



Evaluation Study report

no

Immunization of Children Programme In Nagaland

**The Directorate of Evaluation
Government of Nagaland, Kohima.**

PREFACE

Children being a supremely important asset of a nation their protection against Childhood diseases is a national responsibility. Recognizing this important responsibility, the Government of India has included the programme on Immunization of Children as one of the important point in the 20(twenty) points Programme of the Government of India. Though the Immunization Programme was initiated in the State of Nagaland since 1978 in some urban towns, it was only in 1988-89 that the entered State was brought under Universal Immunization programme. The programme on Immunization of Children was also launched in Nagaland along with the rest of the country

In pursuance of the decision of the review meeting held on 20 Points programme of all the North Eastern States held at Guwahati on 7-8th Feb.. 1996 this quick evaluation study was conducted to assess the progress and extent of implementation in the State of Nagaland. The present report is the outcome of the study.

Despite practical limitations the 7(seven) District Evaluation Officers with their field Staff ably carried out the most difficult tasks of data collection by visiting for flung villages with many an occasion on foot. The investigating staff of the Directorate has not only carried out the data collection from the field but also rendered valuable research assistance, which deserves much appreciation.

The Directorate of Evaluation gratefully acknowledge the Co-operation and assistance extended by the State Directorate of Health and Family Welfare and in particular Dr. Viu Meru, State M.C H. Officer.

It is expected that the report will prove useful to the implementing Department and all those who are directly or indirectly interested in the subject.

Date.

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CHAPTER-I

INTRODUCTION AND BACKGROUND

1.1 The importance of immunisation of children needs no emphasis. Realising the necessity of according priority treatment for the prevention of childhood diseases the Government of India has included the programme on 'immunization of children' as one of the important point in the 20 Points programme.

1.2 Immunization programme was initiated in the State of Nagaland since 1975. But it could not be taken up with seriousness. It was operated with limited scale in some urban towns only, in 1988-89 in six districts of the state was brought under the operation of Universal Immunization Programme and gear up the activities by augmenting the cold chain facilities. During 1989-90 one more district was brought under Universal Immunisation Programme thus bringing the whole state under this scheme. The Departments' targeted figures during 1988-89 are as under:-

TABLE NO. I

TARGET OF IMMUNISATION DURING 1988-89.

Sl. No.	ITEMS	TARGET
1	2	3
1.	D.P.T.	21,000
2	T.T. (PW)	24,000
3	Polio	21,000
4.	T.T. (10 yrs)	8,000
5.	T.T.(16yrs)	8,000
6.	Typhoid	10,000
7.	Measles	20,000
8.	B.C.G.	21,000
9.	DT.	10,000
10.	Prophylaxis against Nutritional	
	Anacnis	
	a) Women	26,000
	b) Children	5,000
11.	Vit 'A' deficiency	5,000

(Source: - Annual Plan 89-90)

1.3. An amount of Rs. 431.80 and Rs. 489.00 lakhs were allotted to the Health & Family Welfare Department during 1988-89 and 1989-90 respectively for the implementation of the 20 Points Programme. However, till recently, the Department of the State Government does not appear to have given serious attention to this important programme as it deserved.

Objective of The Study:

1.4. In the review meeting on 20 Points Programme of all the North Eastern States held at Guwahati on 7th & 8th Feb /96, the Secretary to the Government of India, Ministry programme Implementation, New Delhi has directed all the 7(Seven) sister State Government to conduct a quick evaluation study on the programme on 'Implementation of children' for assessing the progress and extent of implementation of the scheme in the various North Eastern States Accordingly, the Government of Nagaland entrusted this important work to the State Evaluation Department. This Study was thus undertaken by the Evaluation Department with the following as main objectives: -

- i) To appraise the working of the programme,
- ii) To study the progress made in the field of immunisation of children
- iii) To assess the awareness of the general public on the programme.
- iv) To study the problems and bottleneck, if any and
- v) To suggest measures for effective implementation of the programme.

Methodology and Sampling:

1.5: As per first stage, cent per-cent of the District in the state were selected for the Purpose of this study. In the second stage, after listing out of the Villages in the seven Districts 9 rural Villages and 1 urban town in each District were selected randomly, in the third stage of selection, 10(ten) respondent from each Village were selected (keeping in view that 2 each from North, South, East, West and Centre portion of Village falls under the sample) for interview A structured schedule-II was prepared and used for the collection of information from the respondent. A structured schedule-III was used for obtaining information from the Chairman Village Councils/Town Committee relating to their respective Villages/Town A schedule-1 was also prepared and used for the collection of data from the implementation Department of Health Services at the State Level.

Reference Period.

1.6. The reference period for the present study on immunization of children was from 1992-93 to 1995-96 which is the first 4(four) year of the Eight Five-Year Plan.

Limitations.

1.7. For the collection of data the field staff has to go to the most interior and remotest villages where There is no transport and communication facilities. At the same lime the Department does not have vehicle to go to such far-flung villages for collection of data. The field staff are therefore compelled lo approach the medical Department for conveyances. In the presence of the Medical Staff almost all respondents could not freely expressed his/her real feeling for recording. Thus the data collected compiled and presented in this reports may not fully represent the entire pictures of the respondents real feeling.

CHAPTER - II

ORGANISATION AND WORKING OF THE PROGRAMME.

2.1 As has already stated earlier, the Immunisation activities such as B.C-G. T.T. etc. are in operation even before the inauguration of the State of Nagaland in Dec/1963. This activities are however with limited coverage in those days. It was only after 198R-89 that the Department tries to made efforts for implementation of (he programme in an organised way.

Organisational Arrangement.

2.2. Immunisation of Children is one of an important programme of the Department of Health & Family Welfare, Government of Nagaland. The Director of Health & Family Welfare is in over all charge of financial, supervisory and technical control for the implementation of the programme in the State. The Director is assisted by one M.C.H Officer who is fully responsible for the successful implementation of the programme. At the district level, the District M.C.H Officer who is also the District Immunisation Officer is looking after the implementation of the programme in their respective districts. In every district a team is constituted with the District Immunisation Officer as the leader of the team. The Medical Officer incharge of P.H.C. Rural Hospital etc. are responsible for implementation at the block level. The actual works of giving shot of vaccines in the field are done by the vaccinator and the A.N.M. All purchase and equipments are made at the Directorate level. The vaccines. Refrigerators etc. supplied by outside the state agency are also routed through the Directorate.

Financial Target and Achievement.

2.3. The information furnished by the Health & Family Welfare Department on the financial target and achievement during the first four years of the Eight Five years Plan period are as under: -

TABLE NO.II.

TABLE NO.II DATA ON FINANCIAL TARGET AND ACHIEVEMENT

YEAR	TARGET		ACHIEVEMENT	
	PLAN	NON - PLAN	PLAN	NON - PLAN
1	2	3	4	5
1992-93	Nil	Nil	Nil	Nil
1993-94	99,235	Nil	99,235	Nil
1994-95	-	-	-	-
1995-96	-	-	-	-

(Source: - Directorate of H & F.W.)

2.4. Since the programme is implemented through the normal and regular of the Health & Family Welfare Department no specific fund is provided particularly for the Immunisation programme except for purchase of various equipment etc. However, a scrutiny of the above table shown that during the first four years of the eight five years plan only Rs. 99,234/- was spent for purchase of vaccines and equipment in 1993-94 and not a single purchase was made during the other 3(three) years. It is not clear indication to prove that the Department is not giving due attention to this programme as it deserved.

Physical Target and Achievement.

2 5. The year-wise physical target of the Department during the first years of the eight five year plan as furnished by the Department to the evaluation team is asunder -

TABLE NO.III.

PHYSICAL TARGET OF IMMUNIZATION.

SI. No.	ITEMS	1992-93	1993-94	1994-95	1995-96
1	2	3	4	5	6
1.	Infants	25,960	25,960	25,800	27,800
2.	T.T. (5years)	24,799	24,799	34,600	35,700
3	T.T. (10years)	22,740	22,740	30,900	31,900
4	T.T. (16years)	22,740	22,740	30,400	31,400
5.	T.T. (P.W)	27,800	27,830	27,300	29,400

(Source: - Directorate of H. & F, W.)

Physical Achievement.

2.6. As against the above physical target, the actual achievement during 1992-93 to 1995-96 furnished to the evaluation team is represented in table -IV below: -

TABLE NO. IV.

Nos. of immunization done during 1992-93- 1995-96

Vaccine	Nos. of children vaccinated against		
	1 st Dose	2 nd Dose	3 rd Dose
1	1	3	4
T.T.	28,55	16,191	9,616
DPT.	26,770	-	-
O.P.V	26,694	-	-
B.C.G.	25,654	NR	NR
Measles	16,414	NR	NR
Others	-	-	-
		I) (Source: -Directorate H & F W) II) NR = Not Relevant	

2.7. It appears that the data presented above are the commutative figures of all cases (1st dose, 2nd dose and 3rd dose) attended to by the Department because no separate data on cases attended as 1st dose, 2nd dose and 3rd dose are maintained Presuming that the above figures are the commutative one and that all S923 children could be given the D.P.T and 8898 of O.P.V during the 4 years period. Thus the annual achievement on persons attended can be worked out to *only* about 2230 on D.P.T. And 2,224 on O.P.V which is not an encouraging performances. On the other hand, if the above figures are not the commutative figures, no child has taken even the 2nd dose let alone the 3rd dose. Thus certainly somewhere something goes wrong in the implementation part of it.

CHAPTER-III

IMMUNISATION COVERAGE, VIEWS AND REACTION OF THE PEOPLE.

3.1 One of the most important factor for the success of the immunisation programme is the peoples knowledge, awareness, acceptance etc. In feet, the progress made in the fields is the only indication of the success or failure of a programme/scheme. It was therefore, considered it necessary to interview the rural masses for ascertaining the coverage, views and reaction toward the implementation of the programme.
Selected Villages.

3 2 The particulars of the Villages selected for in-depth enquiry for the purpose of this study is presented in table - V below: -

TABLE NO. V

IDENTIFICATION PARTICULARS OFTHE SELECTED VILLAGES.

SI. No.	Name of the Districts	No.of Villages Council Chairman Interviewed	Total No. of households In the Selected.	Total Population in the Village.	Total No. of Children below 12years. Of the Village.	Availability of Hospital /P.H.C Dispensary in the Village	
						Yes (No)	No (No)
1	2	3	4	5	6	7	8
1.	Kohima	10	17,604	1,09,167	38,650	9	1
2.	Tuensang	10	17,816	69,971	22,203	6	4
3.	Wokha	10	8,083	57,447	15,410	6	4
4.	Mon	10	5,584	50,484	17,540	5	5
5.	Zuntieboto	10	3,330	24,585	9,118	2	8
6.	Mokokchung	10	11,718	79,064	26,769	10	-
7.	Phek	10	4,300	29,669	11,244	7	3
	TOTAL	70	68,425	4.47.38B	1,40,940	45	25

(Source: - Field Investigation)

3.3 As indicated in table – V above 1 Often) villages from each of the 7(seven) district totaling 70(seventy) villages spread over the entire state of Nagaland having 68,435 households with 4,47,388 population has been covered in the present study. The total numbers of children below 12 years of age available in these selected villages are 1.40,940. Out of the 70 selected villages 45 are having Hospital W.H.C./Dispensary etc. facilities whereas 25 villages are not having any of the above facilities.

Information from Town Committee/Village Council.

3.4. The Chairman and members of the Town Committee/Village Council are the Key people in their respective town/villages. Almost every activities pertaining to their village are carried out at their initiative, approval or knowledge. They being the rightful persons to give the detail and proper information relating to their respective villages, all the 70 Village Council/Town Committee Chairman and members were interviewed. The report furnished by them are tabulated and presented below: -

TABLE NO. VI.

REPORT OF THE VILLAGE COUNCIL CHAIRMAN.

Sl. No.		No. of Villages Council Chairman interviewed.	Annual visit by Medical Officer				Availability of Immunisation facilities in the Village		Interest take by the Villagers for the Immunisation of children	
			Nil	1-2	3-4	5 above	Yes (Nos)	No (Nos)	Yes (Nos)	No (Nos)
1	2	3	4	5	6	7	8	9	10	11
1.	Kohima	10	5	10	-	-	10	-	10	-
2.	Tuensang	10	3	4	3	-	2	8	8	2
3.	Wokha	10	-	10	-	-	5	5	10	-
4.	Mon	10	1	3	6	-	2	e	10	-
5.	Zuntieboto	10	4	6	-	-	2	B	10	-
6.	Mokokchung	10	2	5	3	-	1	3	1	9
7.	Phek	10	4	S	-	-	5	5	9	1
TOTAL		70	19	14	12	-	27	43	58	12

(Source: -Field Investigation)

On Visit by Medical staff.

3.5. Regarding visit by the staff of the Health & Family Welfare, 45 Chairman have stated that the Hospital/P.H.C /Rural Hospital etc. are already existing in the Village/Town visit by the Medical staff does cot arise. 19 Village Chairman have reported that not a single time the staff of Health & Family Welfare Dept. Visited their village during the first 4 years of the eight five years plan period
On Immunisation facilities.

3.6. As regard to availability of immunisation facilities in the Village Town about 40% of the Chairman reported that immunisation facilities are available b the village whereas about 60% of them have reported that the facilities are not available in their villages.

Views on interest taken by the Villagers.

3.7. About 51 % of the Chairmen have stated that the people are not taking interest for immunisation of their children mostly on ground of lack of knowledge, the problems that are to be faced for taking the child outside the village, and non easy availability of vaccine in the Hospital/Rural Hospital etc. Only 19% of the chairmen have reported that the people are taking personal interest to immunise their children.

3.8. Most of the chairmen were of the views that the publicity works done by the Health & Family Welfare Department are mostly for Town dwellers and the educated classes. The publicity and awareness works for the illiterate rural masses which they considered more important are not attended to by the Government so far.
Information on Families Interviewed.

3.9. Families are the ultimate beneficiaries of the programme. As such 700 households who are having children below 12 years of age are selected and actually interviewed through field visit.

3.10. The particulars regarding the individual households selected are present in table below: -

TABLE NO. VI.

PARTICULARS OF THE SELECTED FAMILIES.

Sl. No.	Name of the Districts	Total No. of Respondent.	Age of the respondents			Total Nos. of children below 12 years in the selected families.		
			Up to 2Q	21-40	41-aSove	Up to 2 yrs	3-6	7 and above
1	2	3	4	5	6	7	8	9
1.	Kohima	100	03	95	05	86	145	42
2.	Tuensang	100	-	73	27	99	130	107
3.	Wokha	100	04	77	19	60	75	121
4.	Mon	100	01	77	22	100	161	28
5.	Zunheboto	100	-	80	20	20	85	25
6.	Mokokchung	100	01	78	21	56	120	83
7.	Phek	100	-	68	32	98	100	115
	TOTAL	700	9	548	143	705	816	521

(Source: -Field Investigation)

3.11. As can be seen from table-VII above, 100 households in each of the 7 district of the State totaling 700 households were interviewed. The age-wise group of the head of the families in the selected households are 9 in the age group of upto 20 years, 54S in between 21-40 years and 145 above41 years. There are 2042 children below 12 years of age in the 700 selected households. 705 children are in the age group of upto 2 years, 816 are in between 3-6 years and 521 in between 7 - 12 years

D.P.T. Coverage.

3.12 As attempt was made by collecting information on the numbers of children who have taken DPT. immunization. The figures that emerges out of this enquiry is presented in table - VIII below: -

TABLE NO. VIII.

D.P.T. IMMUNISATION COVERAGE

Sl. No.	Name of the Districts	No.of Families Selected for Interviewed	Total No. of children below 12 yrs of age in the selected families.	No of children vaccinated against D.P.T.			Nos. of children not Vaccinated.
				Once	Twice	Thrice	
1	2	3	4	5	6	7	8
1.	Kohima	100	273	5	13	117	138
2.	Tuensang	100	336	-	-	3	33S
3.	Wokha	100	256	7	12	30	207
4.	Mon	100	289	4	38	195	52
5.	Zunheboto	100	256	3	17	197	39
6.	Mokokchung	100	328	5	14	260	49
7.	Phek	100	304	37	43	123	101
	TOTAL	700	2042	61	137	925	919

(Source:- Field Investigation)

3.13. It would be seen from the above table - VIII that out of a total children of 2042 in the age group of upto 12 years only 925 have completed the fill) course of D.P.T. 61 children took only the first doze and 137 took the second only The remaining 919 did not take to D.P.T immunization. It maybe stated here that the figure shown in Col. 5 & 6 of table - VIII are inclusive of those who are continuing the course. But such figures are of very negligible percentage that it was found not worth presenting in the table as a separate column. Thus it may be taken as those who did not complete the course. The present study reveals that more than 50% of the children does not take D.P.T. immunization The Tuensang district showed the most discouraging achievement where only 3 children out of a total of 336 could take the D.P.T immunization O.P.V. Coverage.

3.14. The data that emerges out of the field investigation regarding the O.P.V. Immunization coverage in the 700 families (with 2042 children below 12 yrs.) actually interviewed are presented below; -

TABLE NO. IX.

O.R.V. IMMUNISATION COVERAGE.

Sl. No.	Name of The Districts	No. Of families Selected for Interviewed	Total Nos. of Children Below 12yrs. Of age in the selected families.	No. Of children vaccinated Administered O.P.V.			Nos. Of Children Not administered O.P.V.
				Once	Twice	Thrice	
1	2	3	4	5	6	7	8
1.	Kohima	100	273	9	42	114	108
2.	Tuensang	100	336	36	103	2	195
3.	Wokha	100	256	21	118	49	68
4.	Won	100	239	1	32	216	40
5.	Zunheboto	100	256	5	14	260	49
6.	Mokokchung	100	326	3	17	197	39
7.	Phek	100	304	52	82	72	98
TOTAL		700	2042	127	408	910	589

(Source: - Field investigation)

3.15. The Table-IX presented above shows that out of the available 2042 children in the age group of upto 12 years (as on date of visit) in the 700 families BIO had fully completed the course by taking the 3 doses of O.P.V. immunization. 127 had taken the first dose and 408 took the second dose only and did not complete the required course. Only 589 did not take the O.P.V. Immunisation.

3.16. The progress made in O.P V. immunization in the State is much better than the other immunization activities. It is found that the success of O.P.V coverage is due to the Government of India's P.P.I Programme carried out in the State on 9.12.95 and 20.1.96 for eradication of Polio disease in the country.

Other Immunisation Coverage.

3.17. The other immunisation activities that are carried out by the Health & Family Welfare Department, Government of Nagaland are the B.C.G. Measles, T.T. and TT. For P.W The actual coverage on these immunization activities are presented below.

TABLE NO. X.

COVERAGE REGARDING OTHER IMMUNISATION ACTIVITIES.

I no	Name of the Districts	Nos. of families Selected for interviewed	Total No. of Children below 12 yrs. Of age in the families	Nos. of Children immunized Against.				Nos. of children not immunised Against.			
				B.C.G.	Measles	T.T	T.T. for P.W.	B.C.G	Measles	T.T	T.T. For P.W.
1	2	3	4	5	6	7	8	9	10	11	12
.	Kohima	100	273	67	40	89	51	306	233	174	49
.	Tuensang	100	336	-	6	-	2	336	330	336	38
.	Wokha	100	256	105	90	71	32	151	166	186	66
.	Mon	100	289	137	10	68	14	152	279	221	86
.	Zunheboto	100	328	279	231	17S	72	49	97	150	28
.	Mokokchung	100	256	197	197	117	99	59	59	139	1
.	Phek	100	304	101	103	126	68	203	20	17S	32
	TOTAL	700	2042	886	677	659	340	1156	136	138	300

(Source: - Field Investigation)

3.18. An analysis of table - X above showed that the percentage of children below 12 years of age immunized against B.C. G. is only 43.39%, against Measles 33.15% and against T.T it is only 32 27%. Thus out of a total number of children of 2042 falls in the sample, the percentage of children not immunized against B.C.G is 55.61% against Measles 66. 85% and against T.T. it is 67.73%. The number of pregnant Women who took T.T. is 340 as against 360 who never take T.T.

Peoples Knowledge and Awareness.

3.1 The knowledge/awareness of the parents regarding the various types of immunisation for the prevention of childhood diseases is one of the most important factor for the success of the programme. As such, an attempt was made by collecting information from the parents for asserting their knowledge/awareness about the programme.

TABLE NO. XI.

RESPONDENTS KNOWLEDGE ABOUT THE PROGRAMME

SI. TO	Name of the Districts	Nos. of respondents	Nos. of persons who knows the types of child Immunisation.	Nos. of persons who Does not know the types Of child immunisation.
1	2	3	4	5
1.	Kohima	100	85	15
2.	Tuensang	100	30	70
3.	Wokha	100	87	13
4.	Mon	100	99	1
S.	Zunheboto	100	90	10
6.	Mokokchung	100	86	14
7.	Phek	100	77	23
TOTAL		700	554	146

(Source: - Field Investigation)

3 20 The data prevented in table - XI above indicate that out of 700 head of the families interviewed 554 are having the knowledge about the existence of child Immunisation Programme and 146 does not have any idea of such programme being in operation in the State It appears that many of the respondents does not know which vaccine is for the prevention of which disease or how, when, how many times the different types of immunisation are to be given etc The Department may give more publicity particularly for the illiterate rural masses by organising village to village mass lecture regarding the programme and its implementation. Unless this is done, the rural masses are likely to remain in dark

Non - Immunisation of Children.

3.21. An attempt was also made by collecting information on the reasons for non-immunisation of children the out-come of the field investigation on this particular aspect is presented below.

TABLE NO. XII.**REASONS FOR NON-IMMUNISATION OF CHILDREN**

Sl. No.	Name of the Districts	Nos. of persons interviewed.	Nos. reported non-immunisation of children due to				Other Reasons
			Ignorance	Non-availability	Non-availability	Non-availability	
1	2	3	4	5	6	7	8
1.	Kohima	100	8	10	16	10	-
2.	Tuensang	100	27	37	20	10	9
3.	Wokha	100	-	18	16	13	-
4.	Mon	100	-	3	-	1	31
5.	Zunheboto	100	-	40	50	-	10
6.	Mokokchung	100	8	-	-	-	3
7.	Phek	100	13	39	23	15	10
TOTAL		700	56	147	125	49	63

(Source: - Field investigation)

3.22 Out of a total of 700 respondents interviewed 439 reported that they did not get their children immunized. The reasons for non-immunisation of the children as reported by the respondents are 8% due to ignorance about the existence of such immunization programme, 21% reported as non-availability of immunisation facilities, 17.86% on non-availability of vaccines in the Hospital/P.H.C./ Rural Hospital etc. 6.86% on non-availability of staff in their respective place of posting and 9% on other reasons. Thus about 62.72% of the people did not immunized their children against childhood diseases due to one or the other difficulties and problems. The fact that 37.28% only get their children immunized cannot be regarded as a good achievement of the Department.

On Visit By Medical Staff.

3.23 It may be practically not possible for the State-level Officials of the Health & Family Welfare Department to visit all the villages in the State. But the District/Block level Officials are expected to visit the villages that falls under their respective jurisdiction for immunisation works or other education and publicity works. In fact, non-performance of field works by the field staff means no activities of the programme particularly the type of programme under study.

TABLE NO. XII.

NOS. OF TIMES VISITED BY THE MEDICAL OFFICIALS TO THE VILLAGE.

Sl. No.	Name of the Districts	Nos. of person Interviewed.	Nos. of person reported visit by medical in a year.				
			Nil	1-2	3-4	5-6	Above 6
1	2	3	4	5	6	7	8
1.	Kohima	100	39	57	4	-	-
2.	Tuensang	100	39	44	17	-	-
3.	Wokha	100	21	79	-	-	-
4.	Mon	100	11	9	80	1	-
5.	Zunheboto	100	34	66	-	-	-
6.	Mokokchung	100	20	50	30	-	-
7.	Phek	100	24	64	12	-	-
TOTAL		700	188	369	143	1	-

(Source: - Field Investigation)

3.24. It is reported by 26.86 % of the respondents that the official of the Health and Family Welfare Department never visit their village during the first 4 years of the eight Five years Plan period. 52.7 % reported that the Official of the Medical staff visited their village once or twice during the 4 years period and 20.43% reported that the official of the concerned Department visited their village 4-5 times during the period. The figures in Col. 5&6 of the above table includes those 70 respondents from the 7 Districts Head Quarters though the question of visit by the official of the Health and Family Welfare Department does not arise in case of them as the District Hospital in all the 7 District Headquarters itself.

3.25 Moreover, the visit as reported by the respondents and presented in the above table are in most cases are those visit during 9-12-1995 and 20-1-1996 for the implementation of the P.P.I, Programme announced by the Government of India for the eradication of polio disease in the country. Thus the importance of visit by the officers and field officials of the Health and Family Welfare Department to the rural village for immunisation works and other related issues on immunisation does not appear to have been receiving due attention of the Government till now.

Peoples Reaction On the Implementation of the Programme.

3.26. The views and reaction of the peoples on the effective implementation of the programme has been collected and presented in a tabular form below.

TABLE NO. XIV.

**RESPONDENTS REACTION ON THE IMPLEMENTATION
OF THE PROGRAMME.**

Sl. No.	Name of the Districts.	Nos. of persons Interviewed.	Nos. of persons reported Satisfied on the programme.	Nos. of persons no Satisfied on the Implementation of The programme.
1	2	3	4	5
1.	Kohima	100	64	36
2.	Tuensang	100	44	56
3.	Wokha	100	53	47
4.	Mon	100	84	16
5.	Zunheboto	100	80	20
6.	Mokokchung	100	76	24
7.	Phek	100	28	72
	TOTAL	700	429	271

(Source: - Field Investigation)

3.27. Out of a total 700 respondents 61.29% expressed positive opinion and 38.71% negative opinion on the implementation of the programme. The 61.29% of the respondents were of the views that the people cannot expect a cent percent coverage and as such the present level of achievement can be regarded as a satisfactory one. The other 38.71% who expressed their negative opinion were of the view that the present system of implementation of the programme is for all practical purposes an urban oriented one and not for the rural masses of the State who constitute the bulk of the population.

CHAPTER – IV

Main Findings and Suggestion.

4 1. From the analysis of factual accounts as presented in the previous chapters as well as the observation made during the field investigations, the major findings and suggestions that has emerged for overcoming practical difficulties and achieving efficient working of the programme has been presented in this Chapter.

Financial Aspect

4 2. During 1992-93, 1994 - 95 and "1995 - 96 no Hind was provided for the Programme. Accordingly, no expenditure was incurred during the three years period. It was only during 1993-94 an amount of Rs. 99,235/- was provided and the same was spent for purchase of vaccines. In. short, Rs. 99,235/- only was spent for the implementation of this programme during the last 4(four) years of the 8th Five Year Plan period This is a clear indication to prove that the Government has not so far paid due attention to this important programme.

4.3 The Department has reported that there is no shortage or problem in the procurement of vaccines and equipments On the other hand, it is found that no procurement of vaccines and equipments could be made during the 3 years of the last 4 years of the 8th Five Year Plan. It is also gathered that the Department used to receive vaccines/equipments from outside the State Agencies. Over dependence to such agencies may lead to undesirable situation. The State Government should therefore, prepared to meet such eventualities by providing sufficient fund for purchase of vaccines, equipments etc.

Physical Aspects.

4.4. As against the 4 years (1992-93 - 1995-%) target of 5,06,550 for Child immunization, the Department could achieved only 1,24,083. Thus it could achieved only about one third of the targeted figures on immunization of children

4 5. As has slated in Para 2 7 no separate records on 1st dose, 2nd dose and 3rd dose attended are maintained The data furnished by the Department was therefore treated as the cumulative figures of all cases attended to Thus the annual achievement of the Deptt. in the State on D.P.T. is only about 2230 and O.P.V is only 2224 any impartial observer will come to the conclusion that the programme in the State is not a successful one particularly on O.P.V. and D.P.T.

4.6. On the other hand, if the data furnished by the Department are not the cumulative figures of all immunization cases (1st, 2nd & 3rd doses) it will be seen that no child has competed the lull course of immunization on D.P.T. and O P.V It appears that something goes wrong in the implementation of the programme or maintenance of records.

Availability of Immunisation Facilities.

4.7. Only 40% of the selected Villages/Towns are having facilities for immunisation of children in their villages/Towns. The remaining 60% mostly in rural areas are not having immunization facilities in their villages. These rural villagers had to travel for distances for getting their children immunized either from the District Headquarters Hospital or the nearest P.H.C / Hospital. It is found that the rural villagers under a number of compelling reasons did not take out their children for immunization to the District Headquarters Hospital/nearest PH.C /Hospital. The progress of immunisation activities in rural areas are far from satisfactory.

Percentage of Immunization of Children.

4.8. Out of a total of 2043 children below 12 years of age covered under the present study about 50% had reported taken D.P.T. 48.39% B.C.G. 33.15% Measles and 32.27% T.T. Thus, the percentage reported not taken are 50% D P.T., 55.61% B.C G. 66 85% Measles and 67.73% T.T.

4.9. As per report of the respondents, the progress made in O.P.V. is very satisfactory . It was observed during field investigation that the satisfactory performances in O.P.Y (during the period of study) is mostly due to the P.P.I Programme of the Government of India implemented through out the country on 9-12-95 and 20-1-96 for eradication of Polio disease in the country.

4.10. The coverage percentage can be improved by launching the PP1 Programme type in the State on a regular basis. By doing this the problem as stated in 4.7. Above can also be solved. This may be the only solution as it may not be practical to provide immunization facilities to each end every village.

Publicity.

4 11 The present practice of publicity through radio talk, publication of pamphlets etc. appears to be beneficial only to the educated and urban people. The illiterate rural masses are still remains in the dark about the necessity of immunization of children or the existence of the programme in the State. In fact, 21% of the respondents does not have any knowledge of immunization and 69% are having either some or partial knowledge about the existence of such programme in the State or importance of child immunization. The success of the programme depends on people knowledge and awareness of the programme. This knowledge and awareness can be created through various publicity measures. Publicity particularly for the rural masses are still lacking

4.12. The District Immunization Officer should organise group discussion by deputing their technical field staff to villages that falls within their Jurisdiction. In such group discussions the rural masses can be educated about the necessity of immunization, various types of Immunizations method times and type of immunization etc. This practice will be greatly beneficial to the rural and illiterate masses. The present publicity measures adopted by the Department may continue for the educated urban people.

On Visit.

4.13. Visit to villages by the Technical /field staff of the Health & Family Welfare Deptt. does not appear to be upto the expected level. 26.86% of the respondents reported that during the last four years period not a single time the staff of the H. & F W Deptt. visited their village. Further, it is observed that the visit as reported by the respondents and presented in the relevant tables are mostly the 9-12-95 and 20-1-96 visit for the implementation of the P.P.I. Programme of the Government of India. Thus visit to villages by the field/technical staff for immunisation works does not appear to be a satisfactory one. The Deptt. should see that the technical/field staff should be sent to the villages as frequently as possible with all the necessary vaccines for immunization works.

Peoples reaction on the Implementation of the Programme.

4.14. Many of the respondents were of the view that the present system of implementation of the programme by the H & F.W. Deptt. can be treated as an urban programme as the benefit normally never reached the rural villages. Their grievances appear to be genuine and deserved immediate attention of the Government.

1%: -

4.15. It is found that some N.G.Os are playing a major role in the success of the programme. In Mon District, the "LEPROSY MISSION" a Community Health Project of N G.O in collaboration with the Konyak Baptist Bumeinok Bangjem (K.B.B.B) the apex body of the Konyak Baptist Churches is doing quite a commendable job by giving guidance, education and providing immunization works to the rural people. For publicity works their representative even attended churches on Sunday and announced their objectives, the help that they provide to the people etc. This has created a great awareness among the rural people of Mon District. The Department may take this type of facilities with other N.G.Os. within the State as well.