



**Be Wise!**  
**Get your child**  
**fully immunized**



# Intensified Mission Indradhanush

## Addressing Equity in Immunization

**Dr. Pradeep Haldar**  
**Deputy Commissioner (Immunization)**  
**Ministry of Health and Family Welfare**  
**Government of India**

# Target beneficiaries for Routine Immunization in India

**8 vaccines** provided nationally;

**4 vaccines** sub-nationally

**26.7 million** children

**30 million** pregnant women



**9 million** session per annum

**27,000** cold chain point

# Rapidly changing landscape of Universal Immunization Programme

## Landmarks

- 2014: India declared Polio free
- 2015: Maternal & Neonatal Tetanus Elimination

## New vaccines introduced

- 2011: Pentavalent Vaccine
- 2015: Inactivated Polio Vaccine
- 2016: Rotavirus Vaccine
- 2017: Measles-Rubella Vaccine and Pneumococcal Conjugate Vaccine

## Improving Coverage

- 2015: Mission Indradhanush
- 2017: Intensified Mission Indradhanush

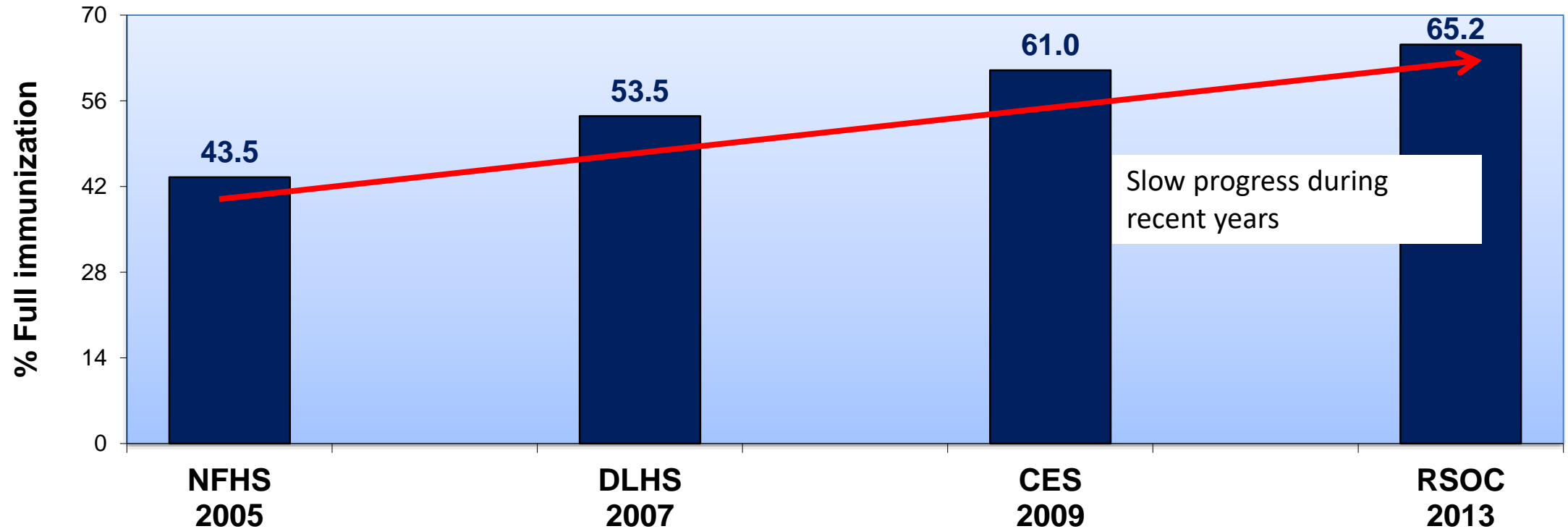
# Strengthening Routine Immunization

Mission Indradhanush

&

Intensified Mission Indradhanush

# Why Mission Indradhanush?

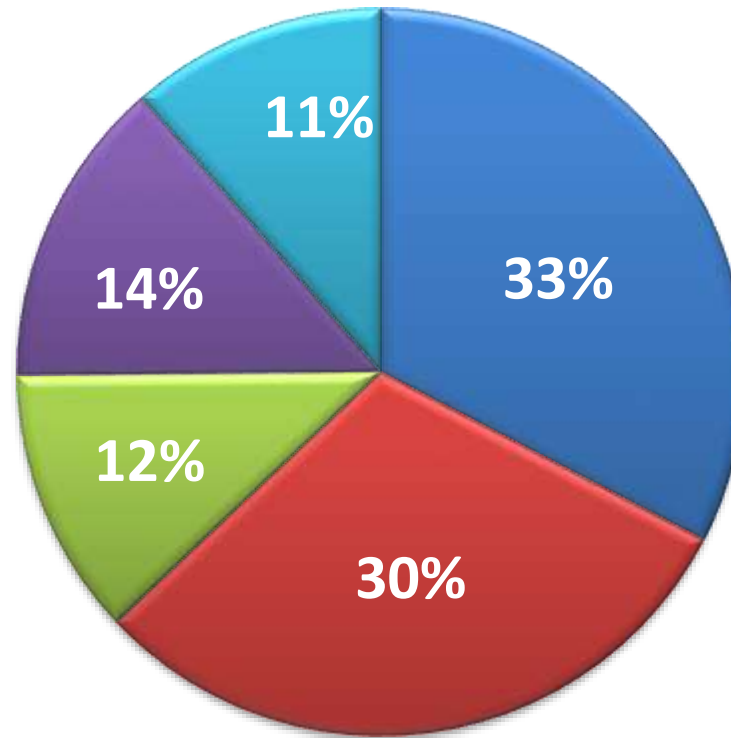
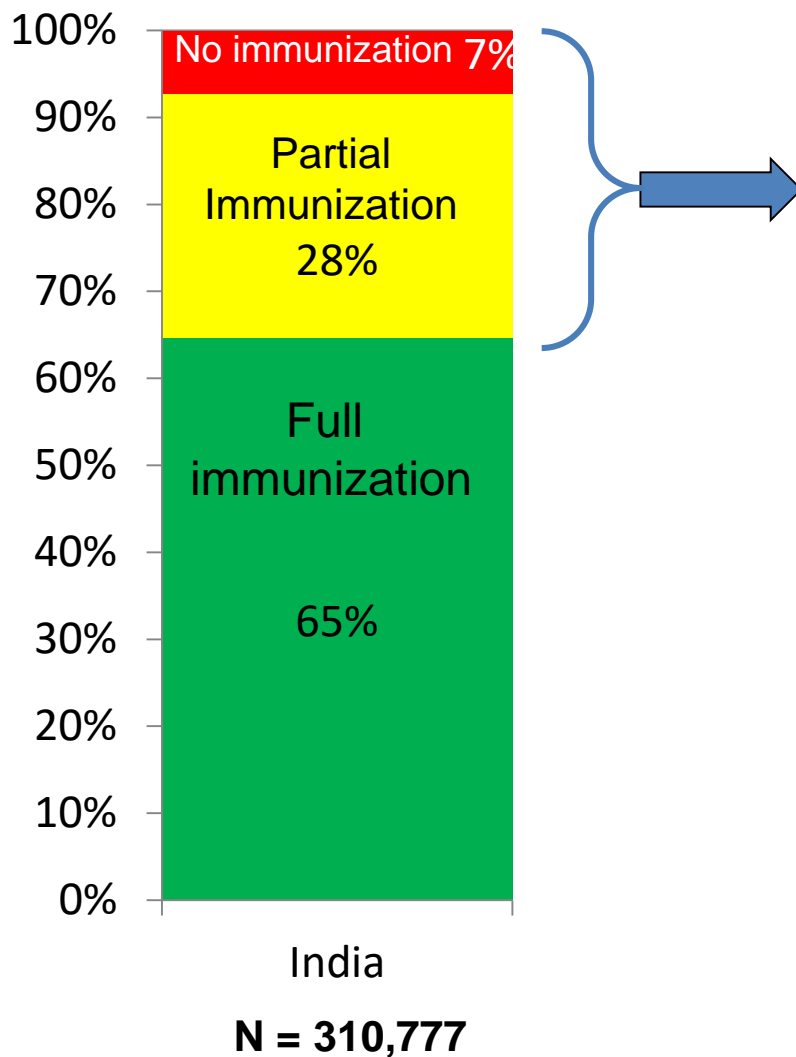


- Slow Progress in recent years
- Pockets of Low Immunization coverage
- High risk areas and hard to reach areas not covered regularly

Missed Children  
**8.9 million**

\* - Children considered fully immunized when they have received all due vaccines for 1<sup>st</sup> year before completing 12 months of age.

# Why are the children missed? 2014



- Awareness & information Gap
- AEFI apprehension
- Operational Gap
- Others
- Child travelling

N = 81,218

# Interventions for coverage improvement

*(Multidimensional diagnostic approach)*

**Address coverage and equity**



Microplanning

Demand generation

Special drives - Mission  
Indradhanush



**Improve quality**



Governance and accountability

Capacity building

Concurrent monitoring

Digital Initiatives





# Introduction: Mission Indradhanush (MI)



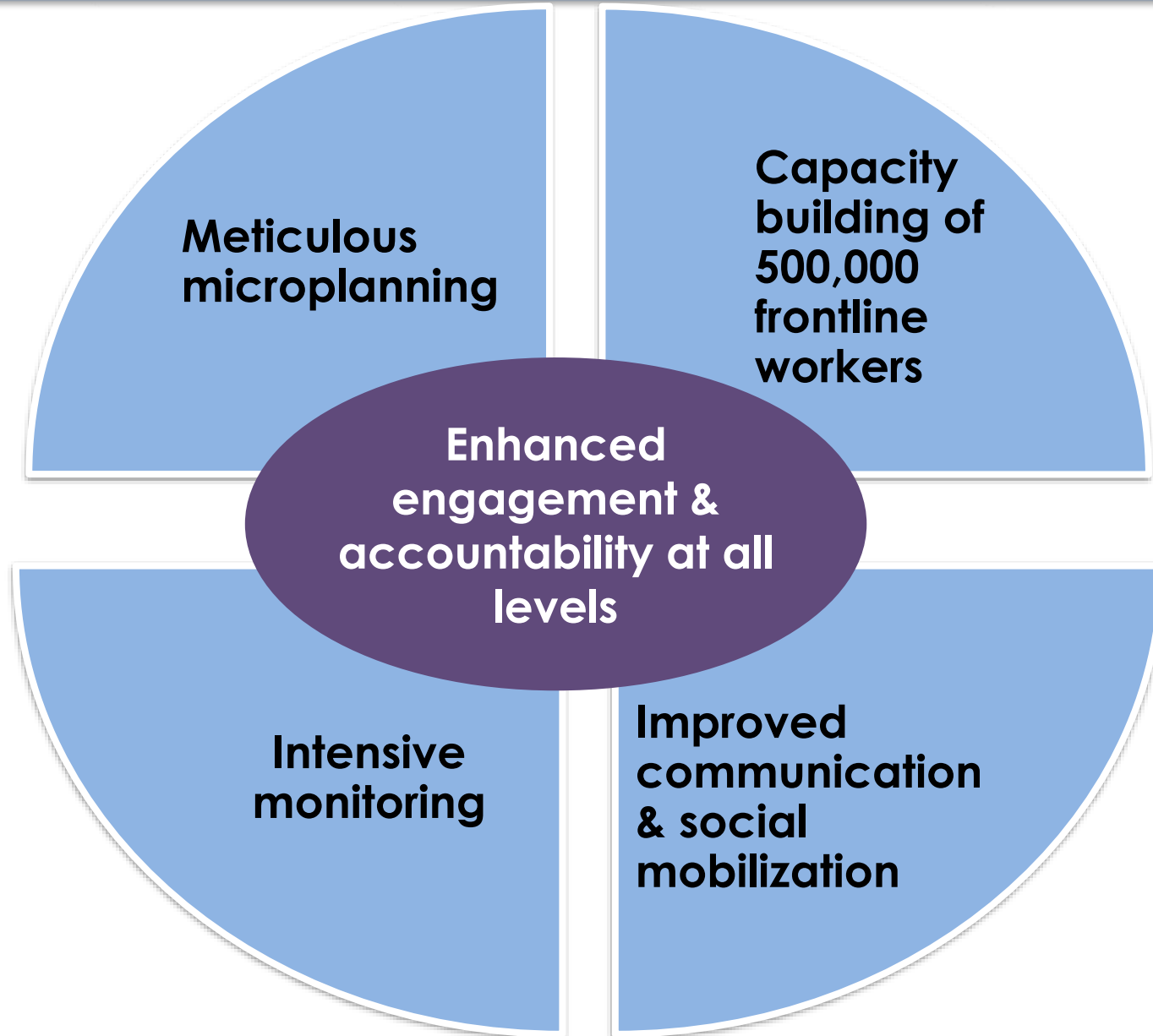
Launched on 25<sup>th</sup> December 2014



- Ensuring that No Child Suffers from Vaccine Preventable diseases.
- Increasing full immunization coverage to 90% by **2018** and sustain it through RI.
- 528 districts covered in four phases.



# MISSION INDRADHANUSH - *Key Components..*



# Strategy: Mission Indradhanush (MI)

- In every phase, week-long intensified immunization drives held every month for four consecutive months. Focus given on:

1. Centers with vacant position of service provider

2. Large Areas allocated to service provider affecting quality of services

3. Polio High risk areas

i. Urban slums with migration

ii. Nomadic sites

iii. Brick kilns

iv. Construction sites

4. Areas with VPD outbreaks

5. Areas with low immunization coverage

6. Hard to reach areas

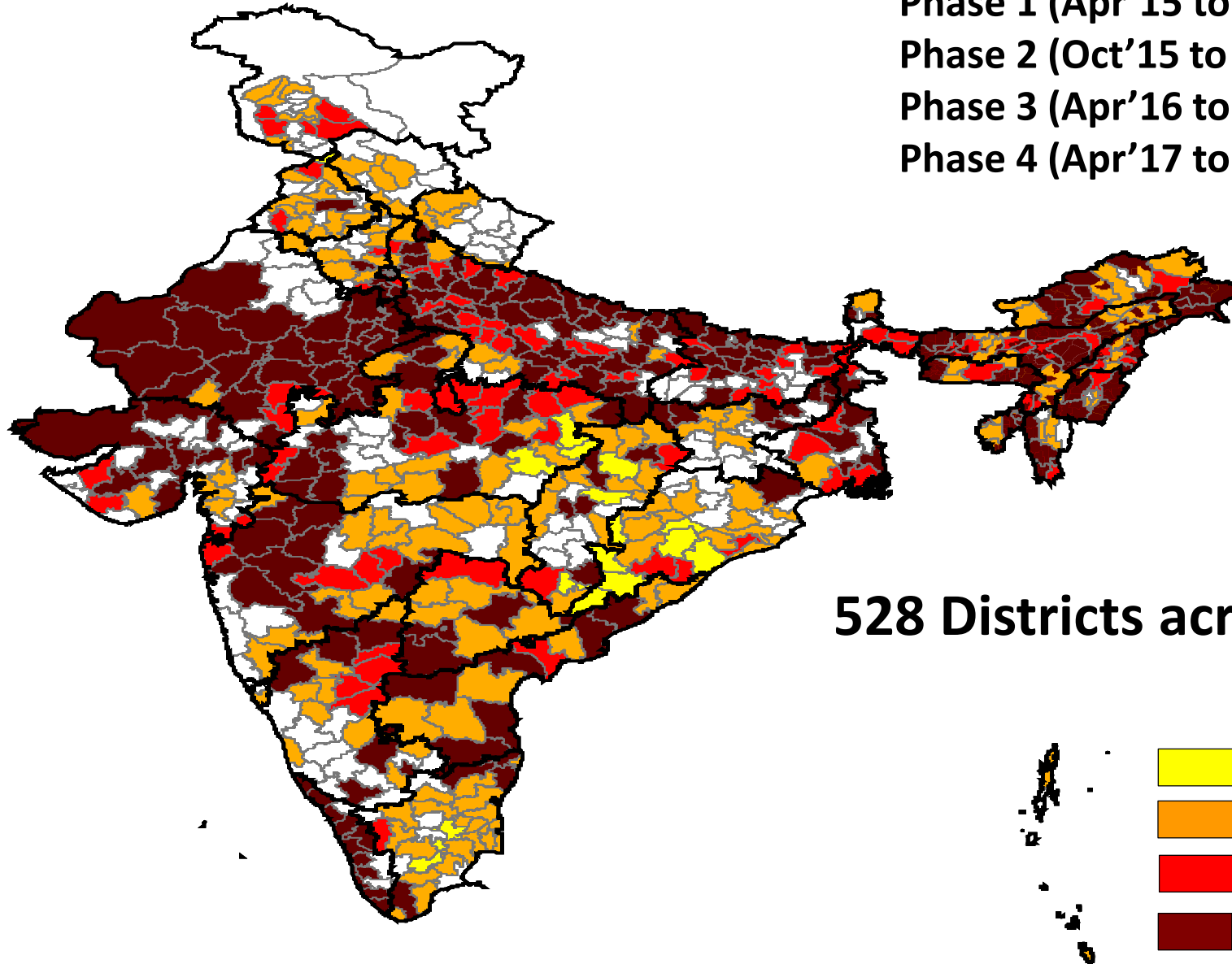
7. Forested and tribal populations

8. Miscellaneous / Others



# District Coverage: Mission Indradhanush: Phase 1 - 4

Phase 1 (Apr'15 to Jul'15): 201  
Phase 2 (Oct'15 to Jan'16): 352  
Phase 3 (Apr'16 to Jul'16): 216  
Phase 4 (Apr'17 to Jul'17): 254



**528 Districts across 35 States/UTs**





# Reaching the Unreached



**Vaccine being delivered to remote session sites in Nagaland & Manipur**



# Reaching the Unreached



**Vaccine being delivered to remote session sites in Mizoram & Manipur**



# Performance: Mission Indradhanush after 4 phase

Children vaccinated

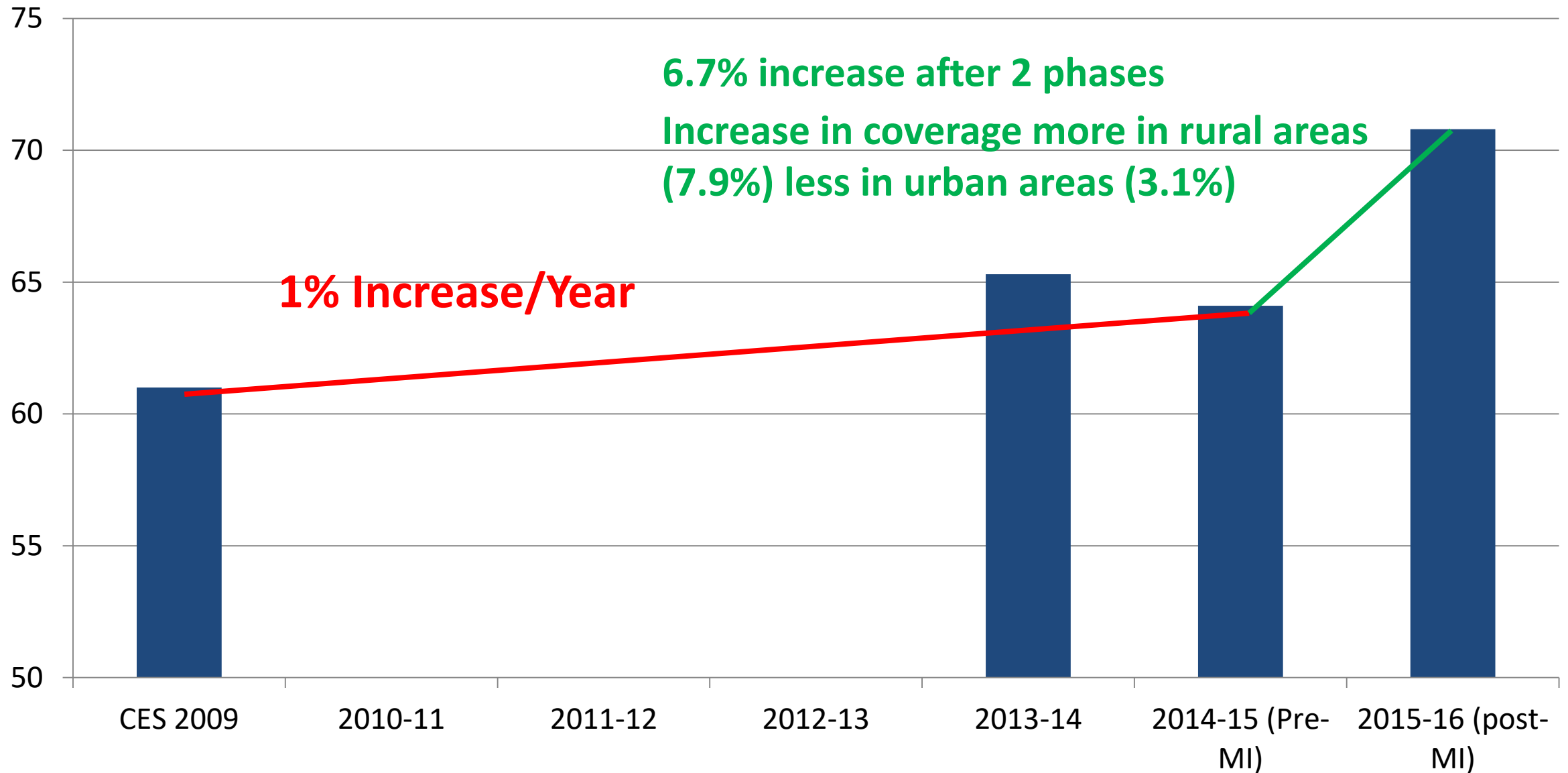
~ **25.5 million**

Pregnant women vaccinated

~ **6.9 million**



# Survey data on achievement: Mission Indradhanush



# Key Lessons Learned : What worked....

## Strong Leadership

- Oversight by Hon'ble Union Health Minister
- Launch by Chief Ministers / Health Ministers in many states
- Monitoring of daily reports by Hon'ble Health Minister/Secretary/Addl. Secretary/ Jt. Secretary
- Video conference by Hon'ble Health Minister with States
- Senior officials of Ministry in communication with State counterparts

## Excellent Partnerships

- Technical support from WHO, UNICEF, Rotary International
- Monitoring by all partners

## Intense Monitoring & Course Corrections

- Large team of monitors deployed by to Districts
- Real-time feedback to district authorities during campaign and to States/UTs after each phase
- State and District task force take action on feedback

# Increasing Equitable Access – Gaps identified in MI

Following areas identified during MI implementation that needed strengthening to ensure equitable access to Immunization:

- More focus on underserved population in **urban areas** – **improving access to marginalized population.**
- Convergence with other departments/ ministries to achieve the target **expeditiously** – **to address social barriers and awareness gaps**
- Thrust on updation of the due-list on the basis of head-count – **to address physical, geographical and social barriers to equitable access.**



# Intensified Mission Indradhanush – launched in October 2017

આઈએમટેકો એપ્લીકેશન અને ટેબ્લેટ્સનું  
ફિમેલ હેલ્થવર્કસને વિતરણ કાર્યક્રમ

# ImTecho





# Intensified Mission Indradhanush

- Launched on 8<sup>th</sup> October 2017 by Hon'ble Prime Minister of India.
- Aims at increasing the full immunization coverage to 90% by December 2018.
- **190** districts and big cities identified across 24 states.
- Intensified planning, monitoring and integration into routine immunization.
- Special focus on urban areas – slow progress during Mission Indradhanush - **total 220 urban areas, each with population >50,000, covered.**
- Youth organizations involved for social mobilization.



*Note: Full Immunization is defined as a child receiving all due vaccines of 1<sup>st</sup> year of life before his 1<sup>st</sup> birthday.*

# Institutional Mechanism for Intensified Mission Indradhanush

## National Level Oversight

### Hon'ble Prime Minister's Guidance

Review during PRAGATI meetings

Letters to Hon'ble CMs for 90% full immunization coverage by Dec'18

### Inter-ministerial Convergence

Regular review by Health Minister / Cabinet Secretary / Secretary, H&FW and other senior administrative officers

### Regular Review by Hon'ble HFM through VCs and Letters

### Mentorship of states through Senior Health Officers

## State Level Overview

### State level

- State Steering Committee under Chief Secretary for inter-departmental convergence
- STFI under Pr. Secy, H&FW for planning, oversight & mid-course correction.

### District level

- DTFI under DM for district level convergence, planning, oversight & mid-course correction.
- One Nodal Officer per district from Partners to support district planning, implementation etc.

# Performance of Intensified Mission Indradhanush

**~ 6 million children vaccinated – 89% against due-list**

**~ 1.4 million children fully immunized – 75%\* against due-list**

**~ 1.2 million pregnant women vaccinated with Tetanus Toxoid.**

\*Provisional as activity not completed in all states

**Innovations and Good practices**

**to address Equity through**

**Intensified Mission Indradhanush**

# Highest level of Political Commitment

- Regular review of Mission Indradhanush by Hon'ble Prime Minister during PRAGATI review meetings.
- Timeline of achievement of **90% Full Immunization Coverage** advanced to Dec'18.
- Directions for **focus on marginalized population in urban areas.**
- IMI launched by Hon'ble Prime Minister on 8th October 2017 – coordinated launch by Chief Ministers/Health Ministers in respective States/ UTs
- **As system strengthening** - Letters from Hon'ble PM to Hon'ble CMs of all states for achievement of 90% Full Immunization Coverage in the entire states/UTs.



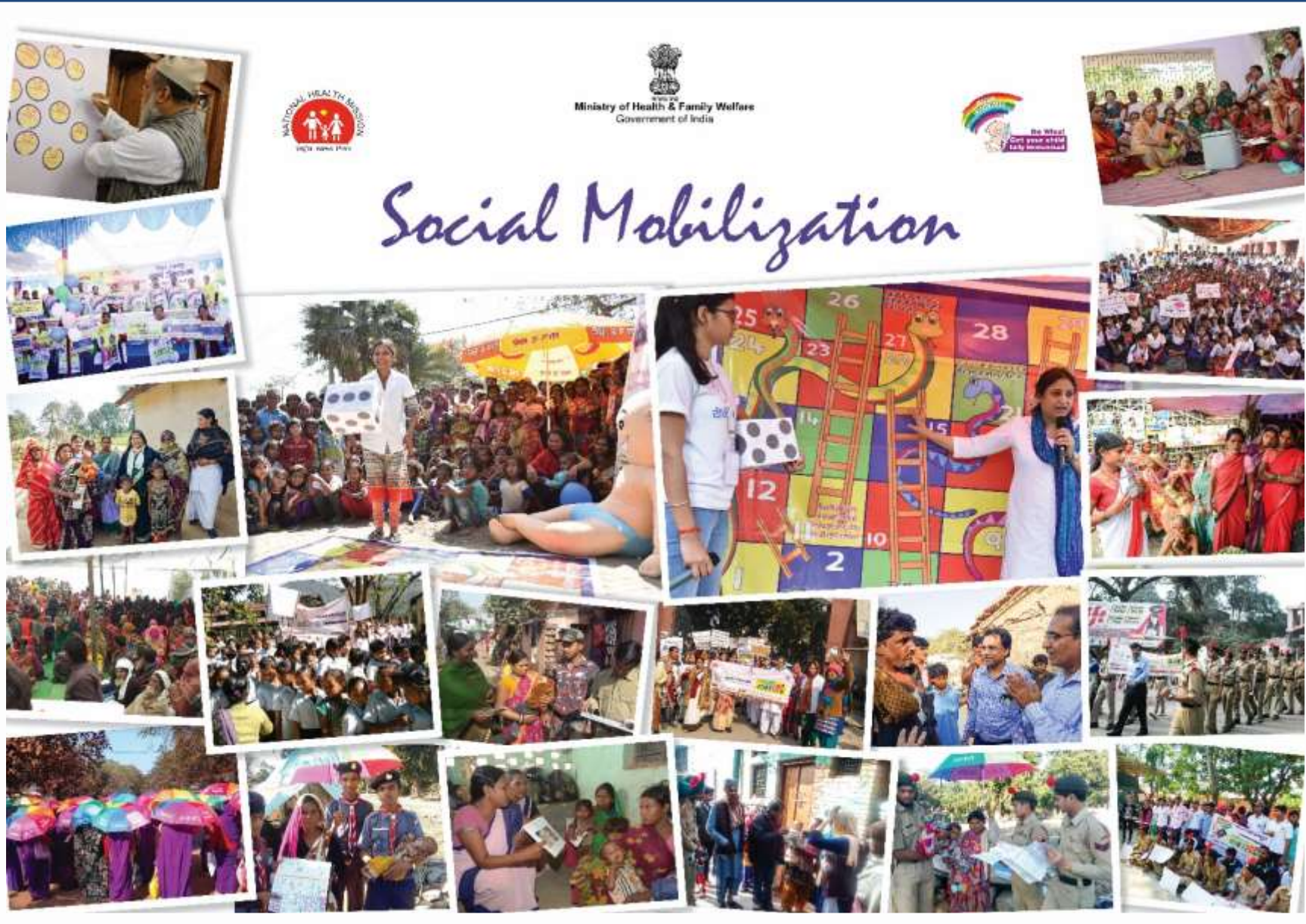


# Inter-ministerial convergence

12 other ministries committed support for Intensified Mission Indradhanush.

Support for Social Mobilization	Support for Service delivery & Social Mobilization
1 Ministry of Women & Child Development	1 Ministry of Defense
2 Ministry of Panchayati Raj	2 Ministry of Railways
3 Ministry of Information & Broadcasting	3 Ministry of Home Affairs
4 Ministry of Urban Development	4 Ministry of Labour and Employment
5 Ministry of Sports & Youth Affairs	
6 Ministry of Human Resource Development	
7 Ministry of Minority Affairs	
8 Ministry of Housing & Poverty Alleviation	

Together everybody gets the job done



# Mapping of missed children

- Three tier mechanism for mapping all areas:
  - Head-count surveys conducted by ASHA/Anganwadi worker/volunteer for mapping of children upto 2 years of age.
  - Identification of unvaccinated and partially vaccinated children from the records by ANMs.
  - Sample verification of head-count surveys by supervisors to ensure completeness and quality.

# Session planning – Ensuring accessibility to all

- Sessions planned for 7 working days (excluding RI days & holidays) in every round.
- Sessions planned on the basis of expected beneficiary load:
  - High no. of beneficiaries: **Fixed session**
  - Low no. of beneficiaries/hard to reach areas/hamlets/sparsely populated inhabitations: **Mobile teams**
- Flexible timings of sessions as per population need.
- Areas under vacant sub-centres covered through:
  - Hiring of vaccinators
  - Deployment of ANMs
- Mobility support provided to ANMs deployed outside their sub-centre & to mobile teams.

# Ensuring Vaccine Availability

- AVD mechanism as back-bone of vaccine delivery to session sites.
- Adequate stock availability at CCPs ensured through eVIN.
- Functional status of CCEs across all CCPs monitored through NCCMIS
- Support taken from Army and Paramilitary forces for vaccine delivery in difficult terrain and international border adjoining areas.
- Temporary Cold Chain Points created in areas far away from CCPs – reduced time taken to deliver vaccine to session sites.



# Ensuring Vaccine Availability



## Journey of Vaccines





# Ensuring Vaccine Availability





# USE OF SOCIAL MEDIA FOR IMI



**Vaccinate4Life** @Vaccinate4Life

Tweets  
**2,247**

Following  
**87**

Followers  
**13.9K**

Likes  
**185**

Lists  
**1**

Moments  
**0**

**The goal was to achieve greater communication and awareness reach and impact through the use of various social media platforms such as Twitter and Facebook.**



# USE OF SOCIAL MEDIA FOR IMI



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**Vaccinate4Life** @Vaccinate4Life · 14 Dec 2017

A special focus is given on the migratory population in the 3rd round of IMI! A glimpse of the immunization drive taking place in the brick kilns under Ranirbazar, Katlamara and Champknagar PHC's in Tripura!  
#MissionIndradhanush #FullyVaccinateEveryChild @MoHFW\_INDIA

6 25

**Vaccinate4Life** @Vaccinate4Life · Jan 8

In 2018, let us write the stories of thousands of healthy children and achieve our goal of reaching 90% full immunization coverage. Pledge your support today!  
#FullyImmunizeEveryChild #VaccinesWork #MissionIndradhanush @MoHFW\_INDIA

Follow us on:

**Vaccinate4Life** @Vaccinate4Life · Jan 9

A session of Intensified #MissionIndradhanush at PunyaBhumi session site in Arunachal Pradesh to expand coverage of full immunization in the state.  
#VaccinesWork #FullyImmunizeEveryChild @MoHFW\_INDIA

8 21



# SUCCESS OF IMI IN NEWS MEDIA



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 **Vaccinate4Life**  @Vaccinate4Life · Jan 8  
#MissionIndradhanush has reached out to over 2.55 crore children across India. @abantika77 @IndianExpress  
#VaccinesWork #FullyImmunizeEveryChild



**Mission Indradhanush: How govt vaccinated over 2.55 crore child...**  
Clerics in Patna signing vaccination pledges, camps after sunset for children of migrant workers in Maharashtra, boat clinics in Assam taki...  
indianexpress.com

  9  23 

 **Vaccinate4Life**  @Vaccinate4Life · Jan 12  
"#MissionIndradhanush upped vaccine coverage growth rate from 1% a year to 6.7%". @FinancialXpress tracks the growth of one of India's biggest vaccination initiatives. #VaccinesWork #FullyVaccinateEveryChild @mohfw\_india



**Vaccination success: How Mission Indradhanush upped vaccine c...**  
Mission Indradhanush upped vaccine coverage growth rate from 1% a year to 6.7%, a rare success for health.  
financialexpress.com

  24  39 

 **Vaccinate4Life**  @Vaccinate4Life · Jan 13  
"The number of deaths of children under the age of 5 in India fell below 1 million for the first time." A truly remarkable achievement!  
hindustantimes.com/health/under-5... #MissionIndradhanush @mohfw\_india



**Under-5 mortality falls, 1.2 lakh fewer child deaths in 2016: SRS**  
The under-5 mortality rate fell to 39 per 1,000 live births in 2016 from 43 in 2015  
hindustantimes.com

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# Involvement of youth organizations

- Involvement of youth organizations like National Cadet Corps (NCC), Nehru Yuka Kendra Sangathan (NYKS) and National Service Scheme (NSS) for social mobilization.
- SoPs for their engagement shared with these organizations and states.
- Impact of involvement of these organizations visible, specially in urban and peri-urban areas.



# Intensive Monitoring during planning & implementation

- Senior Health Officials deployed as mentors for IMI states.
- State health officials deployed as mentors for districts.
- National monitors deployed for monitoring at state and district level.
- State monitors deployed for monitoring at district level.
- Partner agencies actively involved in operations and communication monitoring.
- Joint monitoring involving govt. officials and partners for increased ownership of monitoring findings.
- Monitoring feedback converted into actionable points during STFIs and DTFIs.
- Data sharing mechanism created between partners.





# Intensive Monitoring during planning & implementation



# Structured Feedback Mechanism

## **National Level:**

- Feedback letter from Cabinet Secretary to Chief Secretaries.
- Monthly feedback letters to states from:
  - Hon'ble HFM to Hon'ble CM
  - Secretary, H&FW to Chief Secretaries
  - AS&MD, NHM to Principal Secretaries, H&FW
- Mid-term IMI review chaired by Hon'ble HFM with Hon'ble Health Ministers of IMI states.
- Feedback letters from Secretary, H&FW to DMs/Municipal Commissioners of under-performing districts and urban areas.

## **State Level:**

- Feedback Letters from State to Districts after every round.
- Daily review meetings during round and STFIs before every round.

## **District Level:**

- Daily review meetings during round and DTFIs before every round.



# Special interventions in Urban areas

- Ward wise approach: Ward Task Force constituted and meeting conducted.
- Rationalized area allocation to health facilities & Zonal officers made responsible
- Mobilization of vaccinators from rural to urban areas to meet shortfall.
- Team of ward councillor, ICDS and health workers created in certain areas to convince refusals





# Reaching the last child



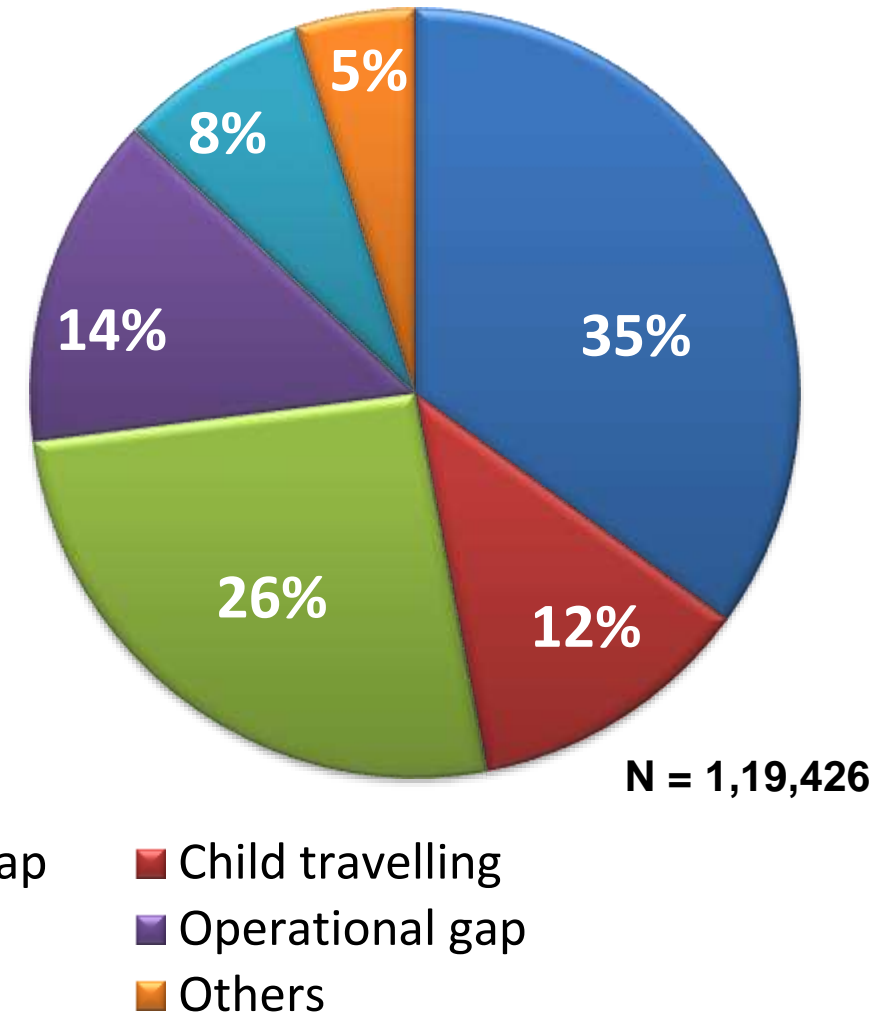
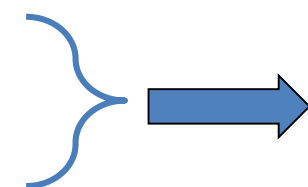
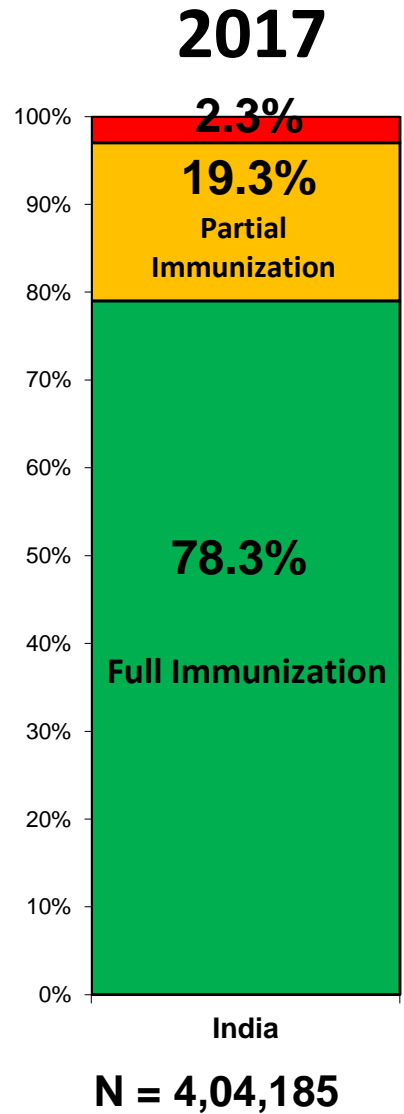
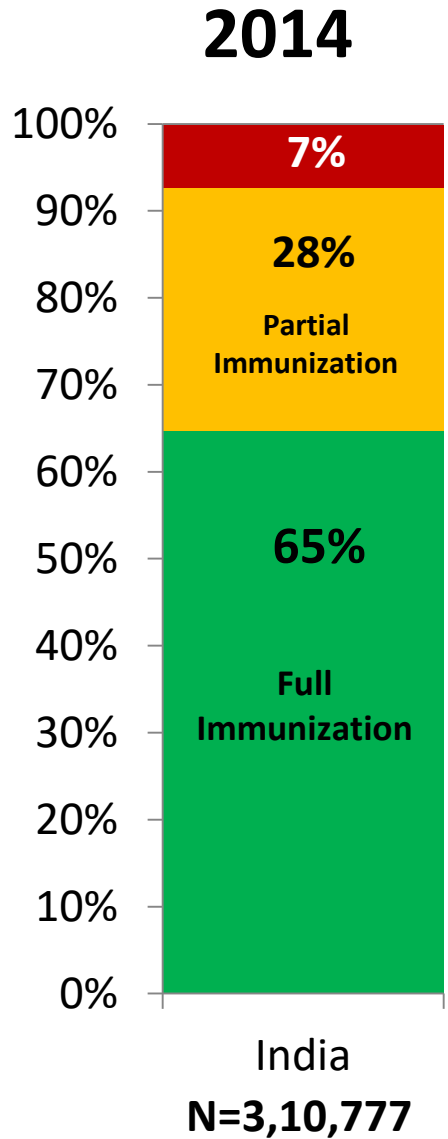
Ministry of Health & Family Welfare  
Government of India



## Reaching the Unreached



# Improved coverage – Reason for still missing children in 2017



- Awareness & Information gap
- AEFI apprehension
- Resistance

- Child travelling
- Operational gap
- Others



# Immunization system strengthening

" I DREAM OF A **DIGITAL INDIA**  
WHERE ACCESS TO INFORMATION  
KNOWS NO BARRIER "

- Shri Narendra Modi



**Digital initiatives for immunization – NCCMIS, eVIN, MCTS, RCH portal, ANMOL**

# eVIN (Electronic Vaccine Intelligence Network)

Digital Platform including **Mobile Application**, **Temperature Logger** and **Human Resource** to Digitalize the entire Immunization Supply Chain

Answers three basic questions:

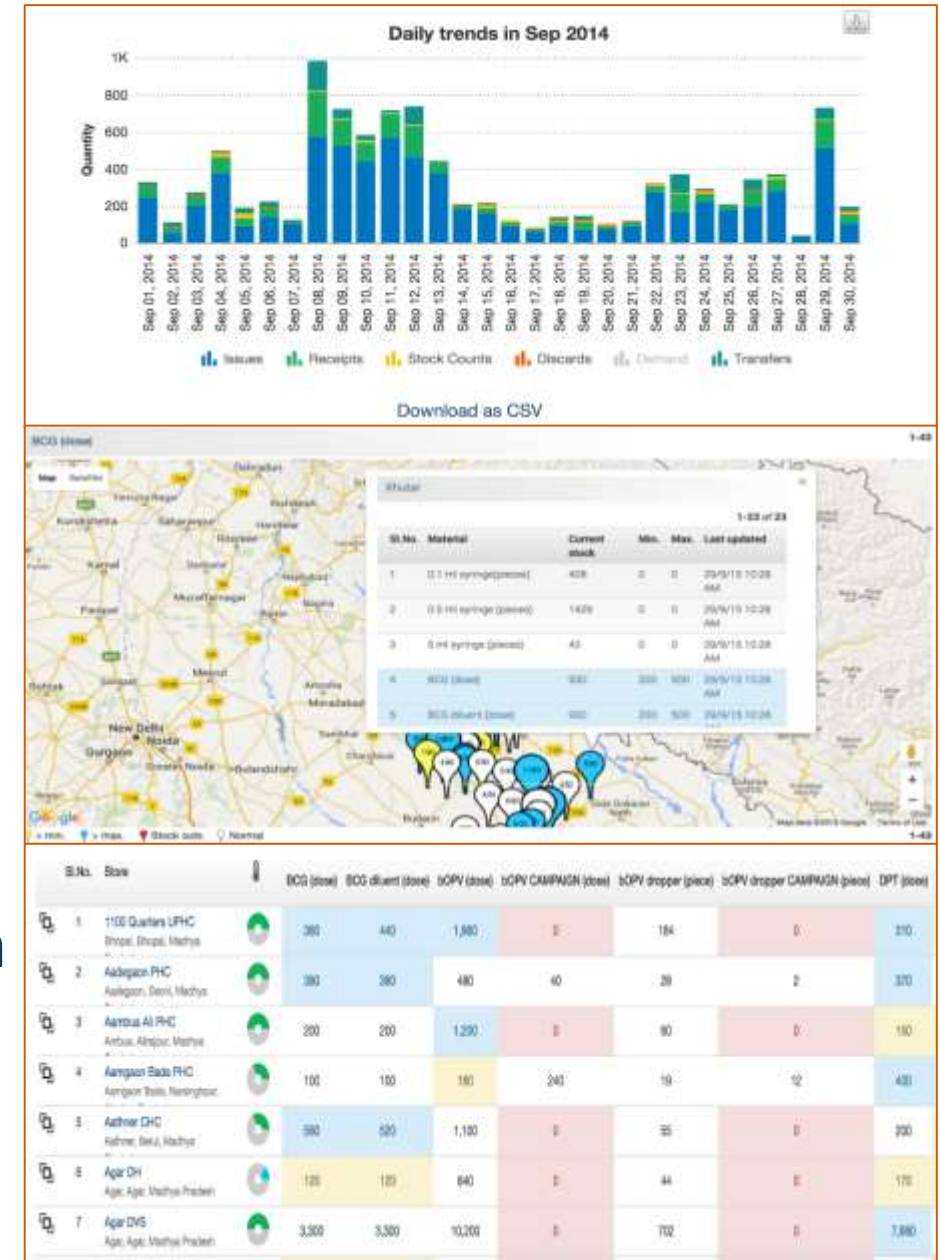
- ❖ Where are my vaccines?
- ❖ Are they Adequate ?
- ❖ Are they stored in recommended temperature ?





# Benefits of eVIN

- ❖ Real time tracking of Vaccine Stock
- ❖ Real time monitoring of storage temperature
- ❖ Reduction in Stock Out events
- ❖ Reduction in Stock Out Duration
- ❖ Reduction in Vaccine Wastage
- ❖ Better Up Time (% of time equipment remain in recommended temperature range.
- ❖ A Gavi Best Practice



# Key Lessons for Achieving Greater Equity

- Approach: Strengthening of Routine immunization through Multi-Dimensional Diagnostic Approach
  - Political will to achieve equity through expanding coverage and catching missed ones
  - Accountability: Regular review at the highest level at National, State & District level
  - Developing site & area specific approach to address issues of
    - vaccine supply, delivery of services, identifying missed children, intensive, focused and constantly evolving social mobilization, and building on lessons learnt in Pulse Polio Program & Mission Indradhanush.
- How did we achieve the above?
  - Greater inter-sectoral convergence with active participation of youth organizations
  - Decentralized planning by all states for achievement of 90% full Immunization coverage by Dec'18
  - Strengthening digital India – ANM online (Anmol), eVIN, NCCVMRC, MCTS, RCH etc



**Be Wise!**  
**Get your child  
fully immunized**

**India committed to achieving 90% full  
immunization coverage by 2018!**

**THANK YOU**