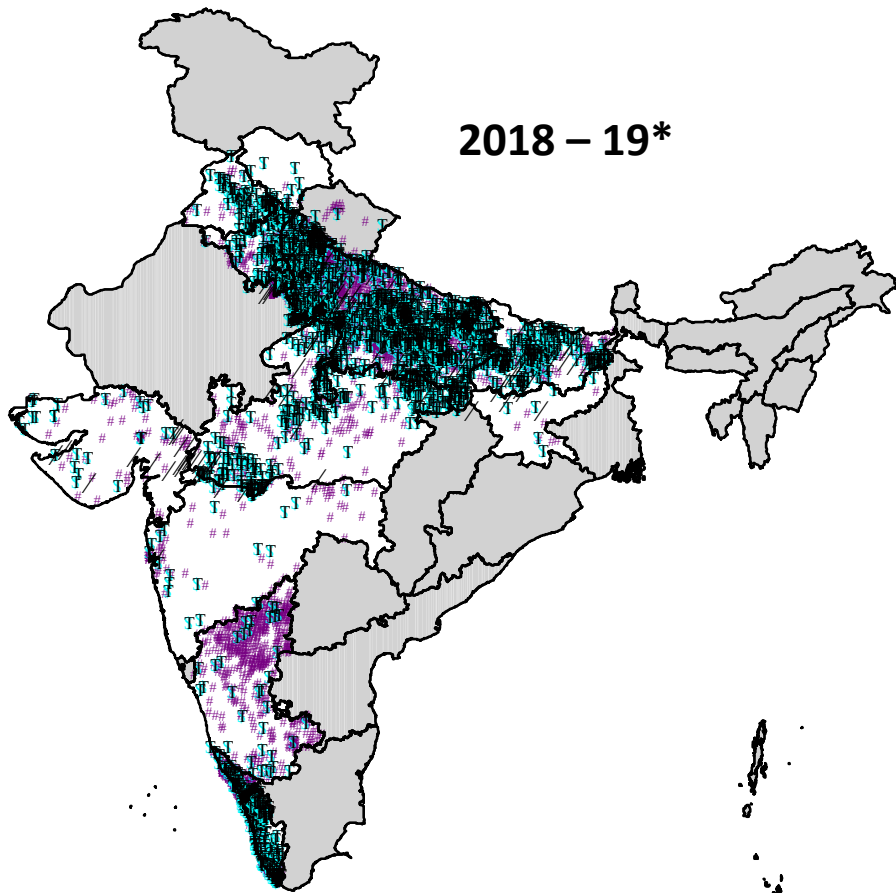
***VPD cases in year 2018-19:**
Measles more than 10/100,000 population
Diphtheria & Pertussis more than 1 per 100,000 population

**** Composite indexing to identify poor performing districts**



271 districts & 652 subdistrict planning units in Bihar and Uttar Pradesh for Mission Indradhanush 2.0

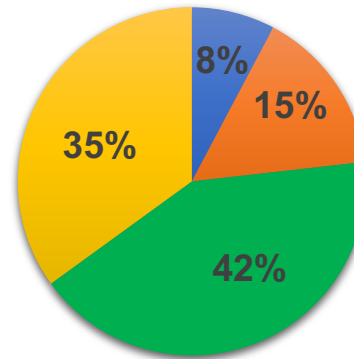
Data Use for Tailored Action and Policy Change



2018 – 19*

Programmatic Actions

Age-wise Break-up of Diphtheria Cases, 2018 – 19*

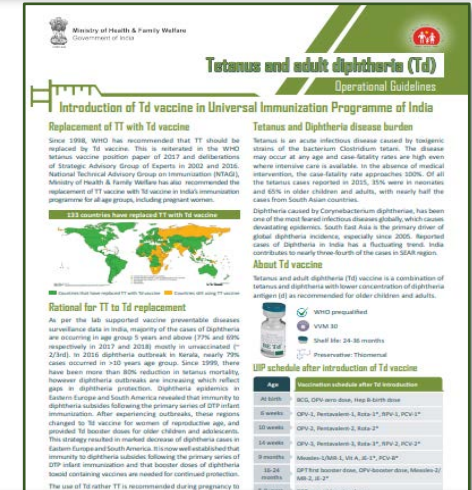


Cases - 3541

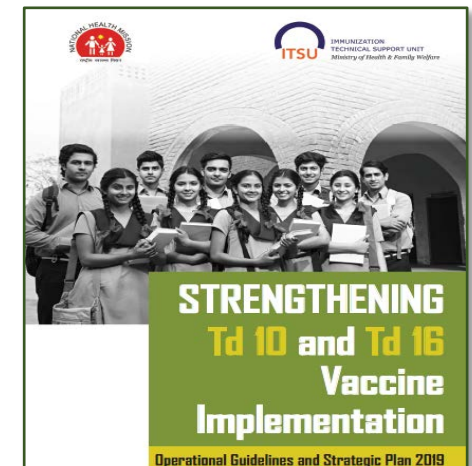
■ <2yrs ■ 2 to 5yrs ■ 5 to 10yrs ■ >=10yrs

More than 75% of diphtheria cases in children above 5 years

- Diphtheria – 3541 cases
- ▲ Pertussis – 2572 cases
- ★ Neonatal Tetanus – 112 cases
- VPD surveillance planned



TT replaced by Td vaccine



Focus on 10 & 16 year doses

ICT Tools for Data Collection and Usage - Background

Heightened accountability for immunization

- Programme review at the highest level

Frequent immunization campaigns

- More than 323 million children vaccinated during MR Campaign
- 26 Mission Indradhanush campaigns vaccinating 34 million children and 9 million pregnant women
- More than 300 million children vaccinated during annual Polio SIAs

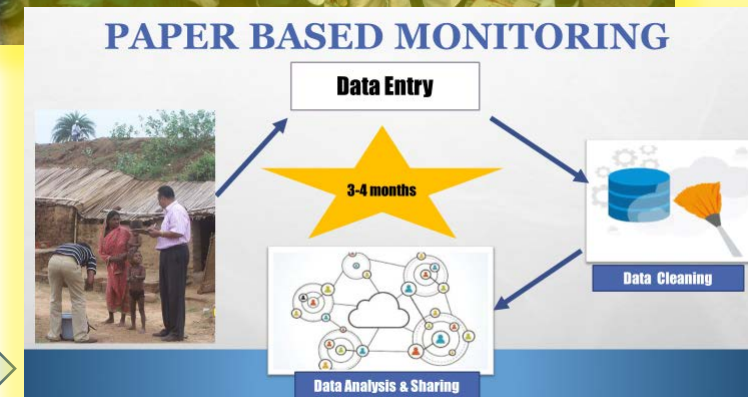
New vaccine introductions (2016-19)

- bOPV, JE, MR, PCV, Rota and Td introduction or scaleup

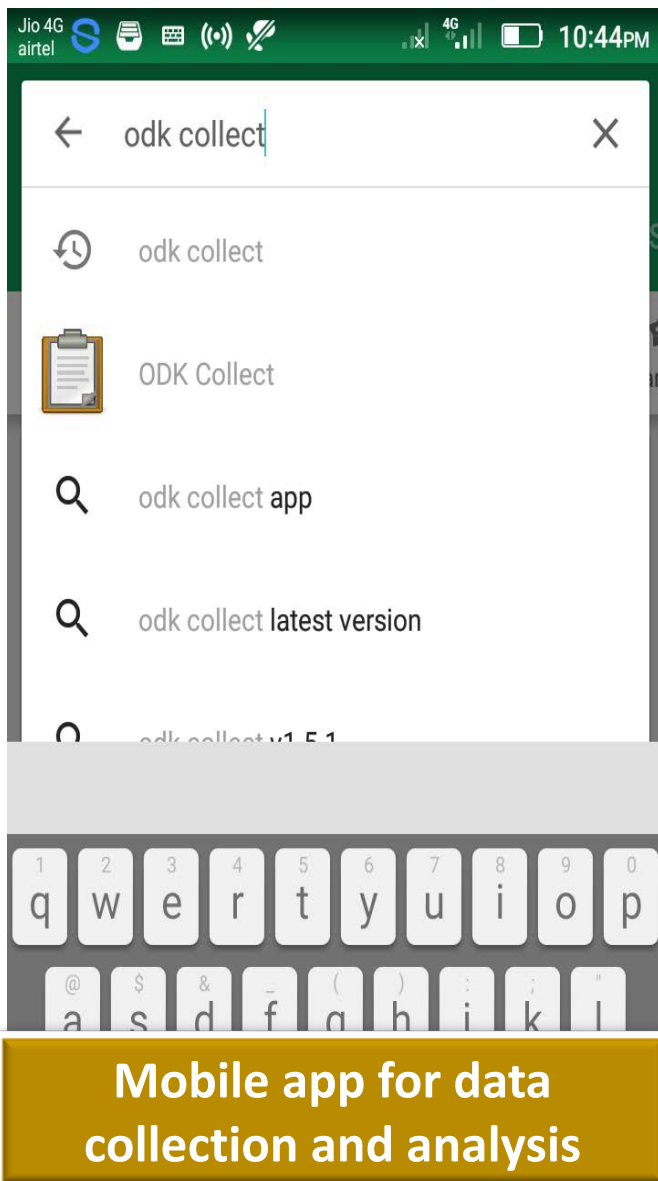
High demand for concurrent RI monitoring

- Sessions: 400,000/year
- Children: 4 million/year

Paper based monitoring resource intensive, time consuming and error-prone



ICT Tools for Data Collection and Usage - Innovation



~ 8000 users



~ 5.6 million children monitored



~ 0.7 million sessions monitored



Mobile app for data collection and analysis

Developed in-house by WHO-NPSP (no additional cost)

Mobile phones provided to WHO-NPSP staff

External monitors use personal smart phones

Monitor's briefing used for hands-on training

Data merging possible with other platforms (IHIP)

50,000 USD saved each year on data entry

Data assistants' time saved

Programmatic Advantages of Mobile-app Based Monitoring

INDICATORS AND GRAPHS AVAILABLE

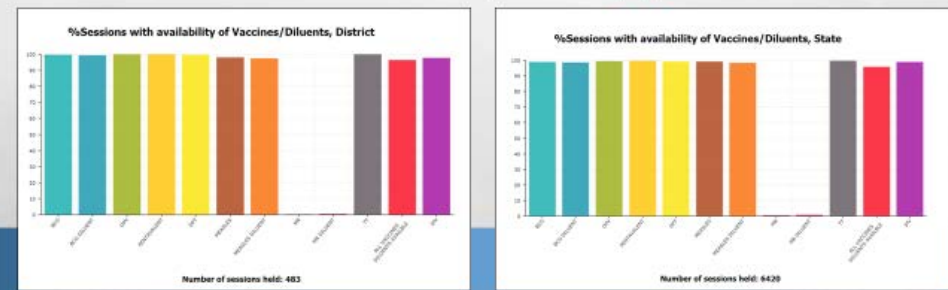
<http://111.93.123.213> in web browser and login with credentials provided

Auto generated indicator graphs on web

%Sessions with availability of vaccines/diluents

Graph generated at district level

Graph generated at state level



House (1)

If RI/MCP card is available, Click picture for record

Take Picture

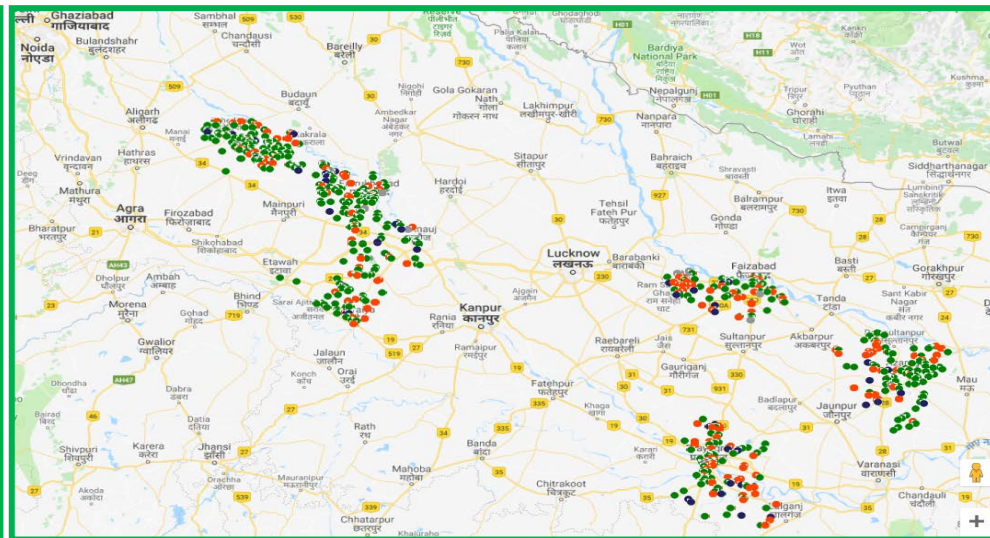
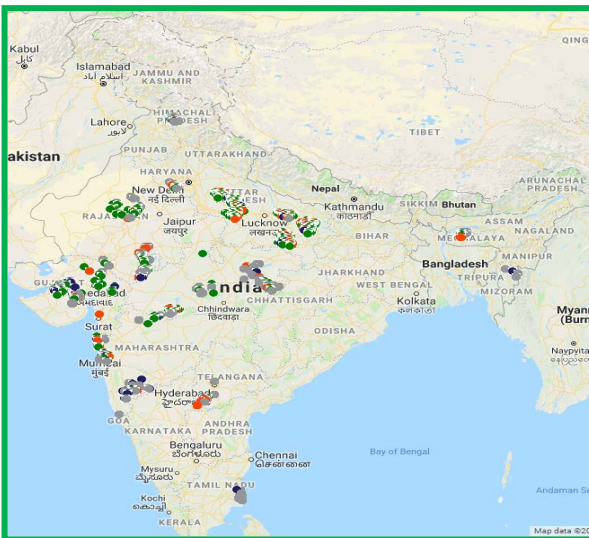
Choose Image



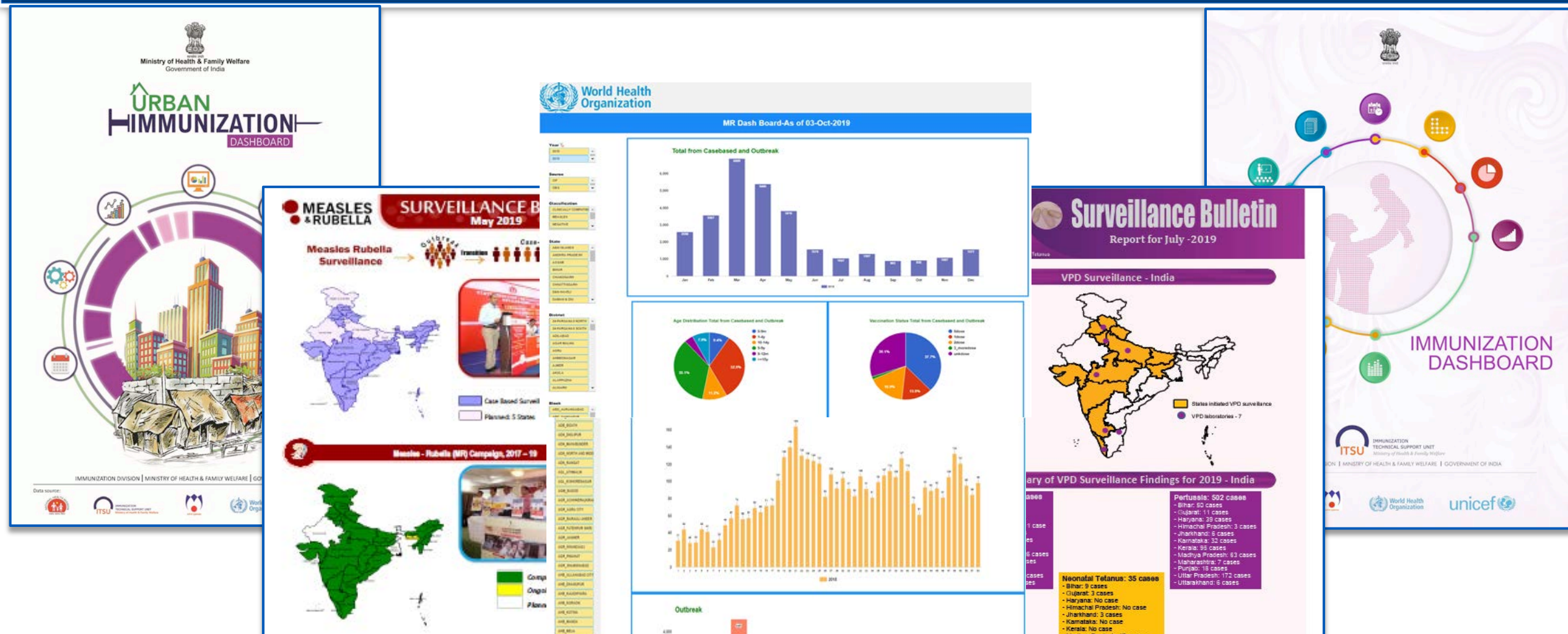
RETRY

OK





Data Sharing and Knowledge Management



Regular data sharing by MoHFW with states and districts

Summary

✓ Data working group recommendations helped India:

- Use data triangulation for risk prioritization
- Use data to inform decision making
- Fast-track availability and use of data using ICT

✓ Recommendations are practical and may be replicated

✓ India has initiated implementation of other recommendations



Thanks