REVISED

## PLAN OF ACTION

FOR

U. I. P.

IN

BANCALORE CITY CORPORATION

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#### I. SITUATION ANALYSIS

#### CITY PROFILE:

- and is the fastest growing city in South East Asia with an annual growth rate of 6.82. The density of population is 16382 and the population as per 1981 Census was 24.76 lakhs. The estimated population of the Bangalore agglomeration area including the 140 slums has already exceeded 40 lakhs to-day.
- 1.2 The Birth rate is 25.4 and I.M.R. is 44 and C.D.R. is 7.5. The slum population is 5.00 lakhs and the Industrial and construction workers contribute 7.3 lakhs to the population.
- 1.3 Female literacy rate is 42.62%.

The City has five Medical Colleges and 183 Medical Institutions belonging to Government, E.S.I.S., City Corporation and Voluntary Organisations (Table-I).

- 1.4 38 U.F.W.Cs/P.P.Cs cover 19 lakh population leaving 21 lakh uncovered. There is only one C.F.W.B., responsible for carrying out immunisation services.
- 1.5 There are 12 Ranges and 87 Wards or Divisions. These are likely to be increased in 1989.

1.6 The various categories of personnel available for immunisation from Government, Corporation, E.S.I.S., C.G.H.S., Dispensaries, Railways, Defence and Voluntary Organisations will be as follows:

Medical Officers		200
A.N.Ms, F.H.A.S.,	•••	200
Jr., and Sr. H.Is.	•••	205
Pharmacists		80
Teachers		170
N.S.S. programme Officers		45
N.S.S. Volunteers	•••	450
Lions Clubs Presidents		35
Rotary Clubs Presidents		19

- 1.7 The vaccination performance for T.T., D.P.T., and Polio for last 3 years has been above 100% achievement.

  B.C.G. vaccination target coverage has been less. Measles vaccination which was introduced in 1986-87 in Bangalore City Corporation has improved during last 2 years. (Table-II).
- 1.8 Rotary, C.S.I., Karnataka Branch of Indian Red Cross Society, F.P.A.I., are some of the prominent voluntary organisations which have good record of participating in the immunisation programme in the city.
- The disease surveillance for the last two years from 2
   of the sentinal centres is shown in Table No.III. Tetanus
   and Polic are showing declining trends.

VACCINATION PERFORMANCE IN BANGALORE CITY CORPORATION

		==	124 6	124.0	123.0	37.4		61.0	110.0
	1987-88	-	707	18,430	78,187	23 528		11612	74,582
	198	i.	0000	02,200	63,200	63 200	007.00	19,026	67,500
		-0	000	120.0	126.0	0 90	0.00	50.1	93.4
	1985-86	1.	0	86,665	86,665	66318	01000	5012	63,067
		T. C.L.	0	005,80	68,500	* 58 500	000,000	000,000	67,500
		1 Contract		112.5	112.5	2 / 3			106.0
		1		79,896	79,896	. 38 571	770,00	-	68,790
	198	1.		71,000	71,000	71 000	000.1		64,440
	Vaccine			D.P.T.	Polio	, c	D. C. G.	Measles	T.T.
	S1.	No.			2.	C		4.	5.

was started for the first time in Nov.

1 173 Doctors out of 200 and 455

als including A.N.Ms, Health Visotors

5; 166 out of 200 Anganwadi workers

using UNICEF Modules. 127 Teachers

ne Officers were also given orientaogramme.

tudies done in June 1988 for the 5 zones separately in November 89 ost identical levels of protection. ion of mothers is high consistantly; riation in the levels of protection diseases. The level of protection from 32 to 53.1 but those against from 50 to 88 (Table-IV).

were in Hospitals; Maternity and

were from Private Practitioners.

i Private Practitioners are responi 33.21% respectively as sources mation. 88.29% of Mothers have ards immunisation.

TABLE IV

COVERAGE EVALUATION IN BANGALORE CITY: (IN PERCENTAGES)

Sl. Period of No. study	Zone/City Range	Pregnant women coverage with T.T.	Infants protected against measles	Fully immunised Infants <b>Gy</b> eludine (measles)
I.June 1988	Whole City	84.7	42.80	71.40
II Nov. 1988	Zone I (Jayamahal & Shivajinagar)	83.8	39.10	57.10
III "	Zone II (Shanthinagar & Bharatinagar)	78.8	32.90	50.60
IV.	Zone III (Basavanagudi & Jayanagar)	81.9	47.19	62.26
٧. "	Zone IV (Chickpet & Chamarajpet)	82.7	52.86	84.60
VI. "	Zone V (Malleswaram & Gandhinagar)	72.3	53.10	8,8.00
VII. Jan. 1989	Slum areas of the whole city	1 <b>50.0</b> 58.6	32.50	度.興 54・2

There is not much difference in protection leves between slums and the city as a whole. Zone III is showing lowest levels of protection. This zone will receive priority in infrastructural development under India Population Project VII's proposals.

#### PLAN OF ACTION

- II. APPROACH:
- The U.I.P., when sanctioned to the City will be implemented in the context of simultaneous development of other primary health care services like provision of basic sanitation and water supply; health education; family welfare; maternity services as near to people as possible, primary medical care etc., for which there is already a built in demand creation.
- 2.2 Private Medical Practitioners who contribute to 33.78% of the immunisation services will be supplied with vaccines in return for simple information return system and accountability.
- An enumeration of eligibles in February 1989 will be done harnessing man power from many co-ordinating sectors.
- 2.4 For implementation of U.I.P., in the city, the Bangalore
  City Corporation and Bangalore Development Authority
  areas will be considered as one U.I.P., District under
  overall control of Chief Health Officer of Bangalore
  City Corporation. Development of immunisation services
  in the next few years to the targetted levels will be
  linked to the India Population Project VII's goals and
  objectives to be launched from 1990 for 7 years period

in the city.

#### III. STRATEGY

- Intra sectoral co-ordination amongst Directorate of Health and Family Welfare Services; State Cold Chain Centre; [Public Health Institute] District Health and Family Welfare Officer, Bangalore; (Urban District) Medical Education (both Government and Private); Medical Departments of Railways; Defence; Employees State Insurance Scheme; Central Government Health Scheme will be strengthened.
- Inter sectoral co-ordination amongst women and children; Education; Industries Departments; Social Welfare; Karnataka Slum Clearance Board; Collegiate Education (N.S.S.); Rotary and other voluntary organisations will be built on effective result oriented working co-ordination system. Activitywise responsibilities and tasks will be delienated. (Table V).
- 3.3 Existing Urban Family Welfare Centres and P.P.Cs will serve as implementation Units responsible for one lakh population each on an average.
- 3.4 Each one of these will have on an average 3 to 4 service points or sub-implementation units; totally 150 which will be dispensaries, creches, M.C.H.Centres, or even Nursary Schools.

While implementation units will be responsible for planning immunisation services; storing and distribution of vaccines

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#### TABLE-V

### DELIENATION OF TASKS AND RESPONSIBILITIES AMONGST CO-ORDINATING SECTORS

S1.	Activity	Sector OR Sectors	Personnel	Co-ordinating Mechanism
Ι.	Enumeration	N.S.S. Education BCC Health	N.S.S. Volunteers, Teachers, ANMs, F.HA., M.P.W.M. & W.A.M. & Nursing School Trainees.	Inter Sectoral Teams visits
II.	Baseline surveys Coverage Evolution KAP & Media studies.	Medl. Colleges Rotary.	Professors trained in N.I.C.D. Delhi, Rotary Members after suitable training.	Meetings & work shops
III.	Management study	I.I.M. or & other management institutions Rotary.	Professors of Institutions, Rotary Members who are experts.	Management analysis study of plan of action & problem solving.
IV.	Training	Medl. Colleges, HFWTC, Bangalore.	NPCD Trained staff.	UNICEF Modular training.
V.	JEC Activities	Industries, Rotary, Lions, Mass media wing of DHFWs., B.C.C. A.I.R. & T.V.	Members of Rotary, Lions, DPRO & PRO of BCC M.M. Officer of DHFWS., FP Cell, Officers of AIR & TV Station, Bangalore.	Production & supply of H.E. materials, market study evolution of media mix.
VI.	Supply of mainte- nance of Cold chain and other materials.	G.O.I. Unicef, Rotary	Ministry of Health, UNICEF, Rotary of Dist. 319.	Supply as per norms, repairs by Rotary.

Si.	Activity	Sector OR Sectors	Personnel	Co-ordinating Mechanism
VIII.	Budgettings & Control	B.C.C.	Chief Health Officer, B.C.C.	Liasion with UNICEF & DHFWS & G.O.I.
IX.	Transport system	B.C.C. DHFWS. GOI, Rotary.	UFWC, M.Os, Rotarians, UFWC/ P.P.C. Health Posts, Medical Officers, Store Officer, B.C.C., Rotary Clubs.	Sanction of seperate U.I.P. Dist., for Bangalore City by Ministry of H & F.W. with vehicles as per norms.
х.	M.I.E.S.	B.C.C., I.I.M. Bangalore, Rotary.	Chief Health Officer. Statistical Officer Computerist. Rotary-Members who are Management experts. I.I.M. Professors.	Monthly reports, Feed back system to the level of even performing units, computerisation.

and monitoring the programme in the 1.00 lakh population area, sub-implementation units along with field staff of implementation units will be responsible for outreach services at service points and Anganwadi Centres (200).

- 3.5 While 200 I.C.D.S. Anganwadi centres and 150 service points will have monthly immunisation day, the implementation units will have weekly immunisation day on a fixed strategy.
- 3.6 As declared by the Honourable Chief Minister of the State, one week day will be selected as the State Immunisation day.
- 3.7 Targets to reach health for all by 2000 A.D., will be adhered to : (Table VI).
- 3.8 Community participation will be generated by multimedia information Education and Communication strategy enlisting the skills and expertise of commercial advertisement firms and social marketting experts.

The committees as resolved in June 1988 UNICEF Government of India, Mayors' Workshop on Urban Immunisation will be constituted as follows:

#### 3.9 APEX CO ORDINATION COMMITTEE:

A. Mayor ... Chairman

Commissioner ... Member Secretary

TABLE VI

TARGETS FOR IMMUNISATION FOR BANGALORE CITY CORPORATION (1989 - 1995) (Percentages)

	Women	Infants
1989 April	90	75
1990 April	100 .	85
1991 April	100	90
1992 April	100	95
1993 to 1995	100	100

#### EXISTING LEVELS:

1988 June studies		
(whole City)	84.7%	42.8%

State Secretaries of Education, Women and Children, Health, Social Welfare, H.U.D. Departments; Director of Health and Family Welfare services; Additional Director (MCH/FW) Deputy Director (EPI & MCH); Director of Municipal Administration, Chief Health Officer, Rotary 319 District President and C.P.R.W.O., of Bangalore City Corporation as Members.

#### B. STEERING COMMITTEE:

Municipal Commissioner .. Chairman

Chief Health Officer .. Member of Secretary.

Members .. 1. D.H.F.W.S.

2. Addl.Director (FW/MCH).

3. Dy.Director (MCH & EPI)

4. I.C.D.S.Co-ordinator.

5. Rotary, Lions, IMA Presidents,

6. Dist. Immunisation Officer

7. P.R.O. of B.C.C.

This committee will meet monthly and review the programme, identify problems and develop solutions.

#### C. <u>DIVISIONAL COMMITTEE</u>:

Chairman .. Divisional Councillors.

Member Secretary .. Seniormost Medical Officer of B.C.C. in the Division.

Members M.Os UFWCs, Mat. Homes, Posts, Health Dispensaries, Sub-Health Offices, C.C.H.S., E.S.I.S. and Government Dispensaries, C.D.P.O., and I.C.D.S., Supervisors, Sr. and Jr. H.Is., Teachers, N.S.S. ordinators, Local Rotary and Lions Club Presidents and other

N.G.Os.

These committees will be responsible for achieving the goals of U.I.P., in the time phrame. They will allot tasks like Rotary to be entrusted with I.E.C., coldchain equipment supply, Repair of Refrigerators and contingent vaccine supply etc., and monitor those tasks.

Teachers and N.S.S., volunteers, A.N.Ms., F.H.A.S., and M.P.W. (M) Trainees will be utilised for enumeration. Enumeration for implementation units sectionswise is planned and will be done under the supervision of the five regional medical colleges and statistics department of the corporation.

- 3.10 Industries will be asked to put up eye catching hoardings and Institute incentives for best performing units
  etc.,
- 3.11 Medical Colleges will be asked to undertake training of Medical Officers and Supervision and develop F.P.D.A.S.
- 3.12 10 N.S.S. Programme Officers of the City's Colleges were already given orientation training in enumeration, health education aspects of U.I.P. Orientation of Corporation's Councillors is planned in 1989. The inter sectoral workshop amongst Rotary, Ratoract, Government and Corporation Officers was conducted in November 1988.

- 3.13 Cold chain equipment indented as per resolutions of

  June 1988 Mayors' and Health Officers "Work-shop"

  has to be positioned by March 1989 in City's Stores;

  implementation units and service points.
- 3.14 Graded acceleration of the programme will be done starting with fixed centres, then on to under served areas like slums and finally extending to out-reach stations in the second half of 1989 and continuing services beyond 1990 in a sustained manner, (Annexure D).

#### 3.15 I.E.C. PLAN:

Press reviews will be given monthly. A.I.R., and T.V. Family Welfare Cells will be co-ordinated. Morbidity and Mortality statistics will be used as powerful motivational tools. Success stories will be highlighted. Immunisation runs by the School children annually will be organised. News letter U.I.P., and other primary health care services will be started in 1989. Actors and Cricketeers will be involved on local T.V., and A.I.R., and slums' immunisations camps.

- 3.16. city Medical Stores will be the agency for distributing vaccines for the entire city and it will be strengthened in its cold chain system by supply of I.L.R.S., and deep freezers (Table VII).
- 3,17 Geographical demarcation for each implementation and subimplementation unit and service point is done as shown in Annexure-G.

TABLE VII

COLD CHAIN EQUIPMENT AND OTHER SUPPORT AS PER NORMS REQUIRED TO IMPLEMENT U.I.P.

IN BANGALORE CITY CORPORATION

S1.	Institution levels		Materials	Existing facilities	Addition as per	nal required norms
1	Central Medical Stores	a.	I L R (300 Lts.)	Nil	2	
Ι.	of City Corporation	b.	Deep freezers (300 Lts.)	Nil	2	
		c.	Cold Boxes (45 lts.)	Nil		
		d.	Ice Pack sets	Nil	8	
		e.	Dial Thermometer	2	12	
	Implementation Units (40)	a.	Refrigerator	20	20	
11.	II. Implementation Units (40)	b.	Freezer	Nil	40	
		c.	Cold Boxes	10	30	
		d.	Vaccine Carrier	20	100	
		e.	Ice packs		120	sets
		f.	Auto Clave	10	30	
		g.	Portable Sterlizer	Nil	115	
		h.	Sterlizer drums		160	
III.	Service Pts.	a.	Refrigerators	20	115	(450.0)
	(150) Dispensaries	b.	Vaccine Carriers	20	280	(150 2)
		c.	Ice Packs		150	sets
		d.	Dial Thermometer	20	260	

				facilities	as per norms
7. N.G	.Os (10)	a. Vaccine carrier		Nil	20
		b. Ice pack sets		Nil	20
		c. Portable sterlizer		Nil	20
. Syri	nges and Needles	For all levels			
		Syringes	1 Ml.	2,500	
		"你又 <b>是</b> 你是一种一种	2 Ml.	2,500	
			5 Ml.	4,000	
		Needles	23 G.	30,000	
			26 G.	50,000	
			20 G.	40,000	
		Immunisation Cards		2,00,000	
		İmmunisation Register		1,000	
		Enumeration Register		1,000	

- 3.18 Urban I.P.P. VII Project to develop primary health care service in slums and peri-slum areas of Bangalore City to be operationalised from 1990 will be utilised to post female volunteers to motivate mothers to bring infants to immunisation sessions for second and third doses. They will be employed on honoraria on a rotating basis for three months at a time; similar to the utilisation of such services in Calcutta.
  - 3.19 All Infants coming to clinics for whatever cause will be offered immunisation services to avoid missed opportunities.

Each Factory and Industry will be asked to house an out-reach centre in its premises.

#### 3.20 . SUPERVISION: .

The implementation will be supervised by I.C.D.S. supervisors, Sr. H.Is and Range M.O.Hs as the first tier.

At the second tier will be the Deputy Health Officers and teaching staff of paediatric and community medicine departments of the 5 Medical Colleges of the City.

The District Immunisation Officer will oversee the programme for the city as a whole.

#### IV. ADDITIONAL INPUTS REQUIRED

#### 4.1 PERSONNEL:

- a. One District immunisation Officer.
- b. One Statistical Assistant.
- c. One Computer specialist.
- d. Two Drivers.

#### 4.2 TRANSPORT:

- , a. One Jeep for the District immunisation Officer.
- b. One vaccine Transport van.
- c. 4 Motor Cycles.
- 4.3 Cold Chain equipment and materials as per Table VII.

#### V. MANAGEMENT INFORMATION AND EVALUATION SYSTEM

- 5.1 Data processing by I.B.M., compatiable micro computer at Corporation level by trained statistical assistant.
- Use of state proformae for the monthly reporting system will be followed for City's reporting system also.
- 5.3 Annual coverage evaluation studies by Medical Colleges will be done for city and slums seperately.
- 5.4 Maintanance of monthly reports flow chart in each implementation unit offices will be maintained.
- 5.5 Total programme evaluation on an annual basis will be asked to be arranged by Government.

5.6 Establishment of sentinal centres to gauge impact on disease incidence. Four already identified. More will be developed.

Use of management experts to solve problems faced in implementing the plan of action and help develop solutions. Many Rotarians have come forward to give these services.

- 5.7 Periodic sampling of vaccine vials from the field for potency testing will be sent to N.I.C.D. Delhi.
- 5.8. Monthly feed back to performing units will be instituted.

  U.I.P., programme will be incorporated in the India

  population project VII from 1990 onwards.

#### 5.9 DISEASE SURVEILLANCE:

The 183 medical institutions in the city will be required to report the passive case detection of E.P.I., diseases on a monthly reporting system.

The field staff who are already trained in recognition of target diseases will report active field detection of cases discovered during their field visits.

The Medical Colleges; Private Practitioners and the Military Hospital will be reporting case detection to the Chief Health Officer, Bangalore City Corporation in the monthly proforma.

To gauge the complete reporting system from the agencies and to know more accurately the trend of these diseases in the community; 4 sentinel centres are selected already based on their regularity of reporting to the city corporation. (Table VIII).

(Table VIII)

3.

4.

#### VI. ENUMERATION OF ELIGIBLES

6.1 It is estimated that the city has 95000 births and detected pregnant women population of over 50,000 every year arrived at by existing crude, birth; infant mortality and growth of population rates.

This has to be verified by actual enumeration in Feb. 1989.

5.13 lakh dwelling units will have to be surveyed in the month of February at the rate of 20,000 houses per day. Inter-sectoral teams will be formed consisting of two members in each and they will visit 200 hourses/day/team. Thus 100 teams requiring 200 personnel and 25 supervisors are planned (1 supervisor for 4 teams) to enumerate the eligibles before April 1989.

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This is mandatory to calculate vaccines requirements and phase the reindenting shedules. (Annexure E).

VII. Out of 40 implementation units only 8 have vehicles attached to them. The city family Welfare Bureau's 2 vehicles can be spared on once a week basis for transport of vaccines and vaccinating teams which arrangement will leave 33 implementation units without vehicle support.

With the city public transport system being always over crowded, it may not be advisable to transport vaccines in them.

Two closed Jeeps, one for District Immunisation Officer and another for Transport of Vaccines and Four Motor Cycles will be the minimum transport inputs required for operationalising the U.I.P., in the city.

### VIII. TIME SCHEDULE OF ACTIVITIES: (Annexure III)

- 8.2 The first activity of enumeration with the help of N.S.S. volunteers, teachers and trainees of Junior Health Inspectors, M.P.W.M., A.N.Ms and H.Vs. and Nursing Schools will be taken up in February 1989.
- 8.2 Cold chain equipment like refregerators, deep freezers, Ice-line refrigerators, vaccine carriers, vehicles as per forty lakh population, U.I.P., District sanction norms have to be positioned latest by April end.

- 8.3 The U.I.P. cannot be implemented in the City without sanction of an U.I.P., District Immunisation Officer of the cadre of District Health Officer exclusively for the City.
- 8.4 The vaccine requirements on an annual and monthly indenting system is as shown in Annexure E. If there is going to be the slightest break down in this system, contingent supplies through other sources like Rotary has to be arranged.
- 8.5 Training as per UNICEF modular training has already commenced from November 1988 and more than 75% of Doctors and paramedicals are trained. For the backlog and orientation of new entrants and for re-orientation training; training courses are arranged in June, July months of 1989 and 1990.
- As to which implementation unit field staff will go to which out-reach or service point from first Tuesday to 2nd, 3rd and 4th Tuesday will be finalised before March 1989 with mutual agreement among Medical Colleges, employees State Insurance Scheme dispensaries, Government Dispensaries, N.G.Os Medical Institutions and Corporation Institutions.
- 8.7 I.E.C., activities on scaling up levels has to start from February itself well before operationalisation of the Universal Immunisation programme. A.I.R., T.V., Press and Hoardings by Industries, Posters, Bus Hoardings,

Prabhat Pheris and Immunisation runs by students, Cricketeers etc., are in final states of planning. These activities will continue upto 1990; overlapping actual conduct vaccination —sessions monitoring and control and supervision activities.

- 8.8 Coverage evaluation is already done in June and November 1988 and January 1989. It will be repeated in April each year along with total programme evaluation by extra state independent appraisal teams.
- 8.9 Fixed centres services will be started from April 1989.

  From July 1989, vaccination will be taken up on a pulse campaign for three months in slums and continued as routine approach afterwards. The out-reach services will be started in October 1989 and developed to full capacity by the year end.

#### IX. COST ESTIMATES

One Jeep for District Immunisation officer and another for transport of vaccine and four motor cycles at a cost of Rs.3.2 lakhs.

The total non-recurring cost will be Rs.4.3 lakhs.

The recurring costs of salaries of staff; training costs for two years, I.E.C., and miscellaneous for five years will be 14 lakhs.

Total costs from 1.4.1989 to 31.3.1995 is Rs.18.3 lakhs, out of which non-recurring has to be ment during 1989-90 itself.

#### X. PROSPECTS

The Rotary International has a massive investment in Imm.

Universal/Programme during 1989-90. And in 1990 Urban

Indian Population Project VII will be operational with inflow of additional infrastructural resources for underserved areas of the city.

These two developments together with prospects of a good system of co-ordination developing in the city amongst Government, City Corporation, Medical Colleges, Government of India; Private Practitioners; UNICEF and Rotary etc., will have great impact on U.I.P. programme goals in the city.

The creation of U.I.P. Districts for Metropolitan Cities; for Cities of the size of Bangalore is administratively and operationally inevitable for achieving objectives of the Universal Immunisation programme in them.

E.P.I. diseases may become difficult to get for teaching purposes in Medical Colleges by 1990 end. That then will be the ripe time to prepare a 5 year polio eradication plan for the city including the state and peristate areas.

ANNEXURE A

Cost Estimates (1989 to 1995) in Lakhs of Rupees

Non- Recurring	Items	Nos.	Unit Cost	Total
i)	Jeeps+ 4 motor cycles	2+4	1.2+ 0.2	2.4 0.8
ii)	Mini I.B.M. Compatible Computer		0.6	0.6
iii)	Photo copying Machine		0.5	0.5
	SUB TOTAL:			4.3
Recurrings				
i) a.	Salaries of staff		1.2	6.0
ii)	Training 4			1.0
iii)	Miscellaneous '		0.4	2.0
iv)	I.E.C.		0.5	2.5
v)	P.O.L.		0.1	2.5
	SUB TOTAL			14.0
	GRAND TOTAL			18.3

Cost of Cold chain equipment, stationary, office expenses and maintenance not included in the estimates.

# ANNEXURE B PHASING OF EXPENDITURE

ELLELE ELLE

Sl. No.	ITEM	J F M A	1989; M J J A S O N D	JFMA	1990: 1 M J A S O D	991-95
1.	Procurement of vehicles					
2.	Training of computer programme & computer procurement.					
3.	Procurement of photo Copying machine.					
4.	Salaries					
5.	Training					
6.	160					

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ANNEXURE - C

TIM		TIME	SCHEDUL	E OF	U.I.P.	IN BANG	ALORE	AGGLO	DMERAT	ON AREA						
Sl No.		1988 N D	J F M	1989 A M J	J A S	OND	J F	мам	1990 J J A	S O N D	JFM	1 A I	<u>1991</u> м Ј Ј	A S	5 O N	- ! D -
1.	Enumeration															
2.	Logistics procurement															
3.	Training										*					
4.	Issue of GO sanctioning UIP Dist.															
5.	Out reach services.			•												
6.	IEE Activities															
7.	Monthly immunisation day strategy															
S	ushering in monitoring and control															
9.	Supervision															
10.	Coverate - evaluation															

#### ANNEXURE D

### STRATEGY OF IMMUNISATION SERVICES IN BANGALORE CITY CORPORATION

S1.	Immunisation Location	1989 Feb. Mar. Apl. May. June. July. Aug. Sept. Oct. Nov. Dec.	<u>1990</u> Jan. Feb. Mar.	<u>1991</u> Jan. to Dec.
ı.	Fixed centres.			
II.	Slum pulse campaign			
111.	Out-reach services at service points			
IV.	Private practitioners			

ANNEXURE E

REQUIREMENTS OF VACCINES IN THOUSAND DOSES: (1989 - 1991)

Periodicity	B.C.G.	Measles	Vaccine	D.P.T.	Polio
Annual	189.0	40.0		347	347
	15.7	3.3		29	29
Quarterly	47.1	9.9		87	87
March 1989	62.8	3.2		116	116
Annual	126.0	27.2		316	316
Monthly	10.5	2.2		26.3	26.3
Quarterly	31.5	6.6		78.9	78.9
March 1990	42	8.8		105.2	105.2
	Annual Monthly Quarterly March 1989  Annual Monthly Quarterly	Annual 189.0  Monthly 15.7  Quarterly 47.1  March 1989 62.8  Annual 126.0  Monthly 10.5  Quarterly 31.5	Annual 189.0 40.0  Monthly 15.7 3.3  Quarterly 47.1 9.9  March 1989 62.8 3.2  Annual 126.0 27.2  Monthly 10.5 2.2  Quarterly 31.5 6.6	Annual 189.0 40.0  Monthly 15.7 3.3  Quarterly 47.1 9.9  March 1989 62.8 3.2  Annual 126.0 27.2  Monthly 10.5 2.2  Quarterly 31.5 6.6	Annual 189.0 40.0 347  Monthly 15.7 3.3 29  Quarterly 47.1 9.9 87  March 1989 62.8 3.2 116  Annual 126.0 27.2 316  Monthly 10.5 2.2 26.3  Quarterly 31.5 6.6 78.9

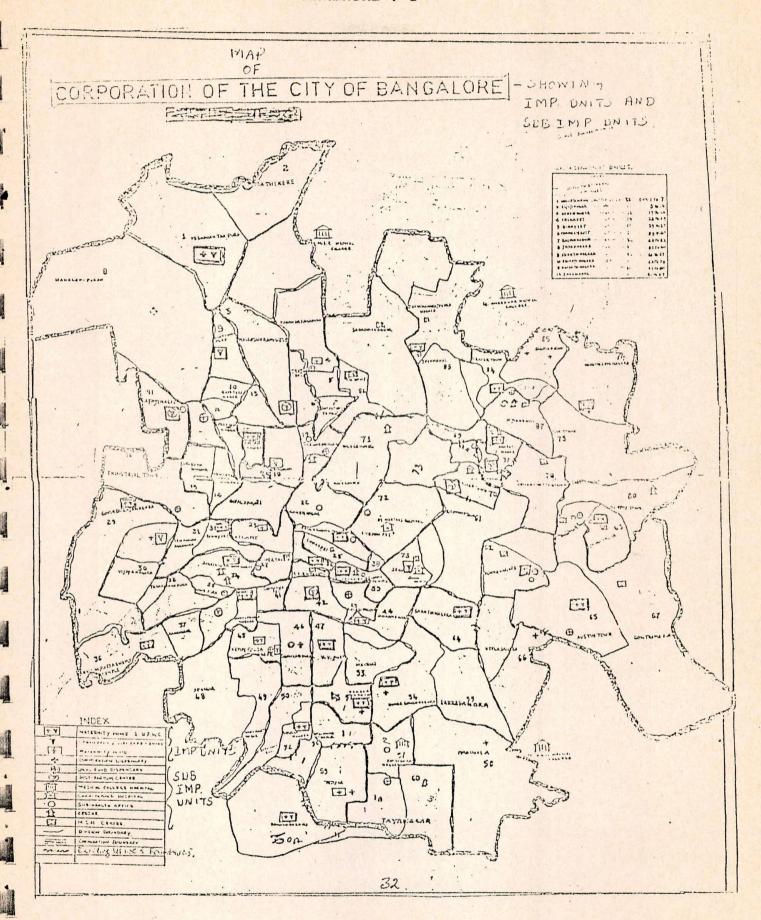
INDENTING MONTHS - MARCH, JUNE, SEPT. AND DECEMBER ( I WEEK)
SUPPLY MONTHS - MARCH, JUNE, SEPT, AND DECEMBER ( I WEEK)
SUPPLIES IN MARCH WILL BE FOR FOUR MONTHS. SUPPLIES FOR OTHER
QUARTERS WILL BE FOR THREE MONTHS MINUS STORES IN STOCK.

#### ANNEXURE : F

Distribution of Ranges for overall planning and supervision of U.I.P. amongst Medical Colleges, City Family Planning Bureau and other Organisations:

Sl. No.	Organisation	Ranges
1.	Dr. Ambedkar Medical College	Jayamahal.
2.	M.S.Ramaiah Medical College	Malleswaram and Rajajinagar.
3.	Bangalore Medical College	Chamarajpet and Chickpet.
4.	Kempegowda Institute of Medical Sciences	Jayanagar and Basavanagudi
5.	St.John's Medical College	Shanthinagar and Bharathinagar.
6.	City Family Welfare Bureau	Gandhinagar and Binnypet.
7.	Dist. Health and Family Welfare Officer, Bangalore Urban	All B.D.A., areas outside Corporation limits.

DEV-12-ONNITY HEALTH CO. LIBRARY DOCUMENTATION UNIT LIBRARY UNIT LIBRA



### LIST OF OUT REACH CENTRES:

		LOCATION	PERIODICITY
SL.NO.	RANGE	(3)	(4)
(1)	(2)		1 Tuesday
1.	SHIVAJINAGAR	1. Corporation School, Nala Road,	2nd Tuesday
		2. Primary School Makhan Compound	3rd Tuesday
1		3. Badigond Dispensary	
П.	JAYAMAL	4. Anganwadi Centres, Muneshwar Block	Tuesday
		5. GAngenahalli Papanna Block, Anganwadi Centre	Ist Tuesday
		Compa Dienensary	2nd Tuesday
		M10	3rd Tuesday
		Cabaal	4th Tuesday
		o-b-ol	Ist Tuesday
		221 Manualo	2nd Tuesday
		r c to Dieneneary	3rd Tuesday
111.	CHAMARAJPET	n C. La Dienengary	4th Tuesday
		12. Cubbonpet E.S.Is. Dispensary  13. Mysore Road, Dispensary	Ist Tuesday
		14. Mariswamy Mutt School	2nd Tuesday
		15. P.V.R. Road MIlk Centre,	3rd Tuesday
		16. Vinobhanagar Community Centre	4th Tuesday
•		17. Poornima Huts	Ist Tuesday
		18. Corporation Primary Vyaymshala	
		School	2nd Tuesday
		19. K. S. Garden C. S. I.	3rd Tuesday
		20. Bada Makhan Milk Centre	4th Tuesday
	RAJAJINAGAR	21 Seetha Marenhally Govt. School	Ist Tuesday
IV	RAJAJINAGAK	22. Nilgiri Papanna Block Anganwadi Ce	entre 2nd Tuesday
		23. Swatantra Palya Anganwadi Centre	3rd Tuesday
		24 Christian Colony	4th Tuesday
		25. Narayan Rao Colony, Anganwadi Cer	ntre 1st Tuesday 2nd Tuesday
		26. Ambedkar Nagar, Anganwadi Centre	3rd Tuesday
		27. Dasarahalli E.S.Is. Dispensary	4th Tuesday
		28. Shirarenahalli Govt. School	Ist Tuesday
*		29. Chelavura Palya Temple	2nd Tuesday
•		30. Marenahalli Temple	3rd Tuesday
		31. Ashokapuram Dispensary	

(1)

(2)

(3)

V.	BINNYPET	32.	R.P.C. Layout Slum Anganwadi Centre	4th	Tuesday
		33.	Govindarajnagar Corporation Disp.,	Ist	Tuesday
		34.	Dayanandanagar Anganwadi Centre	2nd	Tuesday
		35.	R. C. Puram, 5th Main Rd, Anganwadi	3rd	Tuesday
		36.	SElvan Nagar Anganwadi Centre	4th	Tuesday
		37.	B.R.I Colony Anganwadi Centre	Ist	Tuesday
		38.	Byatarayanapura N.T.C Quarter AWC	2nd	Tuesday
		39.	VAlmikinagar Anganwadi Centre	3rd	Tuesday
		40.	Kastoor Basava Samithi Old Guddadha- Halli, Janatha Colony, Anganwadi Centre	4th	Tuesday
		41.	Bapujinagar, Anganwadi Centre	Ist	Tuesday
		42.	Corporation Nursery School, Magadi Road,	2nd	Tuesday
		43.	Kadapaswamy Mutt Temple, 18th Cross Kempapura Agrahara, Anganwadi Centre	3rd	Tuesday
		44.	Yellamma Temple, 8th Cross, Magadi Road, Anganwadi Centre	4th	Tuesday
		46.	Hoshally E.S.I.s Dispensary	2nd	Tuesday
		45.	Kempapura Agrahara 20th Cross Anganwadi Centre	lst	Tuesday
VI.	BASAVANAGUDI	47.	E.S.I Dispensary, Hanumanthanagar	3rd	Tuesday
		48.	Corporation Disp., Hanumanthanagar	4th	Tuesday
	*	49.	Mariyamma Temple, Jai Bharathnagar	Ist	Tuesday
		50.	Sanyasi Huts Anaganwadi, Centre	2nd	Tuesday
		51.	Ramakrishna Huts, Anganwadi Centre	3rd	Tuesday
		52.	Harijana Seva Sangha, Anganwadi Centre	4th	Tuesday
		53.	B.S.K E.S.Is. Dispensary	Ist	Tuesday
VII.	BHARATHINAGAR	54.	Frazer Town, L. F. Dispensary	2nd	Tuesday
		55.	Kataramman Temple	3rd	Tuesday,
		56.	Murthy Milk Centre	4th	Tuesday
		57.	Yellamma Koil St, Child Welfare Centre		Tuesday
		58.	Ulsoor, L. F. Dispensary		Tuesday
		59.	Ulsoor E.S.I Dispensary		Tuesday
		.60			Tuesday
		61	. Primary School, Nayanpalya	Ist	Tuesday

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VIII.	JAYANAGAR	62. Mavalli Milk Centre	2nd Tuesday
		63. Netaji Slum Anganwadi Centre	3rd Tuesday
		64. Byrasandra Anganwadi Centre	4th Tuesday
		65. Atti Mahamma Temple (Parvathipuram) Anganwadi Centre	Ist Tuesday
		66. Maranahalli A.W.C	2nd Tuesday
		67. Janapragathi A.W.C	3rd Tuesday
		68. Tilak Nagar, Anganwadi Centre	4th Tuesday
		69. Bhovi Colony A.W.C	Ist Tuesday
		70. Manjuantha Colony A.W.C.	2nd Tuesday
		71. Wilson Garden, ESI Dispensary	3rd Tuesday
		72. Mavalli E S I Dispensary	4th Tuesday
		73. Byrasandra E.S.I Dispensary	Ist Tuesday
		74. Dayananda Slum Crech	2nd Tuesday
		75. Lakksandra Corporation, School	3rd Tuesday
		76. Corporation School, Chinnadapalya	4th Tuesday
		77. Urdu School, Lakkasandra	Ist Tuesday
		78. Anjeneya TEmple, Mayasandra A.W.C.	2nd Tuesday
		79. Ashoknagar Sriramandir A.W.C	3rd Tuesday
IX.	SHANTINAGAR	80. Milk Centre Makhan Rd	Ist Tuesday
		81. Sadat Dispensary Ashoknagar	2nd Tuesday
		82. Ne elasandra Dispensary, Corpn.,	3rd Tuesday
		83. Audugodi Police Dispensary	4th Tuesday
		84. Narayanapuram A.W.C	lst Tuesday
		85. Lakshman Rao Nagar, Slum	2nd Tuesday
		86. Sonnenahalli Reading Room	3rd Tuesday
		87. Lakshmanagar Ist Cross, S J N C	4th Tuesday
		88. RAjendranagar Slum, A.W.C	Ist Tuesday
		89. Gowthamapuram, A.W.C.	2nd Tuesday
		90. E.S.I Dispensary Shoolay.	3rd Tuesday
х.	СНІСКРЕТ	91. Viveknagar E.S.I Dispensary 92. Bakshi Garden A.W.C	4th Tuesday Ist Tuesday
		93. Timber Yard, A.W.C	2nd Tuesday
		94. Siddhartha Nagar, A.W.C	3rd Tuesday
		95. Jaibheemanagar, A.W.C	4th Tuesday
		96. Anjanappa Garden, A.W.C	Ist Tuesday
		97. Bhangi Colony, A.W.C.	2nd Tuesday
		98. E.S.I Dispensary, City Market	3rd Tuesday
		99. E.S.I Dispensary, Cottonpet	4th Tuesday

XI.	GANDHINAGAR	100.	Railway Dispensary	Ist	Tuesday
		101.	L. F. Dispensary, Malleshwaram	2nd	Tuesday
XI.	MALLESHWARAM	102.	Bhashyam Circle, S. H. O	3rd	Tuesday
		103.	Nagappa Block, Corpn., Disp.,	4th	Tuesday
		104.	B. K. Nagar Slum, A.W.C	Ist	Tuesday
		105.	Suunada Kadu, A.W.C	2nd	Tuesday
		106.	Vinayaka Slum Temple	3rd	Tuesday

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TABLE II - B

VACCINATION PERFORMANCE DURING 1989-90

Sl. No.	VACCINE	TARGET	PERFORMANCE	P.C.
1.	D.P.T.	60308	61946	102.7
2.	Polio	60308	61946	102.7
3.	B.C.G.	60308	46859	77.6
4.	Measles	60308	26331	43.6
5.	т.т.	63521	54336	86.3