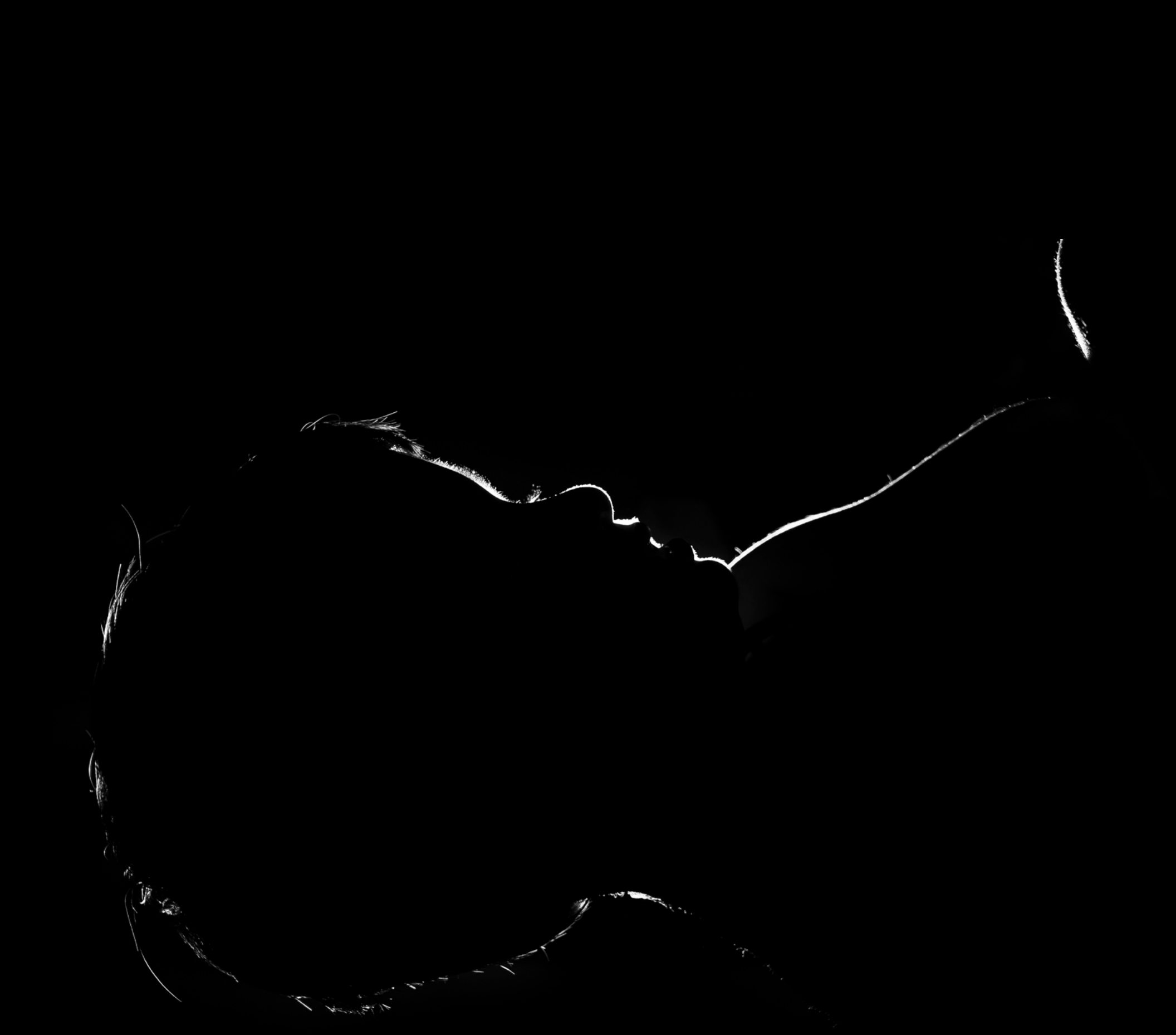
MISSION

INDRADHANUSH

Boosting & Sustaining India's Routine Immunization Coverage

NATIONAL HEALTH MISSION

राष्ट्रीय स्वास्थ्य मिशन



DEDICATION

This book is dedicated to all those **Front Line Workers** of India, who are *working relentlessly* to paint each little dweller of this land with seven protecting colors of vaccines, and gleefully guiding those innocent lives towards the RAY OF LIGHT from the darkness to make this country brighter and healthier.

“The journey we make here upon the earth is so short. Before we know where we are, we are at the end, and called upon to answer an inner voice: ‘Have you finished the work you had to do?’ Happy are they who can think, yes, they have finished their work.”

DR. WALDEMAR MORDECAI HAFFKINE

ACKNOWLEDGMENTS

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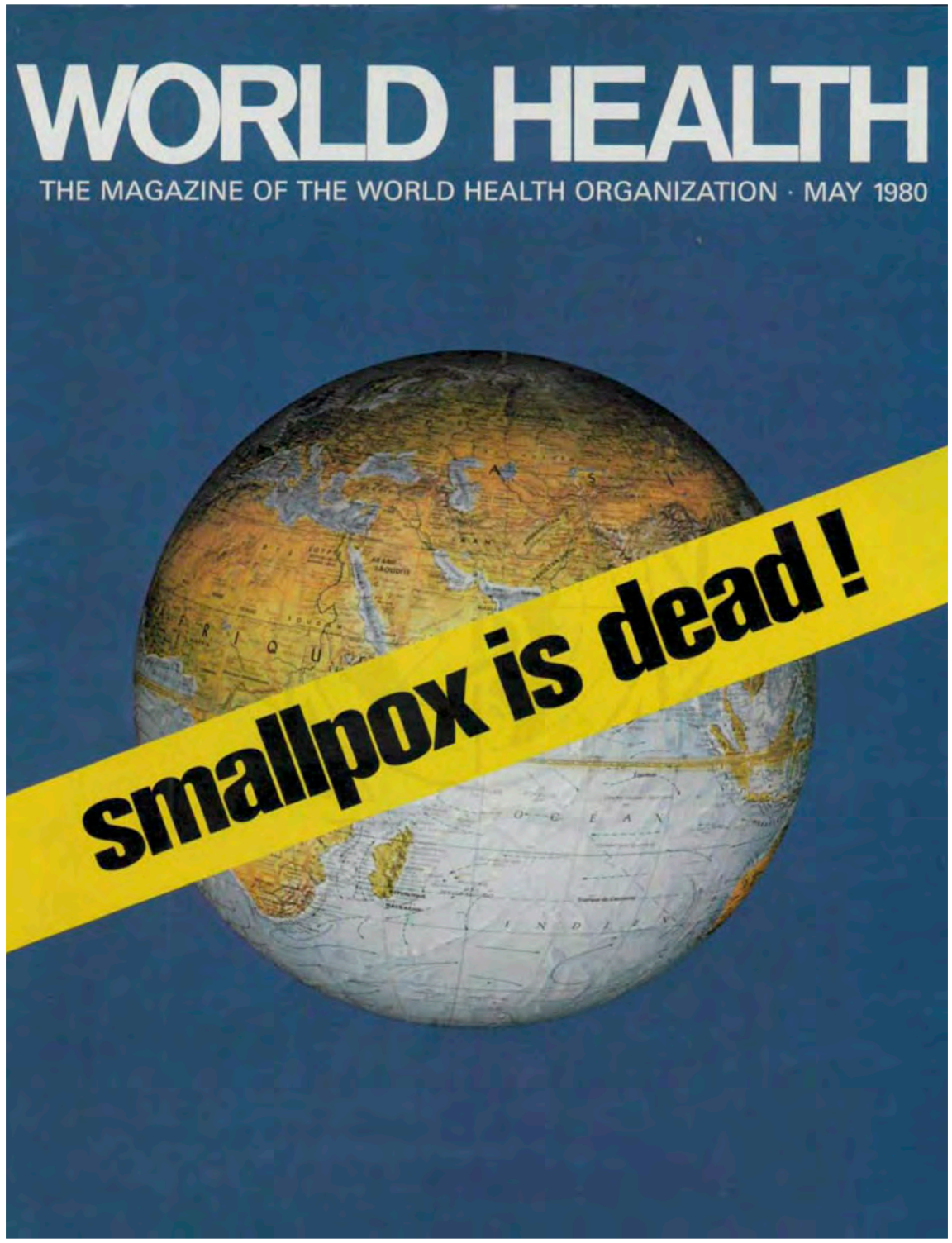
ACRONYMS

AEFI	Adverse Event Following Immunization
AVD	Alternate Vaccine Delivery
CSOs	Civil Society Organizations
EPI	Expanded Programme of Immunization
eGSA	Extended Gram Swaraj Abhiyan
FIC	Full Immunization Coverage
GOI	Government of India
GSA	Gram Swaraj Abhiyan
HSS	Health System Strengthening
INCHIS	Integrated Child Health and Immunization Survey
IMI	Intensified Mission Indradhanush
JE	Japanese Encephalitis
MoHFW	Ministry of Health & Family Welfare
MR	Measles and Rubella
MI	Mission Indradhanush
NFHS	National Family Health Survey
NHM	National Health Mission
NULM	National Urban Livelihood Mission
RMNCH+A	Reproductive, Maternal, New-born, Child and Adolescent Health
RI	Routine Immunisation
ROBs	Regional Outreach Bureaus
SDG	Sustainable Development Goal
UIP	Universal Immunization Programme
U5MR	Under 5 Mortality Rate
VPDs	Vaccine Preventable Diseases

TABLE OF CONTENTS

1

BACKGROUND



Saiban Bibi, a migrant discovered at Karimganj station in Assam in May 1975, was the last known case of Smallpox in India. After an assiduous country-wide search for new cases over two years, the World Health Organization's International Smallpox Assessment Commission declared in New Delhi on April 23, 1977 that India was free from the age-old scourge. And finally, in May 1980, the 33rd World Health Assembly officially that 'the world and all its people have won freedom from smallpox'.

BACKGROUND

THE GENESIS

Immunization is undisputedly the best investment in child health. One of the biggest public health interventions, it has been acclaimed as a huge success story historically, leaving an indelible imprint on the public health system. In the four decades from 1940 to 1970, India had the largest number of smallpox cases in the world – culminating in 1974 in one of the worst Smallpox epidemics in the world. It was only when small pox was eradicated in 70s, attention was shifted to a comprehensive immunization programme, globally as well as in India. In 1978, the Government of India (GOI) launched the Expanded Programme of Immunization (EPI) to provide vaccinations free of cost. However, it had limited geographical coverage in the country. Responding to the need and obligation for nation-wide coverage, particularly the rural hinterland, the 'Universal Immunization Programme' (UIP) was launched in 1985 by the GOI.

UIP is currently regarded & commended as one of the largest public health programmes in the world. The services provided through the UIP have been guided by the principles of **universal immunization coverage, equitable access, high quality services and innovation, sustainability and partnerships, governance and accountability through decentralized planning.** The programme is an integral component of the government's flagship Reproductive, Maternal, New-born, Child and Adolescent Health (RMNCH+A) approach incorporated in the National Health Mission. Buttressing this perspective is unparalleled commitment & dedication to protect every child from Vaccine Preventable Diseases (VPDs). Full Immunization Coverage (FIC) is a crucial contributor towards the achievement of Sustainable Development Goal (SDG 3), which focuses on reduction of maternal and child mortality. As an integral element of the National Child Survival Strategy, UIP has contributed vitally in the reduction of the infant mortality rate and under5 mortality rate (U5MR) over the last decade.

The UIP currently provides free vaccination against twelve VPDs. India's experience in organizing and conducting national and subnational vaccine drives against polio, Japanese encephalitis (JE) and Measles and Rubella (MR) instilled confidence about the nation's ability to reach every child.

A few years later, GOI galvanised the Routine Immunisation (RI) coverage by concentrating on diminishing the existing lacunae in specific sectors. With fresh vigour and dedication, it launched various crucial initiatives viz. Mission Indradhanush (MI) in 2014. The enhanced drive Intensified Mission Indradhanush (IMI) followed in 2017 and IMI 2.0 In 2019.

VACCINATION EFFORTS IN INDIA (1975 - 2019)

1975 — Last case of Smallpox reported.

1977 — India declared Smallpox free.

1978 — The Expanded Programme of Immunization (EPI) launched.

1985 — EPI became Universal Immunization Programme (UIP).

1992 — RCH introduced.

1995 — Pulse polio programme launched.

1997 — RCH2 launched.

2002 — Hepatitis B introduced in selected districts as pilot.

2005 — NRHM launched.

2006 — JE vaccine introduced.

2010

Pentavalent vaccine introduced in selected states.

Open Vial policy for vaccines in UIP.

2011

Measles second dose introduced.

Hepatitis-B scaled up throughout the country.

2012

India declared non-endemic for Polio.

2013

NHM launched - NRHM and NUHM came under one umbrella.

2014

Roll-out of Mission Indradhanush (MI).

2015

Elimination of Maternal and Neonatal Tetanus.

Pentavalent introduced to all states.

IPV introduced.

2016

Rotavirus vaccine introduced in 4 states.

tOPV to bOPV switch.

2017

MR vaccine introduced.

PCV phased launch.

2018

Launch of Intensified Mission Indradhanush (IMI).

2019

Launch of guidance document - “Roadmap for achieving 90% FIC”.

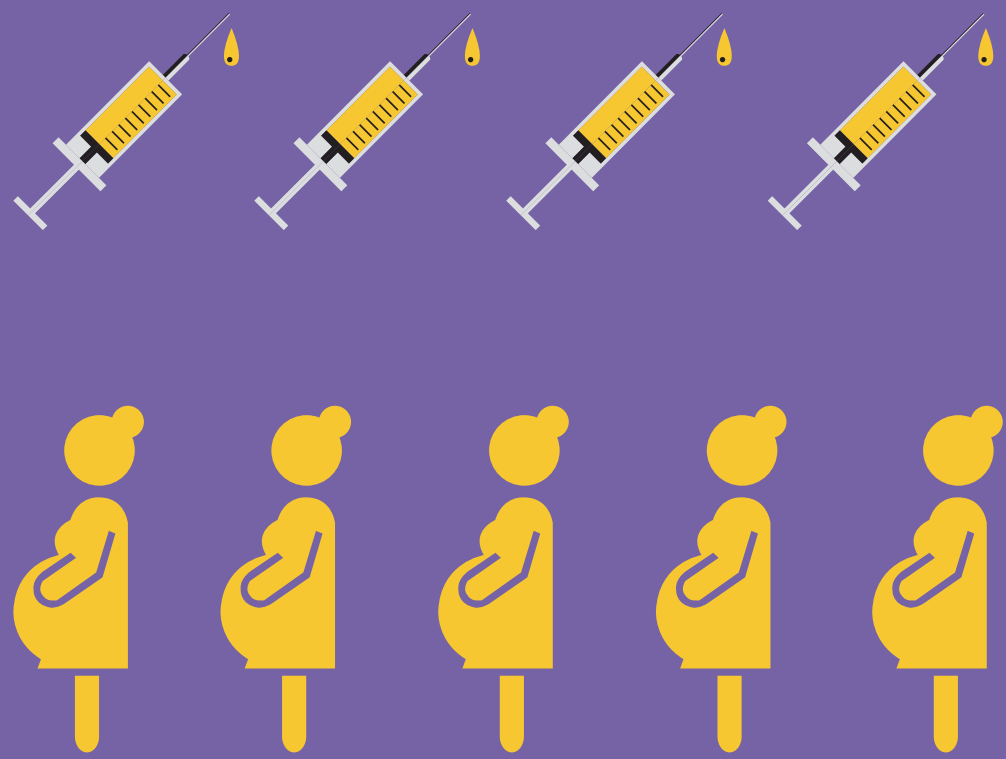
Launch of IMI 2.0.

Pan India launch of RVV.

“Let no child suffer from any vaccine preventable disease.”

Shri Narendra Modi
Honourable Prime Minister of India.

UNIVERSAL IMMUNIZATION PROGRAMME



12 Vaccine Preventable Diseases

29 MILLION **Pregnant Women**

26 MILLION **Birth Cohort**

12 MILLION **Immunization Sessions**

Source: Roadmap document

At Birth

BCG, OPV-0,
Hep B birth dose

6 weeks (1½ month)

OPV-1 Pentavalent-1,
fIPV-1, RVV-1, PCV-1#

10 weeks (2½ months)

OPV-2 Pentavalent-2,
RVV-2

14 weeks (3½ months)

OPV-3 Pentavalent-3
fIPV-2, RVV-3, PCV-2#

9-12 months

MR
Vit A*, PCV-B#,
JE-1 ^

16-24 months

MR
Vit A*, DPT-B1,
OPV -B, JE-2 ^

5-6 years

DPT-B2

10 years

Td

16 years

Td

Pregnant Women

Td1 & Td2 or
Td Booster**

PCV is provided in select states/districts.
* Vitamins A to be given from 9 months and then every 6 months upto 5 years.
^ JE vaccine in endemic districts only.
** One dose if previously vaccinated within 3 years.

BCG	: Bacillus Calmette-Guerin	Td	: Tetanus and adult diphtheria
DPT	: Diphtheria-Pertussis-Tetanus	fIPV	: Fractional Inactivated Polio Vaccine
Hep B	: Hepatitis B	RVV	: Rotavirus Vaccine
Pentavalent	: DPT+HepB+Hib (Haemaphilus influenzae type B)	PCV	: Pneumococcal Conjugate Vacine
JE	: Japanese Encephalitis	MR	: Measles-Rubella
OPV	: Oral Polio Vaccine		

Certificate

World Health Organization
South-East Asia Region

REGIONAL COMMISSION FOR CERTIFICATION OF POLIOMYELITIS ERADICATION

The Commission concludes, from the evidence provided by the National Certification Committees of the 11 Member States, that the transmission of indigenous wild poliovirus has been interrupted in all countries of the Region. The Commission declares today, 27 March 2014, that the South-East Asia Region is poliomyelitis-free.

Dr Supamit Chunsutthwat
Chairperson

Dr Sunitt Acharya

Prof. Anthony Adams

Prof. Tariq Iqbal Bhutta

Dr Abraham Joseph

Prof. Ismoedijanto Moedjito

Prof. Mahmudur Rahman

Prof. David Salisbury

Dr Kyaw Nyunt Sein

Dr Kinzang Tshering

Dr Nalini Withana

New Delhi, 27 March 2014

In 2014, India was officially declared polio-free along with the rest of the South-East Asia Region. Polio was tackled head-on due to singular commitment of Government of India in the forefront at all levels and active collaboration with partners viz. WHO, Rotary International and UNICEF.

In early 1990s, Maternal tetanus accounted for about 5% of maternal mortality globally. India successfully eliminated **Maternal and Neonatal tetanus** in the year 2015 due to strong commitment at all levels.

Under the "Make in India" initiative, the campaign was launched in 2016 by Shri J.P. Nadda then Union Health Minister of the country. In June 2019, the Ministry of Health & Family Welfare (MOHFW) announced a nationwide rollout of RVV as part of the government's 100-days agenda and followed with a pan-India roll out of the vaccine.

2

THE POLIO LEGACY

Special commemorative stamp on Pulse Polio released by Department of Posts, Ministry of Communications, Government of India on September 21, 1998.

THE POLIO LEGACY

LEVERAGE FOR FUTURE

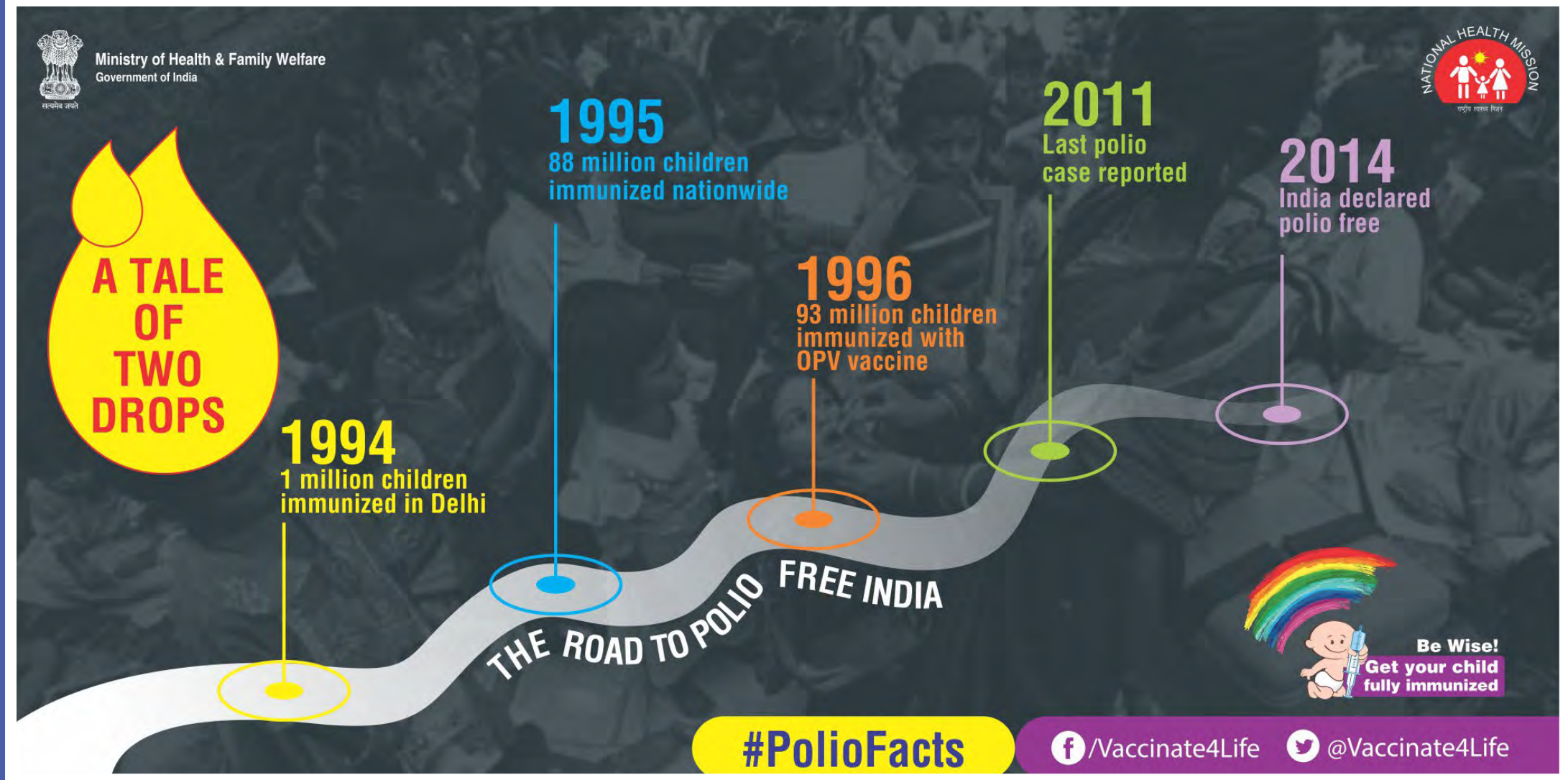
Rukhsar was India's last confirmed polio case. She was 2 years old. The incidence was reported in January 2011. Prompt intervention and care inclusive of extensive physical therapy ensured effective management of the disease and its sequelae. She was able to walk with little evidence of paralysis or neuro-muscular weakness. Today she lives a near normal life.

Three years later, on March 27, 2014, South East Region of WHO (which includes India) was declared polio-free. The milestone was achieved after almost two decades of action, mettle and resolve of lakhs of volunteers, health workers, doctors and administrators.

The health workers and volunteer vaccinators visited millions of households three to seven times a year to reach every single child under 5 years of age and vaccinate each against polio. This happened throughout the year, be it in summer heat and dust, bitter winter chill, amidst torrential monsoon downpours. They laboured selflessly even during weekends and festivals. Different government departments, non-government organizations, doctors' associations, local community leaders, religious and spiritual leaders all collaborated to combat and neutralise rumours, misconceptions and threats. Innovative strategies were employed to guarantee maximum, comprehensive coverage of children by constantly creating and improving ingenious campaigns.

Utilising insight and experience attained from the laudably successful protocols & practices of the polio eradication programme, GOI decided to integrate the acquired wisdom in RI to augment the immunization coverage. 2012-2013 was declared as the "Year of intensification of Routine Immunization". This integration assisted in enhancement & refinement of resource mobilization. It also built capacities of service providers at all levels and fortifying management of Adverse Event Following Immunization (AEFI). Supportive supervision, Alternate Vaccine Delivery (AVD), and several other programmes were also benefited immensely[1]. Polio campaigns and intensification activities of RI had become successful. This spurred GOI to incorporate such interventions in campaign mode within Mission Indradhanush. It was launched in 2014 in a more coordinated manner, amalgamating high quality planning and an extensive communication campaign focusing on routine immunization.

1 https://pib.gov.in/newsite/PrintRelease.aspx?relid=83679


Ministry of Health & Family Welfare
Government of India
NATIONAL HEALTH MISSION
A TALE OF TWO DROPS
1994
1 million children immunized in Delhi
1995
88 million children immunized nationwide
1996
93 million children immunized with OPV vaccine
2011
Last polio case reported
2014
India declared polio free
THE ROAD TO POLIO FREE INDIA
Be Wise!
Get your child fully immunized
#PolioFacts
/Vaccinate4Life
@Vaccinate4Life

Rukhsar with her father Abdul Seikh at her residence in Howrah, West Bengal. Rukshar is the last known case of Poliomyelitis in India. She was about two years old when she contracted the virus in 2011. She is now about 11 years old and pursuing her studies, leading a normal life with minimal neuro-muscular deficiency. Her father, Abdul is now a vaccination advocate in surrounding villages for the Government and N.G.O.s.

Photo Credit: Global Health Strategies / Dr Kaushik Ghosh, GIS ARPS

Ministry of Health & Family Welfare
Government of India

NATIONAL HEALTH MISSION

A TALE OF TWO DROPS

Since the start of the Pulse Polio Campaign in 1994, **12.1 billion** doses of Oral Polio Vaccines have been administered

Be Wise! Get your child fully immunized

#PolioFacts

/Vaccinate4Life @Vaccinate4Life

Ministry of Health & Family Welfare
Government of India

NATIONAL HEALTH MISSION

A TALE OF TWO DROPS

Congratulations!

India has been Polio Free since 2011
From 2,00,000 to Zero

Be Wise! Get your child fully immunized

#PolioFacts

/Vaccinate4Life @Vaccinate4Life

NATIONAL HEALTH MISSION

The change in social ownership of polio in India was gradual and slow – but real, and deeply felt.

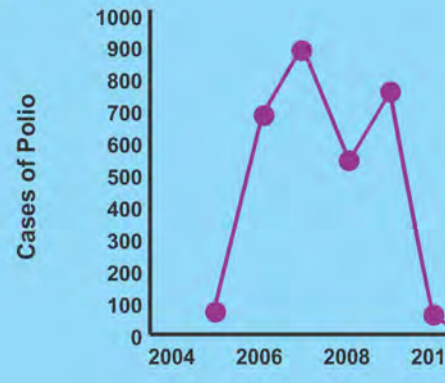
A polio poster developed in **2014** showed India as a map made up of people, from all backgrounds and religions, arms raised in triumph

Be Wise! Get your child fully immunized

/Vaccinate4Life @Vaccinate4Life

Ministry of Health & Family Welfare
Government of India

NATIONAL HEALTH MISSION



India celebrates eight years since the last polio case was reported in 2011

Be Wise! Get your child fully immunized

#PolioFacts

/Vaccinate4Life @Vaccinate4Life

NATIONAL HEALTH MISSION

"Branding was a big thing during Polio Campaign; so anytime people saw the pink and yellow they knew a campaign was being announced."

Nicole Deutsch
Former Chief of Polio
UNICEF India

Be Wise! Get your child fully immunized

/Vaccinate4Life @Vaccinate4Life

NATIONAL HEALTH MISSION

Engagement with social groups was a strategy that worked wonderfully during the Pulse Polio Campaign. India's social mobilization network for the fight against polio, which was originally conceived in Delhi in 1994 has been lauded globally.

Be Wise! Get your child fully immunized

/Vaccinate4Life @Vaccinate4Life

An innovative way of increasing awareness about polio campaign & vaccination by modifying a popular, traditional snakes & ladders game during a mothers' meeting.

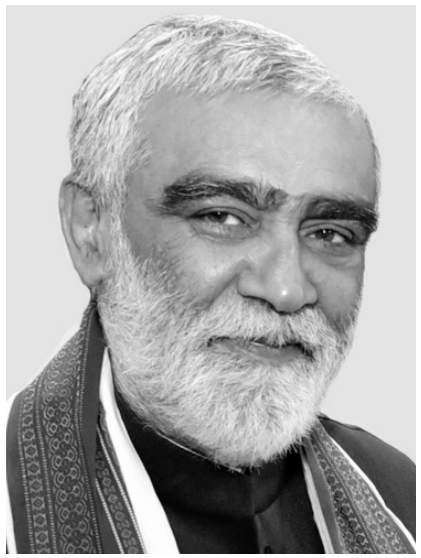
QUOTES

AND, THEY SAID THAT...

It is time to garner the gains made under 'mission mode' to integrate them with the current system to strengthen the immunization programme.

Dr Harsh Vardhan

Union Minister,
Ministry of Health & Family Welfare,
Government of India.



To achieve India's full immunization target, it is necessary that the country's immunization programme be implemented with renewed zeal and vigor, so that no child is deprived of immunization.

Shri Ashwini Kumar Choubey

Minister of State,
Ministry of Health & Family Welfare,
Government of India.

3

MISSION INDRADHANUSH


जिंदगी इन्द्रधनुष बनाएं !
मिशन इन्द्रधनुष
हर बच्चे का अधिकार, स्वस्थ जीवन का आधार
#FullyImmunizeEveryChild
7-14 मई, 2015
सम्पूर्ण
टीकाकरण
हमारा
अधिकार
मिशन इन्द्रधनुष : आइये, हर बच्चे का सम्पूर्ण टीकाकरण सुनिश्चित करें

MISSION INDRADHANUSH

A PEOPLE'S MOVEMENT

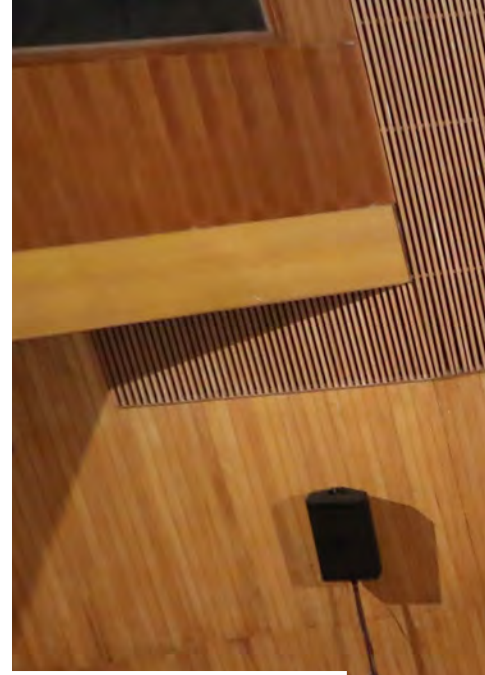
Implementation of Routine Immunization has been operational for more than three decades. However, it was observed that there was a low pace of improvement in the programme. Data estimates indicated that there was a mere 1% increase per year in immunization coverage among children 12-23 months of age from 2009 to 2015. The National Family Health Survey (NFHS 4) of 2015-16 discovered that only 62% children in India received all vaccines during their first year of life. The situation was further aggravated by inequitable coverage among vulnerable populations and insufficient awareness.

With experience garnered from the polio eradication programme, Mission Indradhanush (MI) was launched as a national drive in December 2014 by Ministry of Health & Family Welfare (MoHFW). It was an enhanced RI campaign to accelerate comprehensive immunization coverage and reach the inaccessible populace. It targeted immunizing all children under the age of 2 years as well as pregnant women.

The campaign name, Mission Indradhanush, symbolizes the seven colours of the rainbow which represents protection against seven VPDs. The immunization drive was spread over seven working days, beginning the 7th of every month.

The objective was achieving 90% FIC by 2020. The campaign encompassed diverse strategies including demand generation activities, political, administrative and financial commitment. This focused and systematic immunization drive was implemented as a **"catch-up"** campaign mode to cover all children who had been inadvertently left out earlier from the umbrella of immunization.

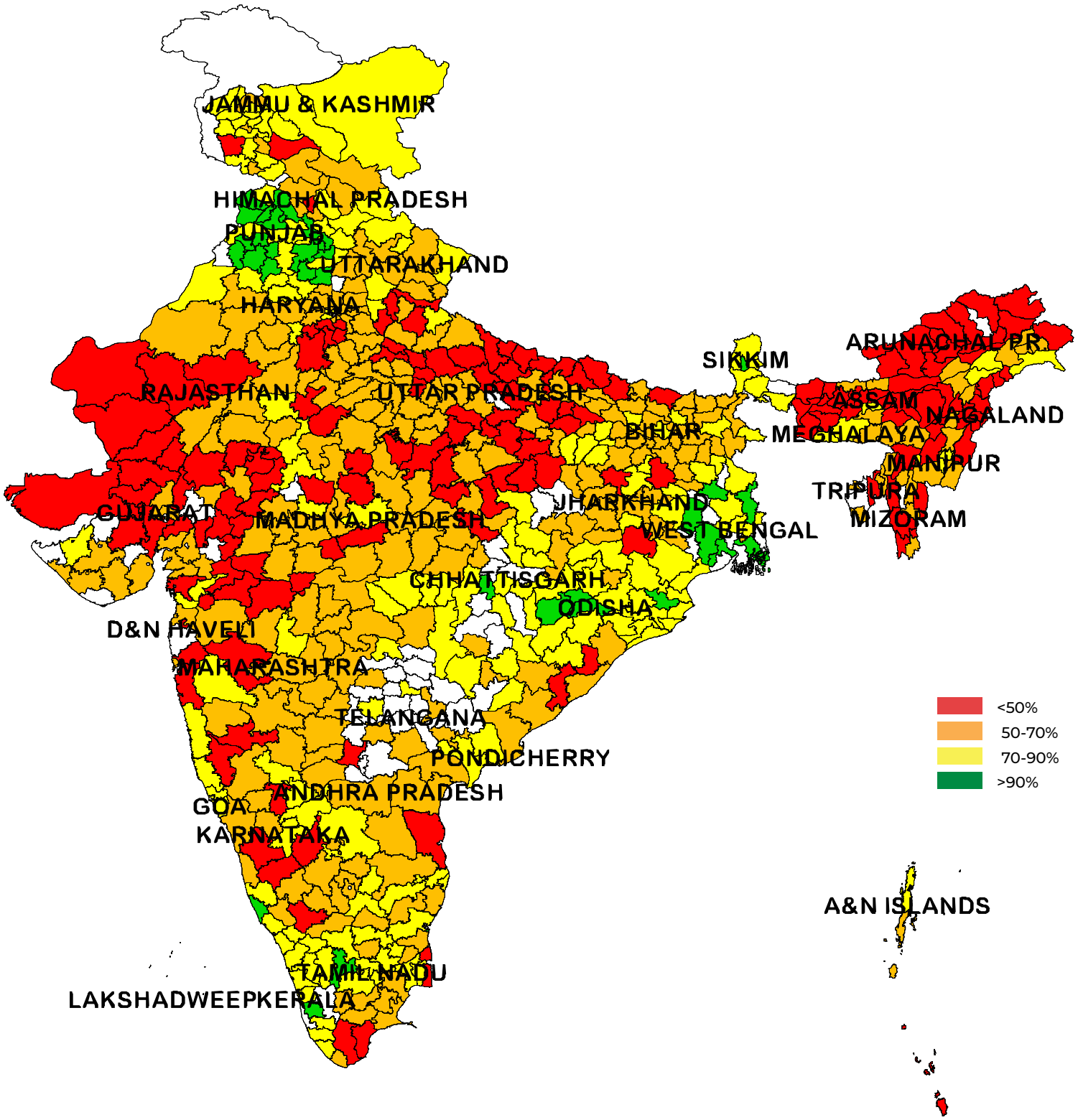
THE LAUNCH



Mission Indradhanush was launched by the Hon'ble Prime Minister, Shri Narendra Modi in December, 2014. The Hon'ble Minister of Health and Family Welfare, Shri J.P. Nadda cemented the great endeavor when he formally launched the National Media campaign on 23rd March 2015. He motivated all stakeholders to join hands and work together towards achieving the goal of Mission Indradhanush i.e. full immunization >90%. Launch of Mission Indradhanush was a huge leap forward in immunization coverage in India.


SHRI JAGAT PRAKASH NADDA
Launches the Media Campaign of
MISSION INDRADHANUSH
"An initiative to fully immunize all children against 7 vaccine preventable diseases"
March 23, 2015 | New Delhi

THE NEED FOR MISSION INDRADHANUSH

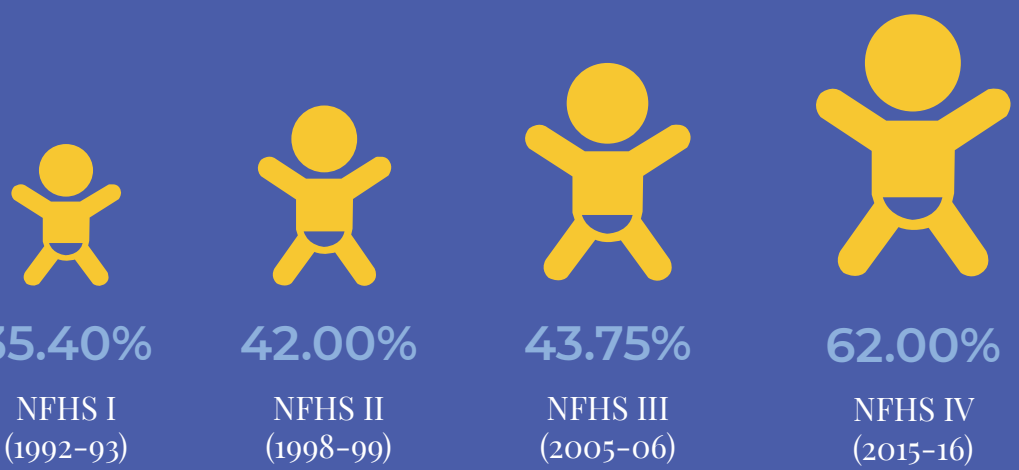


DISTRICT WISE VARIATION IN FIC

NFHS-4 (2015 - 2016)

Source: Mission Indradhanush - Operational Guidelines 2015 (Figure:1)

SLOW INCREASE OF FIC* OVER THE YEARS

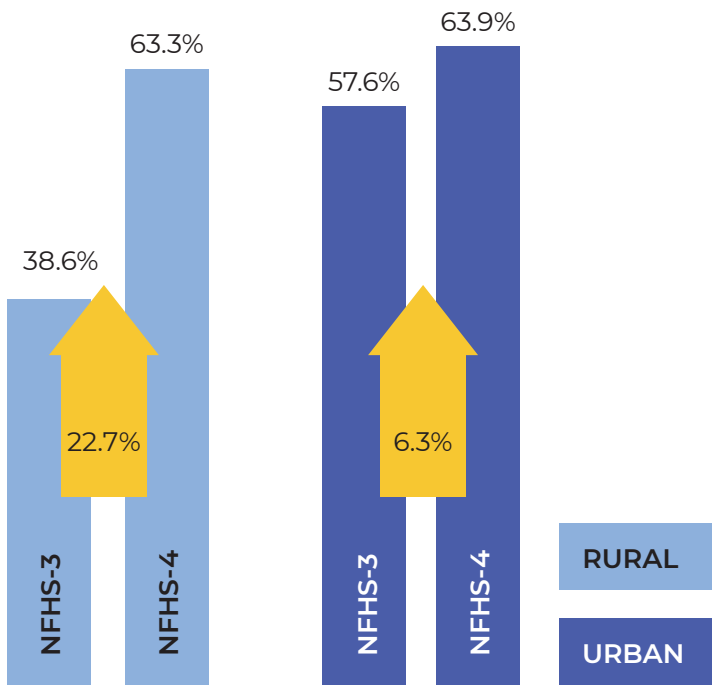


- Around 1% point increase per year in FIC* (12–23months of age)
- Only 62%* children are fully immunized
- 7 million unimmunized and partially immunized children in India

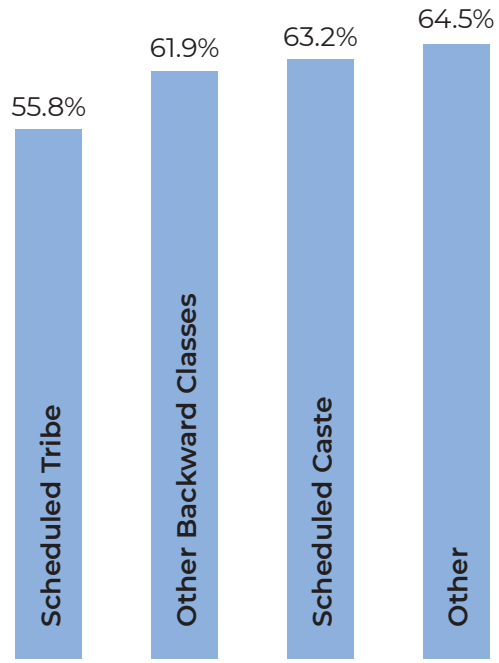
*FIC- Full Immunization Coverage

INEQUITIES IN ROUTINE IMMUNIZATION

RURAL-URBAN VARIATION



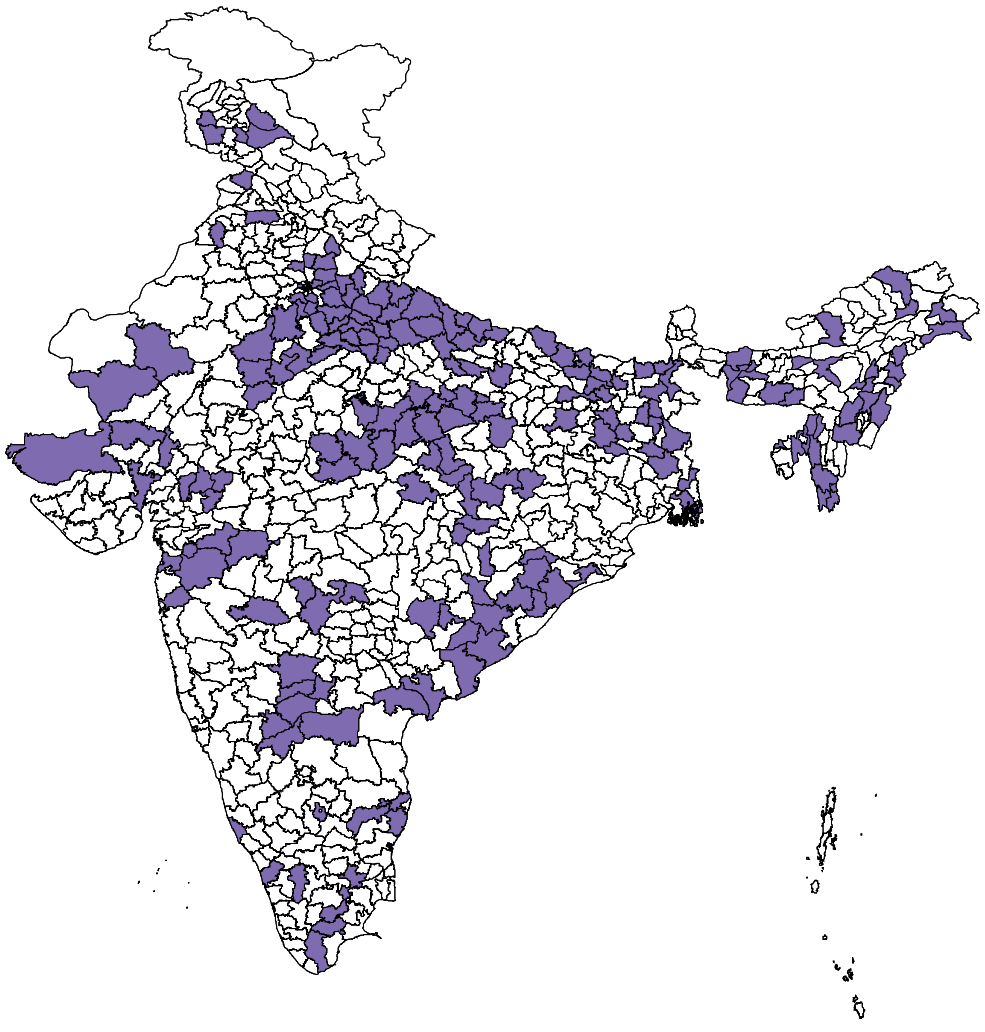
LOW COVERAGE IN TRIBAL POPULATION



(Source: NHFS)

APPROACH

TOTAL NUMBER OF MI DISTRICTS 528



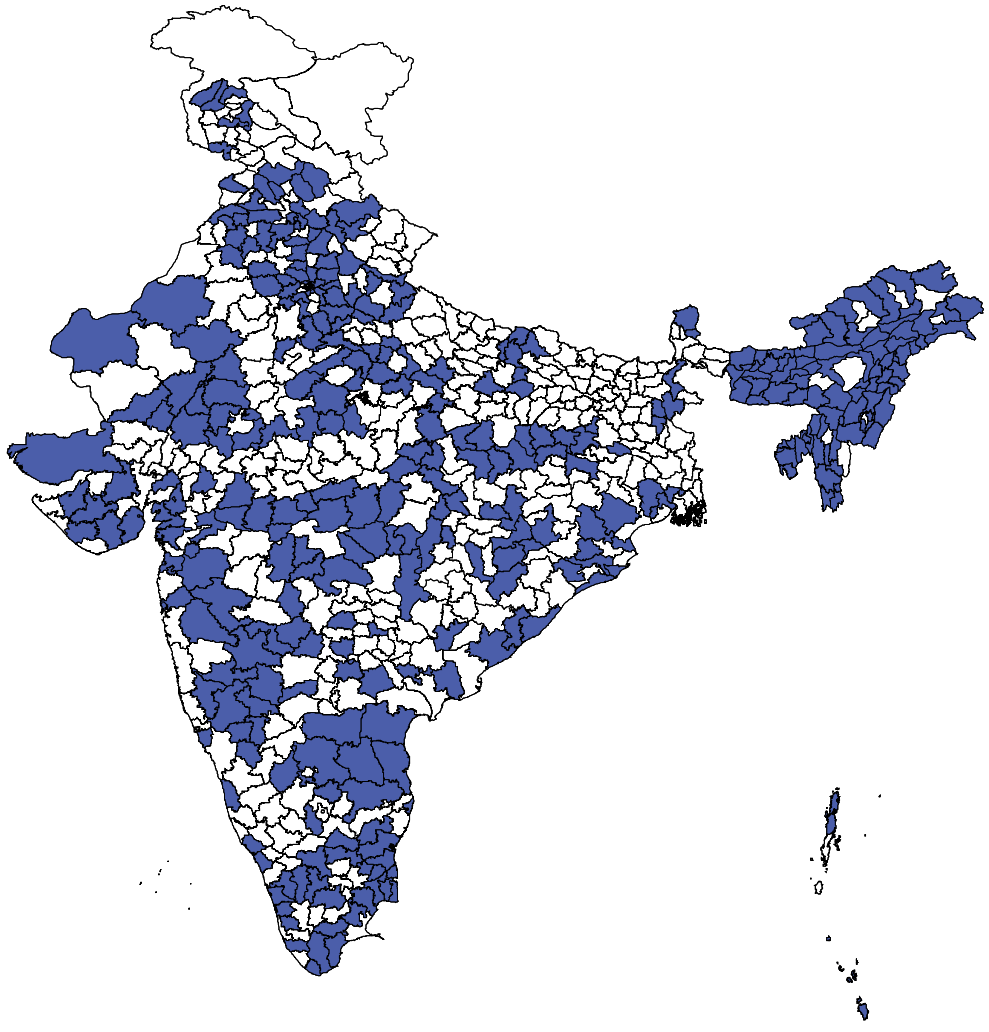
1 Phase

201 Districts

APRIL–15
TO
JULY–15

75,75,377
Children

20,94,656
Pregnant women



2 Phase

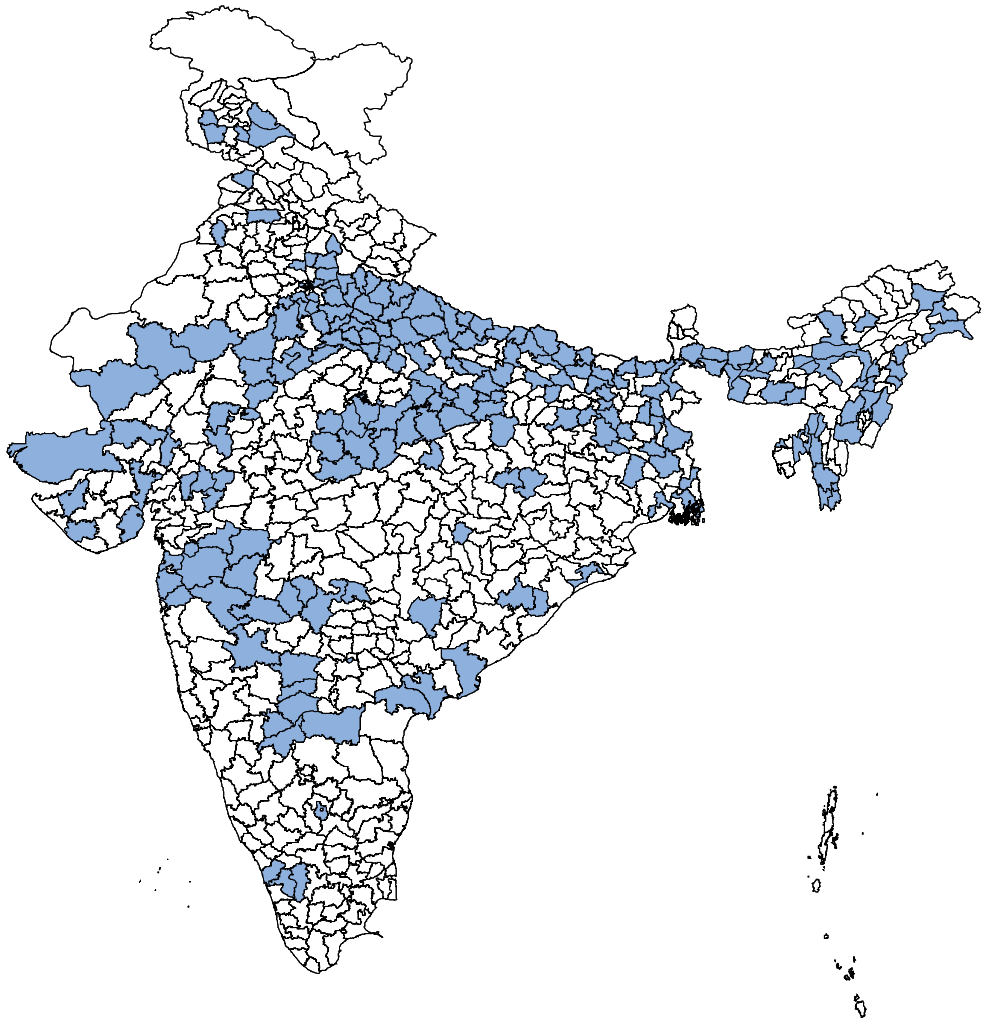
352 Districts

OCTOBER–15
TO
FEBRUARY–16

70,29,542
Children

16,82,807
Pregnant women

MI was conducted in four phases between 2015 to 2017. Each phase comprised four monthly rounds. Each round was operational for seven working days excluding RI days and holidays. MI covered a total of 528 districts in four phases.



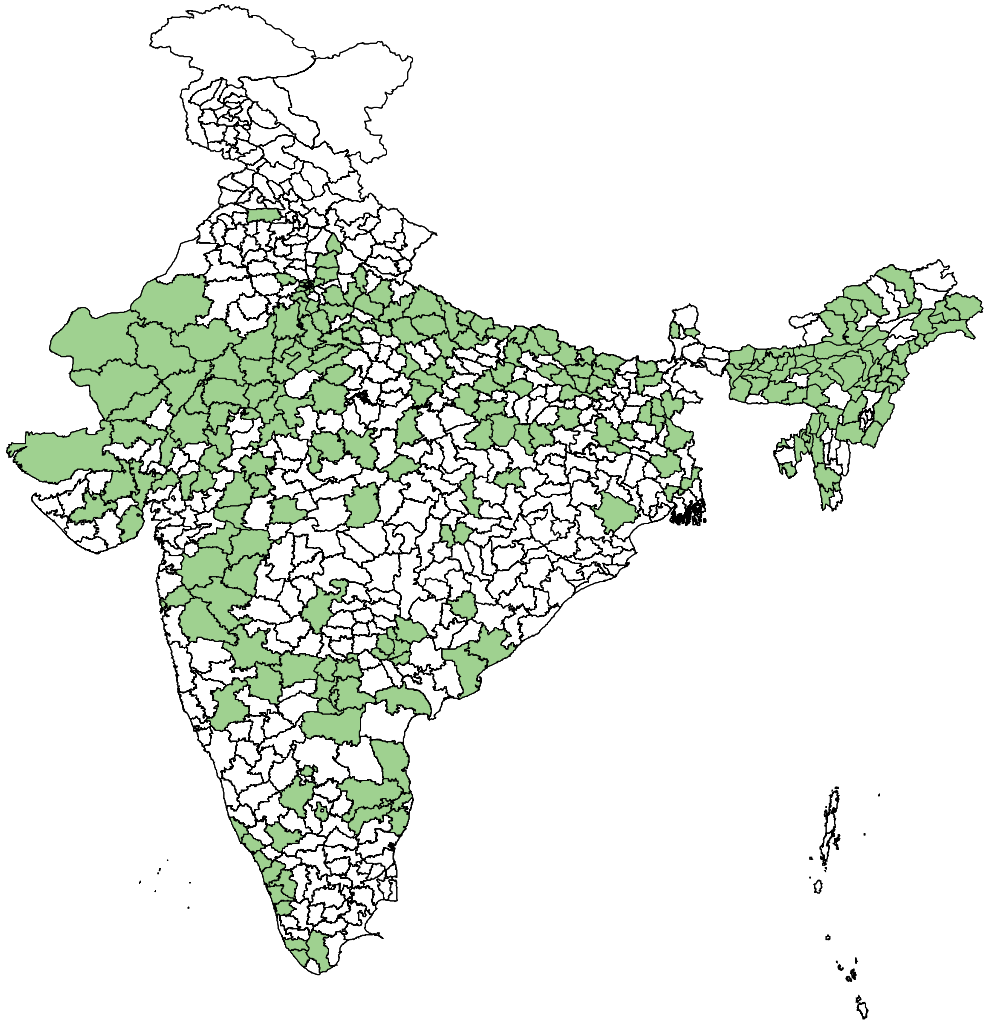
3 Phase

216 Districts

APRIL–16
TO
AUGUST–16

62,07,943
Children

17,82,557
Pregnant women



4 Phase

254 Districts

FEBRUARY–17
TO
JULY–17

46,64,872
Children

13,18,442
Pregnant women

STRATEGIES

Assimilating past knowledge, MI specifically intended to reach unvaccinated and partially vaccinated children with emphasis on high-risk populations and remote and inaccessible regions.

The hallmark of this campaign was **Intensive Operational Planning** with the twin axles - refined micro-planning and bolstered vaccination systems. Functionally, ANMs provided secure, riveted outreach sessions in the areas mapped out in micro-planning. MI reached places where the RI coverage was inadequate and small number of potential beneficiaries had not warranted independent sessions earlier. In such cases, special mobile sessions were conducted in collaboration with ICDS Department.

The second component of the campaign was communication planning which focused on **Need-based Communication and Social mobilization activities.** This aided in improving demand generation by increasing programme visibility through mass media, professional forums & organizations and strong political leadership. Special emphasis in this phase lay on augmenting the capacities of the immunization workforce through communication planning, media management and interpersonal communication skills. Youth networks and corporate groups were involved and mobilized. Robust monitoring mechanisms were established to supervise the communication interventions at all strata.

Right: House to house survey for enlisting beneficiaries by ASHA .

Left: Preparation of due list of beneficiaries by ASHA ensuring no child misses' immunization.

Facing Page: No one is to be left unimmunized! ASHA doing survey for beneficiaries in inaccessible areas like brick kilns.

REACHING THE LAST MILE

The health warriors of Mission Indradhanush – no geographical barriers can deter them from conducting immunization sessions in inaccessible areas. After thorough survey, key areas were identified and targeted for providing services to boost coverage in pockets of deficient immunization coverage, such as:

- High risk areas identified by the polio eradication programme. These included populations living in areas such as urban slums with large migration, nomadic sites, brick kilns, construction sites, other migrant settlements, underserved and hard-to-reach populations (forested and tribal populations, mountainous regions).
- Vacant sub-centers with no auxiliary nurse midwife (ANM) posted for preceding three months.
- Villages and areas with three or more consecutively missed routine immunization (RI) sessions due to ANMs being on long leave or similar exigent reasons.
- Areas with low RI coverage, identified indicated through measles outbreaks, cases of diphtheria and neonatal tetanus in the preceding two years.
- Small villages, hamlets, *dhanis, purbas, basas* (field huts) clubbed with another village for RI sessions for logistical causes & not having respective independent RI sessions.

ENSURING TO REACH EVERY CHILD

Right: The community influencers playing a pivotal role in motivating and generating awareness in the communities.

Left: Mothers waiting at the immunization site-No one wants to miss the immunization of her child! Effort at all levels has converted hesitancy to acceptance.

Facing page: Reaching the unreached – MI session in urban slum area.


मिशन इन्द्रधनुष
#FullyImmunizeEveryChild

COMMUNICATION ACTIVITIES

Right: Mothers' meeting by ANM/ASHA using FLIPCHART for improving awareness.

Left: Involvement of elders and fathers for creating awareness in the community about Mission Indradhanush. Participation of males in the community deemed essential for the success of the programme.

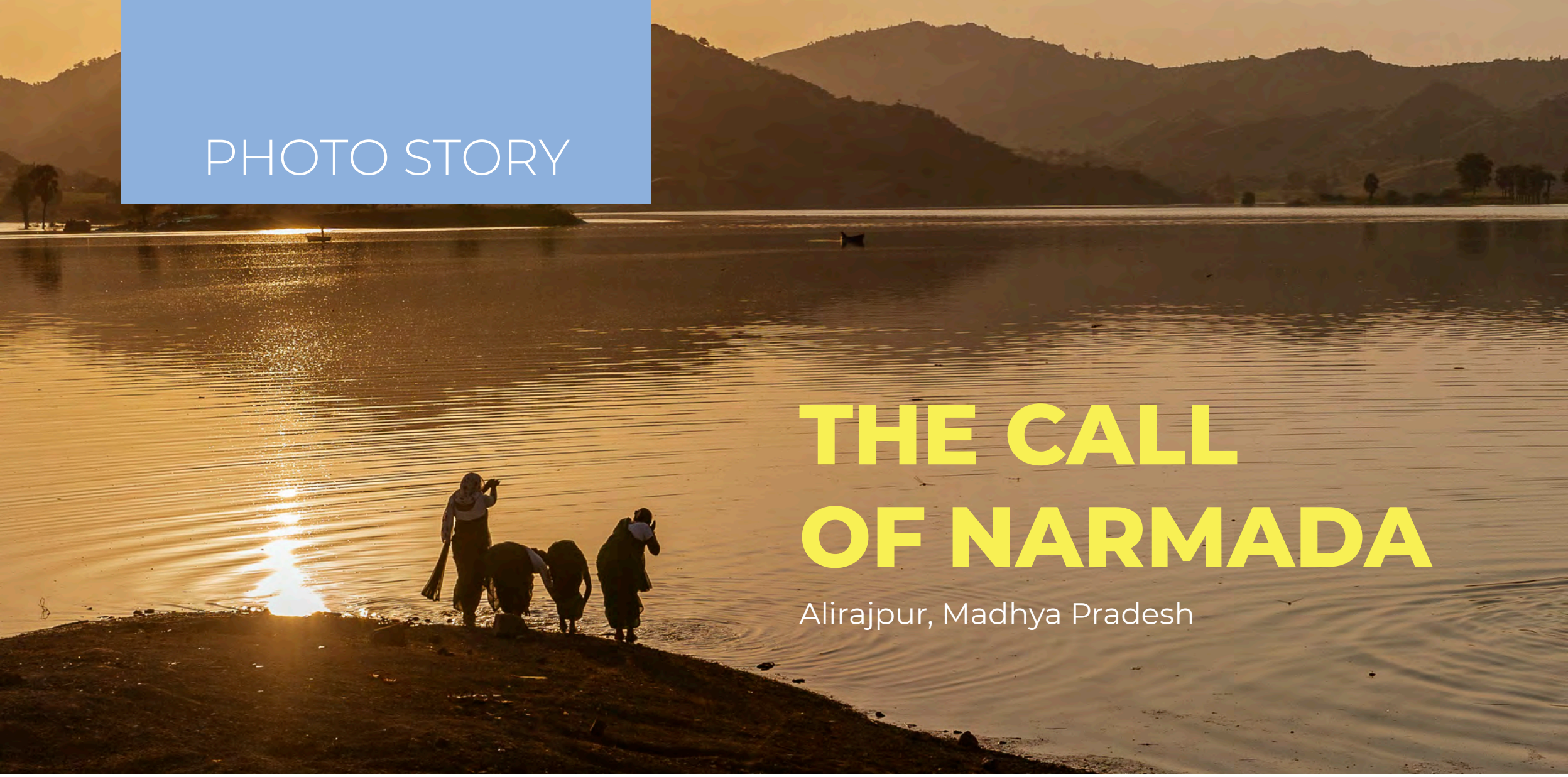
Facing page: Attempting to increase awareness for immunization using tested strategies of Polio campaign such as modifying traditional games (snakes and ladders) to arouse interest of the community.

The branding of RI with the mascot **Teeku** and tagline – *"Be wise, get your child fully immunized"* was initiated as a part of MI campaign. A communication strategy was devised and systematic communication blueprints were planned & introduced. Standard communication design templates were implemented by all states to develop specific communication plans at the state, district and block levels.

ALTERNATE VACCINE DELIVERY SYSTEM (AVDS)

The quality & calibre of an immunization session depends on timely & express delivery of vaccines to health workers at the immunization session sites. Efficient logistics of this delivery system ensures a timely start to immunization and temporal freedom of the health workers for a relaxed interaction schedule with the mothers needing ante-natal care & the children. After completion of the session, it's essential to factor in & ascertain swift transit of the unused vaccines via vaccine carriers to the respective PHC the same day. To this end the Alternate Vaccine Delivery (AVD) mechanism was introduced across the country to facilitate timely delivery of vaccines to the ANM/health workers. The logistics was tailored for speedy transportation directly to the session site from the nearest vaccine storage point. A local person was engaged as AVDS provider for this purpose.

AVDS has been a blessing for the immunization programme in the country. It has enabled health workers to provide timely immunization in remote areas of the nation efficiently without compromising on the quality of the service.



THE CALL OF NARMADA

Alirajpur, Madhya Pradesh

The rays of the setting sun were rippling on the Narmada waters. A fatigued ANM Ms. Preskila Parmar with her colleagues, the FLWs from Sondwa CHC, were paying homage & tribute to the mighty Narmada. They were grateful that they had been able to accomplish their assignment safely. Their journey began three days ago at Kakrana where they boarded the **Janani Express boat ambulance** to reach their destination and purpose. Theirs is an amazing tale of grit & resilience translating into accomplishment of Herculean proportions, immunization of pregnant mothers & children in one of the remotest corners of India.

The drama unfolded in Alirajpur district of Madhya Pradesh, situated in the historical Malwa region. A plateau of volcanic origin, the region has one of the most inhospitable & arduous terrains in west-central India. The area is virtually disconnected from the rest of the state due to derelict roads and abject transportation. The topography of Alirajpur is essentially hilly and most of the villages are located amidst jagged, rough terrain. This makes the treacherous turf even more inaccessible. Among the settlements, Akadiya is particularly remote. Many villages like Bhitara are reachable only by boat. The population is tribal. Named after the erstwhile King of the area, Alia Bhil, the inhabitants of Alirajpur are predominantly Bhils. A majority of the residents are fishermen. The rugged land in most villages in this part of Alirajpur makes it tough for the tribal population to obtain even basic amenities like drinking water, medicines and other essential commodities.

The harsh, inhospitable weather of Madhya Pradesh during summer is inimical to outdoor work. The mercury often soars to 45 degrees Celsius. At the banks of Narmada, the temperature is usually 2-3 degrees higher than average with oppressive humidity. On the first day, Preskila and her colleagues' reached the earthy embankment at Kakrana where the Janani Express was moored. They boarded for a long voyage across one of the most picturesque landscapes in India which belied the actual challenges that lay ahead.

The Janani Express boat ambulance at Kakrana waiting for FLWs. One of a fleet of vehicles for pioneering health crusaders. In 2012, under the aegis of National Rural Health Mission (NRHM), boat ambulances or Janani Express were launched. They were meant to provide transportation for pregnant women from 16 villages of Sondwa in Alirajpur. These pioneering saviour vehicles were later used regularly for immunization sessions.

The pristine, captivating landscape in the background is not betraying the indomitable task of the FLWs.


Janani Express


The terrain


An isolated hut of a Falia


The handmade map

Top: The boat ambulance ferried the health workers and dropped them off at each of the 16 villages on the scheduled immunization day. The moment they disembarked from the boat on the first day, the FLWs needed to walk for a while. The distance depended on the proximity of the session sites from the bank. Bhitara is the nearest one from Sondwa, an approximate 3 hours by boat. Akadiya is the farthest, requiring an arduous 7-8 hours. As they were accustomed to whenever serving in these distant villages, the FLWs stayed overnight in the respective villages on the first day. They conducted the immunization session on the next day and was scheduled to return to Sondwa on the third day.

Bottom Right: Apart from the challenges of accessibility and the terrain, a unique impediment of Falia (or Tola) confronted the FLWs as always. The Falia is a revenue village comprises a number of separate, detached settlements which are isolated and dispersed over a wide area. Due to the scattered settlements, ensuring that every single Falia get the immunization sessions at one location is difficult. Hence oftentimes the health workers conduct vaccination of pregnant mothers and children from the extremely isolated hutments aboard the Janani Express Boat only.

Bottom Left: Mobile network and GPS are non-existent in these villages. The block officials in collaboration with FLWs have created hand-made maps of the villages and Falias. This brilliant innovation enables them to cover the areas of immunization at ease.

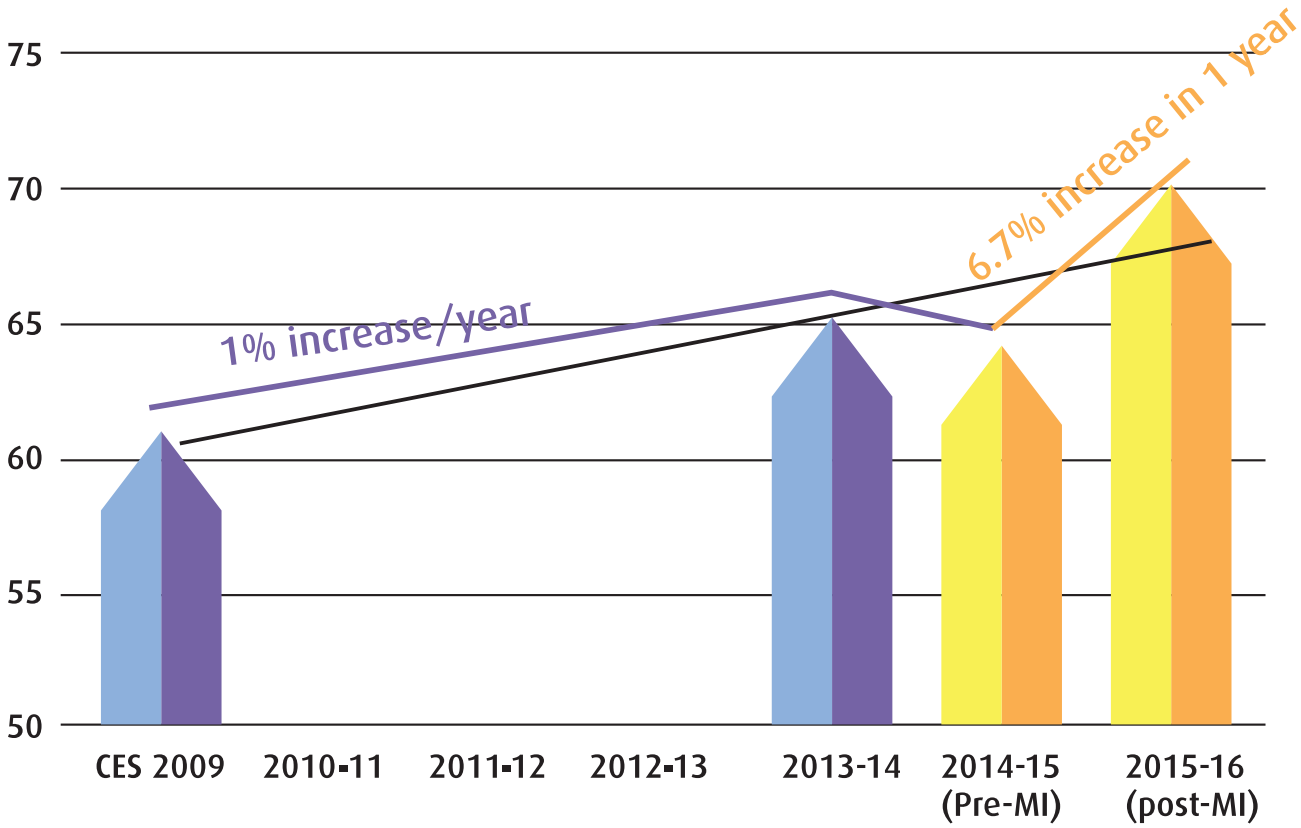
For almost 20 years, **Smt. Preskila Parmar,** the ANM, is serving this area. Responsible for providing life-saving interventions, she administers vaccines to over 5,000 people in the five villages that she covers. Once she reached, Smt. Parmar travelled on foot around the several housing clusters, each of them several kilometers apart. With single-minded dedication & determination, Preskila ensured like so many times in the past that each child in the village is administered their routine vaccines.

So on the third day, with the waning daylight, Preskila and the others trudged back to Sondwa after successfully accomplishing the scheduled immunization sessions. The tiresome journey initially on foot and then aboard the boat ambulance across the Narmada ended where we met them after disembarkation offering "*anjali*" with the waters of the Naramada .

The selfless and ceaseless efforts of health workers like Preskila Parmar are ensuring that mothers and children in these remote, inaccessible regions are protected against vaccine-preventable diseases. These FLWs are the backbone of Mission Indradhanush. They inform, educate, counsel the community. They are unique and commendable for their sensitivity, patience, resolve and altruistic mentality. They successfully straddle the last-mile gap between vaccine introduction and delivery – ascertaining that every child is immunized. They constitute the foundation on which the basic principle of community protection against preventable diseases is constructed.

IMPACT

- Approximately 25.5 million children and 6.9 million pregnant women were vaccinated during the four phases of the MI from April 2015 to July 2017.
- The first two phases of MI alone have contributed to an overall increase of 6.7% in the FIC as per Integrated Child Health and Immunization Survey (INCHIS) survey.



ACHIEVEMENTS

The positivity, zeal and vigour integral to MI had cascading consequences. The enthusiasm of the campaign was infective. States like Himachal Pradesh, which had no districts in the high focus group, had enthusiastically participated in the drive and conducted intensive immunization sessions. Haryana, Delhi and Rajasthan were states which seized this opportunity and did not restrict campaign activities in the focus districts.

Major achievements of the campaign can be collated as:

- A strong political will and commitment ensured effective inter-sectoral cooperation between various departments besides the Health sector, which was a catalyst behind the success of MI.
- Task force committees were established to review and audit progress at district, state and national level and enabled stakeholders to execute mid-course corrections.
- Meticulous planning of campaigns and revision of plans at micro levels in all rural blocks and urban areas ensured availability of sufficient vaccinators and vaccines during routine immunization sessions constantly.
- Intensive and thorough training of the health officials and frontline workers cinched quality of the programme.
- Social mobilization was ratcheted to enhance community participation in RI programme. Various platforms such as triple AAA (AWW, ASHA & ANMS) convergence, engagement of local PRI members/community leaders, self-help groups, schools and youth networks, all have assisted in achieving envisioned targets. Utilisation of mass media and engagement of celebrities in publicity campaigns were emphasized and executed.

Meticulous planning and overwhelming community response - a potent combination in achieving full immunization of every child.

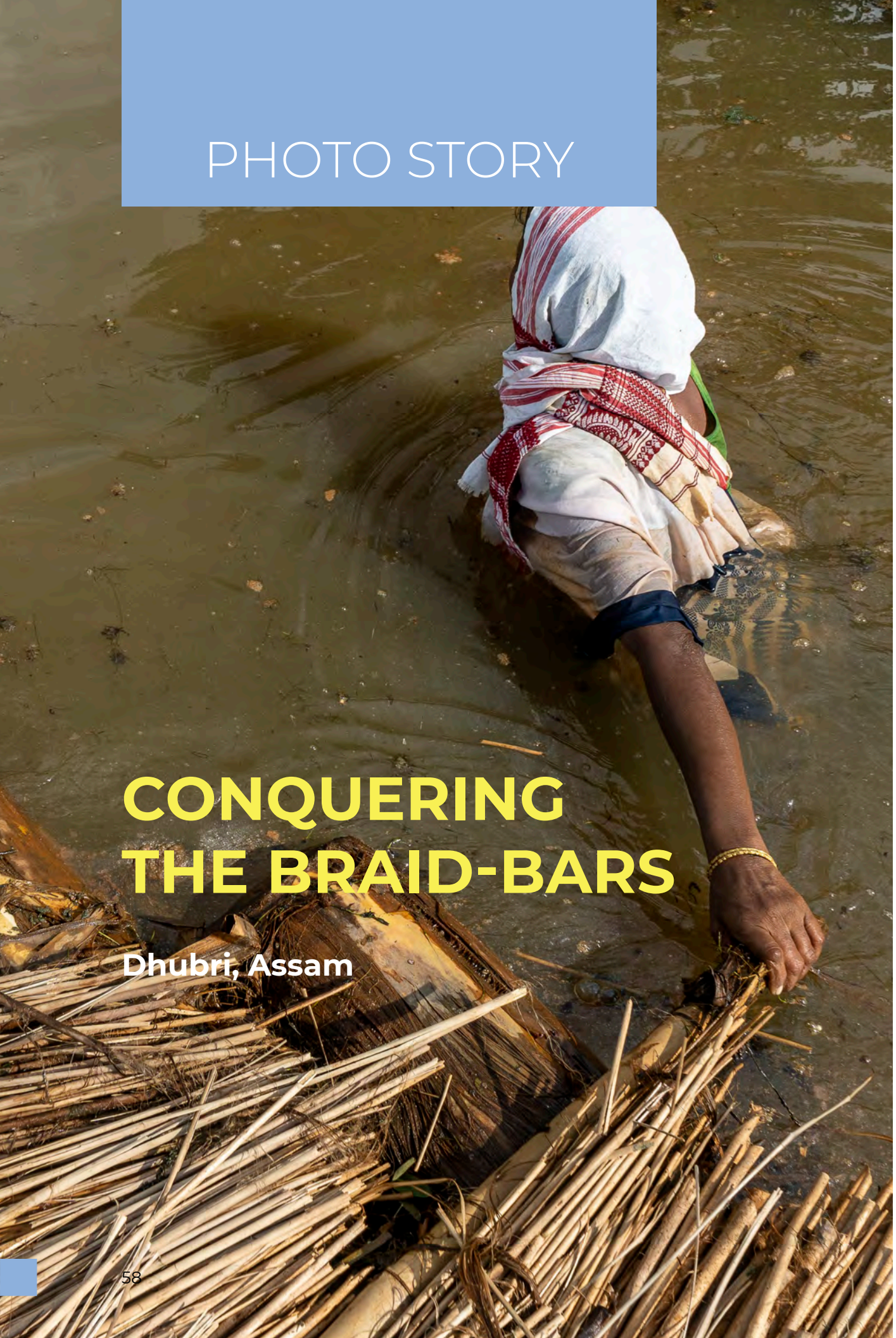
Right: Social Mobilization: fun environment to really translate immunization into a people's movement.

Left: ASHA feeling satisfied and proud with fully immunized children of her area

PHOTO STORY

CONQUERING THE BRAID-BARS

Dhubri, Assam



The historic township of Dhubri is the gateway to western Assam. Circumscribed by the Brahmaputra river and a tributary *'mora'* (depleted) Gadadhar on three sides, the town is also called "land of the rivers". The rivers are both a blessing and reason for agony for the residents here. The peripheral areas of Dhubri are principally riverine. The meandering Brahmaputra has produced hundreds of braid-bars (locally known as '*char*'). Geologically, these braid-bars were born after the 'death' of the river Gadadhar. Riverine depletion created innumerable stagnant water bodies interspersed with and around these fluvial landforms, the *chars*. Over decades, generations of impoverished & marginal sections of the population of Dhubri made these braid-bars their habitats. The *chars* also became one of the principal jute cultivation hubs in India.

The frontline health workers entrusted with the task of immunization of the children & pregnant women of the hamlets situated on the braid-bars face a unique challenge in Dhubri. There's virtually no road link. Even boats are not available. They can access the immunization sites by traversing the water-bodies wading through on foot. The other option is to traipse on ramshackle rafts made of banana stems reinforced with bundles of partly decomposed jute plants. Hence even a short distance of 3-4 kilometers from the cold chain point to the session sites necessitates a lumbering 2-3 hours. The return journey is of a longer duration because of exhaustion. Exceptional humidity of 80-90% and average temperatures over 39 degrees Celsius in this subtropical clime aggravates the severity of the working conditions. During the monsoon months, the torrential rain & inundation makes the braid-bars well- nigh unapproachable.

The end of August saw a team of dedicated FLWs en route to *Mora Gadadhar Char*. The rain-drenched green landscape resembled a Gouache painting. The charm of the scenery did not betray the taxing nature of the trek ahead for the health workers. The FLWs received their vaccine boxes at 9 a.m. from Jalil Sheikh of the AVDS. Their destination 2436, West Mora Gadadhar Local Primary School would be reached after a **long odyssey**.

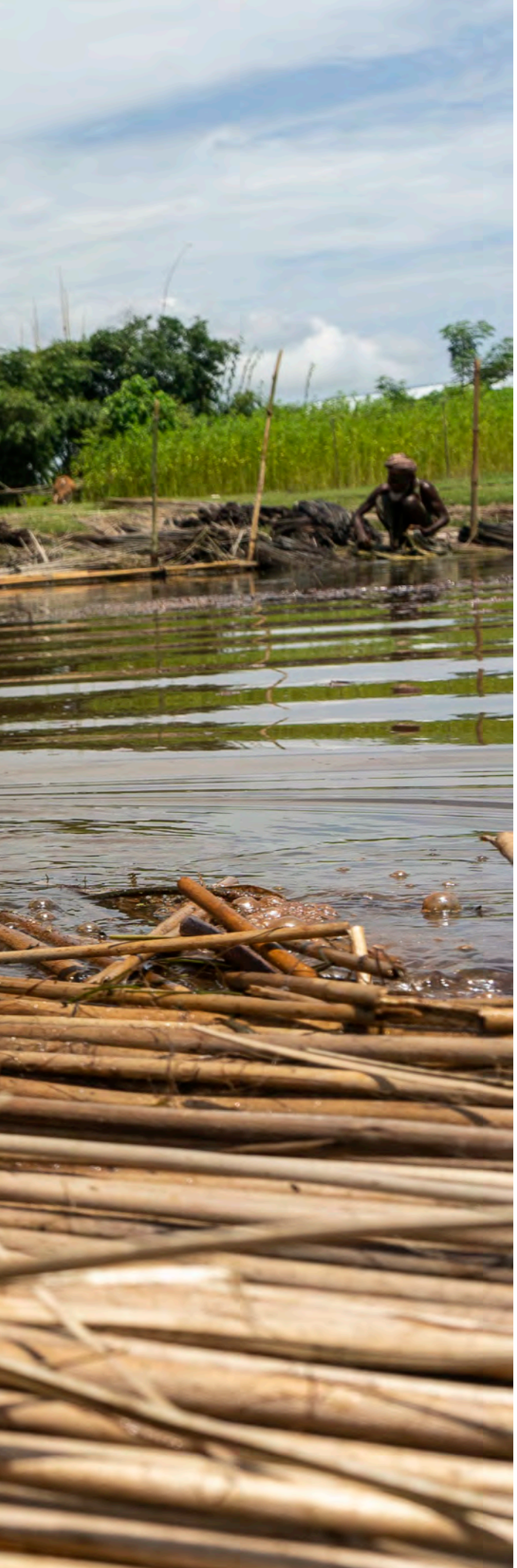
Odyssey in land of the rivers.

The captain of the odyssey, **Abaron Bibi**. A humble lady of superlative resolve. A widow and mother of five children, Abaron is the ASHA of West Mora-Gadadhar Char. To reach West Mora-Gadadhar Char, one encounters a couple of water bodies whose depth bars traversing on foot. They can only be crossed on flimsy, improvised rafts constructed with banana trees and jute, often decrepit & rotting. There's no boatman to steer the raft.

This is where Abaron acts as a rescuer. Ever she joined as ASHA five years ago, she volunteered to salvage her team from this quirky situation. Over & above her duties as the ASHA, she accepted the onus of solving the issue and did so in a novel way.

Whenever her team visits this side of Golakganj block of Dhubri and needs a passage across the water, Abaron undertakes a gruelling task. She single-handedly pulls the raft to the opposite shore while wading through in neck-deep water. This occasion was no exception.

Despite being physically exhausted by this onerous endeavour and utterly drenched, she accompanied the team in wet clothes to plod to the session site to fulfil her assigned work as ASHA. But her job shall not end when the immunization drive is over. It shall conclude only after she escorts her team back to dry land & safety in the same arduous fashion.*"This is my village. If I don't do it, who will ?"*- murmured the soft-spoken iron lady.



Abaron and her team finally arrived at their destination around 12 noon. The teachers, their students as well as children from the neighborhood were waiting patiently for the FLWs at the local primary school.

The remote geography of these far-flung riverine landforms coupled with extreme weather conditions challenges each individual's physical prowess & mental fortitude. The situation is also an attestation & validation of camaraderie, teamwork and determination. Abaron and the other ladies have designed an ideal template to conquer the braid-bars of Northeastern India's mighty male river. The phalanx that enabled them to vanquish is composed of *four* pillars: physical and psychological strength; alliance and synergy among the team members; dedication and devotion to the job & a sense of sacrifice and altruism in the spirit.

According to the *Padma-Purana*, on the banks of the Gadadhar, a washer-woman called Netai Dhubuni brought back to life the dead Lakhindar - husband of Behula - using her magical power. Local folk say that the name Dhubri is derived from the name of Netai Dhubuni. An antithesis of this mythological tale is the work of the FLWs. Their toil is no illusory sorcery but a product of relentless hard-work. The actual magic concocted by the FLWs is evident in the process of convincing and mobilizing communities, reaching out to them and thereby saving precious lives from vaccine preventable diseases.

QUOTES

AND, THEY SAID THAT...

The introduction of Mission Indradhanush has catapulted the increase in immunization coverage by targeting the under-served, vulnerable, resistant and inaccessible population and aligned to SDGs, leaving no one behind.

Shri Rajesh Bhushan, IAS

Secretary,
Ministry of Health & Family Welfare,
Government of India.

IMI was an effort to shift routine immunization into a "Jan Andolan", meaning a peoples movement in Hindi.

Smt. Vandana Gurnani, IAS

ASMD,
Ministry of Health & Family Welfare,
Government of India.

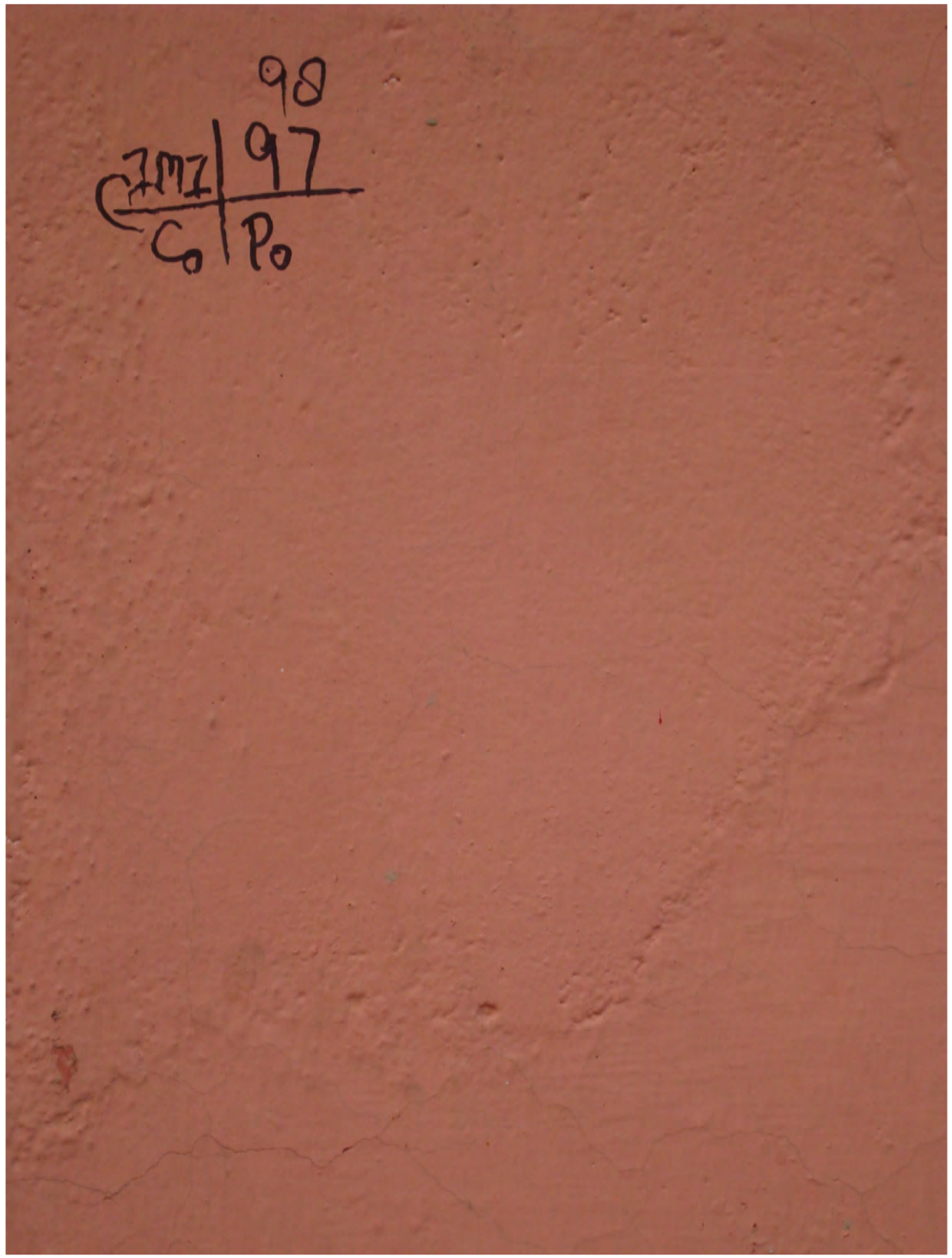
The successive drives of MI and IMI have made tremendous improvement in the lives of women and children in India, and have taken our country several steps forward towards the goal of providing universal care to all.

Dr Manohar Agnani, IAS

Joint Secretary - RCH,
Ministry of Health & Family Welfare,
Government of India.

4

INTENSIFIED MISSION INDRADHANUSH



Marking on the wall of a house after the successful house-to-house survey during IMI.

INTENSIFIED MISSION INDRADHANUSH

AMPLIFYING THE EFFORTS

Mission Indradhanush provided much-needed impetus to the UIP. This resulted in an increase of 6.7% FIC in the first two phases. Although the pace of FIC accelerated in MI, progress was not consistent in all districts and areas, especially urban slums. The Hon'ble Prime Minister, Shri Narendra Modi acknowledged the impact of MI in vastly enhancing the immunization coverage over the PRAGATI[1] platform. He emphasized necessity for intensified & sustained effort. In October 2017, the PM launched Intensified Mission Indradhanush (IMI), an ambitious campaign to expedite progress of RI. The aim was to attain 90% full immunization by 2018 i.e.2 years ahead of the original 2020 target envisaged in MI. This visionary political commitment at the highest level provided a huge boost to the immunization programme.

IMI laid accentuated focus on urban areas. This was lacking in the earlier phases of MI. Special focus was also placed on districts with low immunization coverage, areas with vacant sub centres, villages with three or more missed immunization sessions and high-risk zones.

The IMI devised convergence mechanism of ground level workers of multiple departments which included ANMs, ASHAs, AWWs, Zila preraks under National Urban Livelihood Mission (NULM), self-help groups. This enabled better coordination and ensured effective implementation of the programme. More attention was given on multi-sectoral collaboration. In a pioneering initiative, IMI instituted an appreciation & awards mechanism to bestow recognition on districts reaching more than 90% FIC. Certificates of Appreciation were presented to acknowledge contribution of partners/ Civil Society Organizations (CSOs) and others. At the National level, the best performing districts were felicitated. These measures served as brilliant incentives.

1 PRAGATI (Pro-Active Governance and Timely Implementation) is a multipurpose and multimodal platform for bringing e-transparency and e-accountability with exchange among key stakeholders.

THE PRELUDE AND THE LAUNCH

Prime Minister Shri Narendra Modi, at a video conference. Personally reviewing Mission Indradhanush through PRAGATI - the ICT based, multi-model platform for pro-active governance and timely implementation and urging for targeted attention within strict time frames for the 100 worst performing districts in the country.

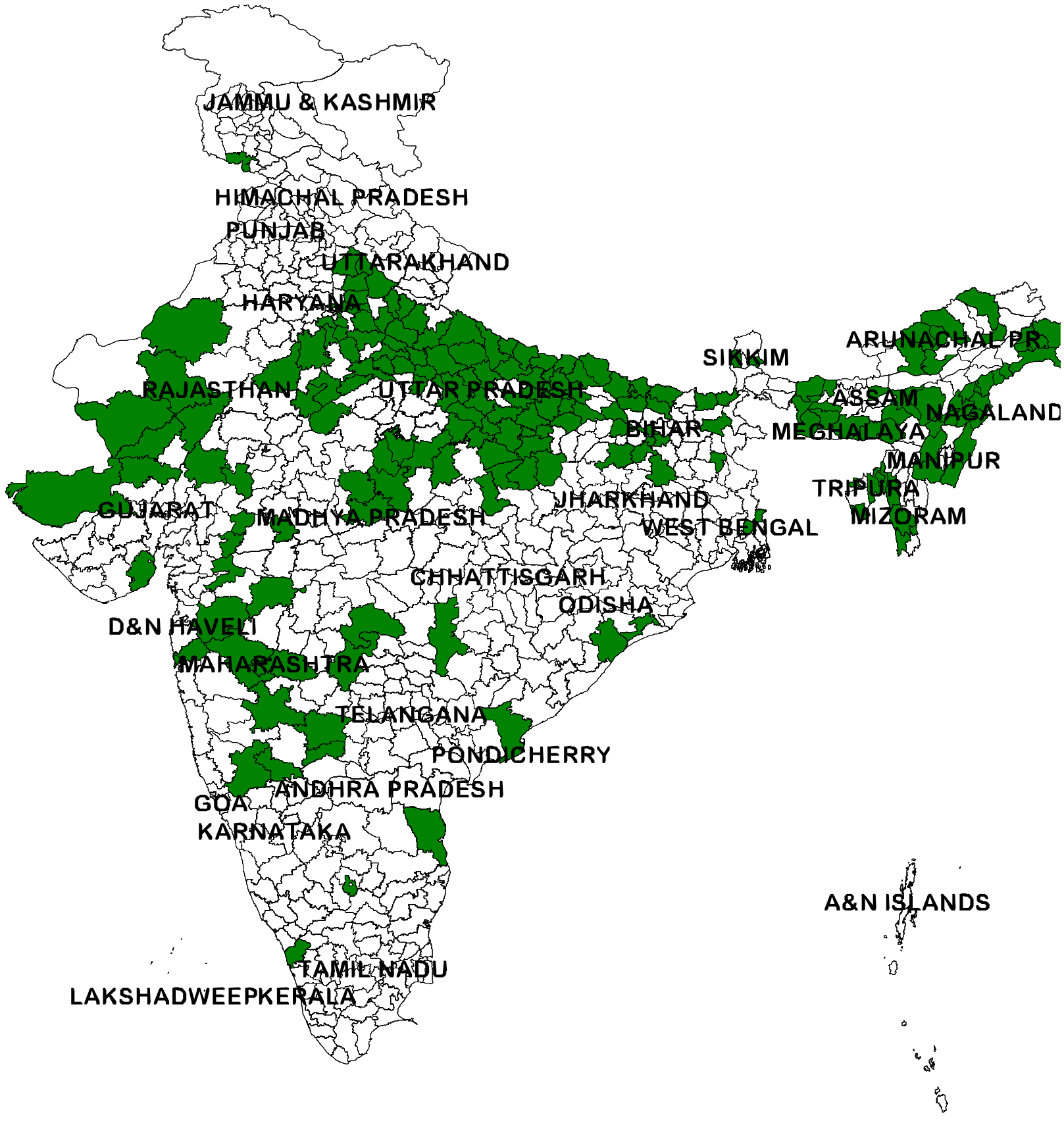
Prime Minister Shri Narendra Modi launches Intensified Mission Indradhanush at an event in Vadnagar, Gujarat on 8th October 2018. Speaking on the occasion to a packed audience, Shri Narendra Modi stated that the Government has made immunization a people's and a social movement. The Prime Minister made a strong appeal to all those present in the audience and the country men and women to own the programme in order to make all efforts to reduce maternal and child mortality. Shri Vijaybhai Rupani, Chief Minister of Gujarat, Shri J P Nadda, Union Minister of Health and Family Welfare, Smt. Anandiben Patel, Ex-Chief Minister of Gujarat, Nitin Bhai Patel, Dy Chief Minister of Gujarat and Shankarbhai Chaudhary, Minister of State, Gujarat Health and Family Welfare and Medical Education, Environment and Urban Development were also present at the launch function along with other dignitaries.

APPROACH

Insight & edification from the MI campaign has been imbibed into the intensive drive. IMI approach was a combination of MI and additional strategies. It concentrated on the highest level of governance and leadership, fortified national and state surveillance, intensified planning and monitoring of remote & inaccessible regions and urban areas. Besides the vital components, IMI had specifically directed efforts towards **integration of MI planning into RI, increased focus on urban areas, introduction of reward mechanisms** and **a greater involvement of non-health sectors**, influencers, local community leaders and institutions. **The increased inter-sectoral convergence helped in dealing with social barriers and has translated this drive into a *Jan Andolan* or People's Movement.** IMI targeted geographical sectors with highest rates of unimmunized children and drop-outs. A total of 190 Districts in lowest quintile of FIC were identified for the campaign.

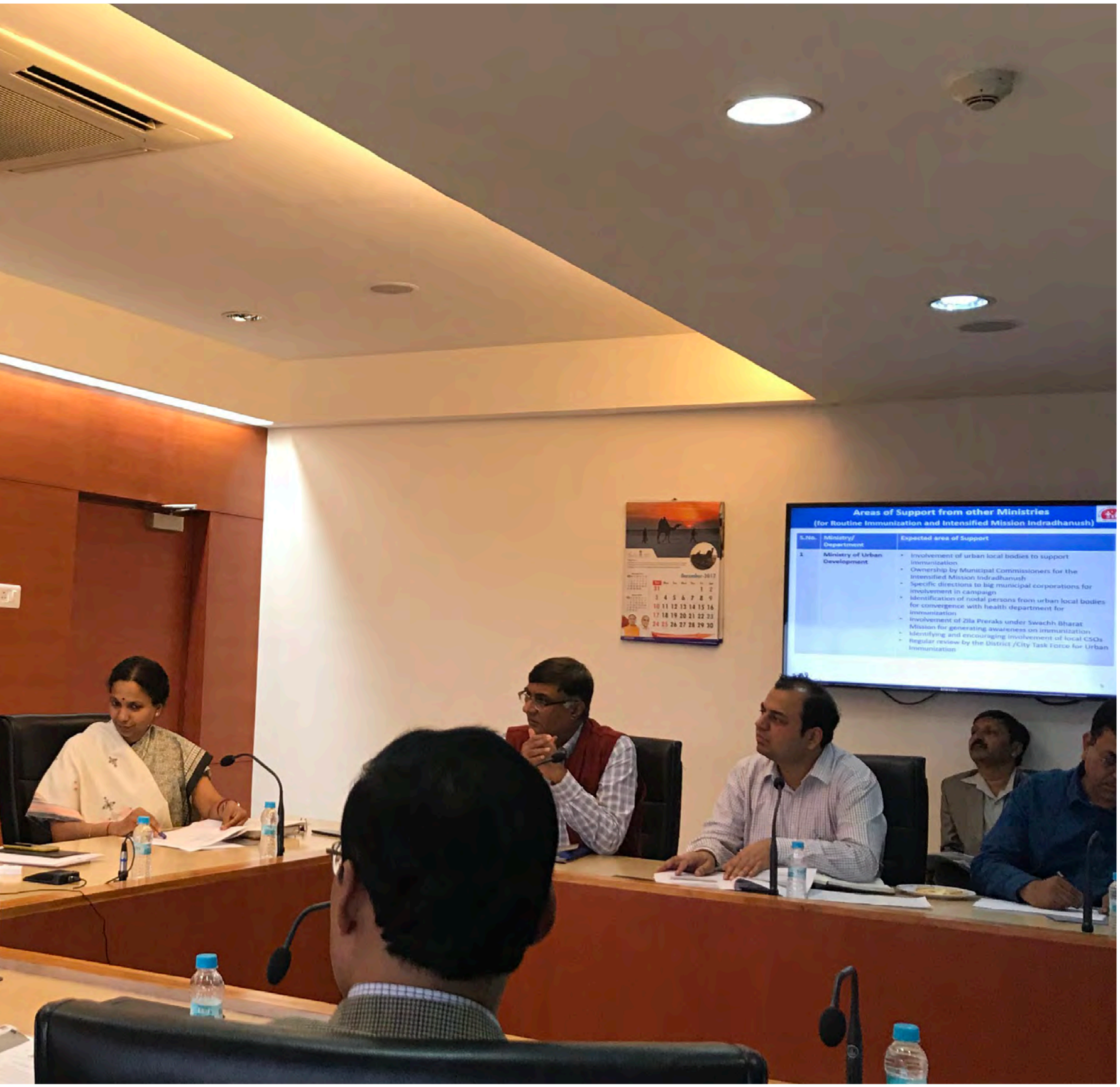
Top: A Mission Indradhanush session in progress.

Facing page: Intensified drive focusing on 190 districts to reach 90% full Immunization coverage by December 2018 and sustaining it through routine immunization.


JAMMU & KASHMIR
HIMACHAL PRADESH
PUNJAB
UTTARAKHAND
HARYANA
RAJASTHAN
UTTAR PRADESH
BIHAR
SIKKIM
ARUNACHAL PR.
ASSAM
NAGALAND
MEGHALAYA
MANIPUR
TRIPURA
MIZORAM
JHARKHAND
WEST BENGAL
GUJARAT
MADHYA PRADESH
CHHATTISGARH
ODISHA
D&N HAVELI
MAHARASHTRA
TELANGANA
PONDICHERRY
ANDHRA PRADESH
GOA
KARNATAKA
TAMIL NADU
LAKSHADWEEPKERALA
A&N ISLANDS

STRATEGIES

- Highest Level of Governance and Leadership.
- Strengthening National and State Oversight.
- Leveraging Convergence.
- Integrating MI Planning into RI.
- Special Focus on Urban Areas.
- Reward Mechanism.
- Robust Monitoring.
- Strengthening Demand Generation.
- Enhanced Focus on Equity Through Social Mobilization.



IMI being reviewed by the Chief Secretary, Government of Gujarat.

INTER-SECTORAL COORDINATION

Several vital strategies sculpted effective inter-sectoral coordination and led to reduced vaccination inequity during the various phases of MI. Focus was on warranting sustained **high-level political support, advocacy and supervision across sectors, accentuating collaboration between health and non-health sectors**. This secured assistance in early planning stages & promoted participation of other sectors. Reinforcement of the health system was done by building up staff capacity. Other plans included **involvement of religious leaders** to dispel fear & apprehensions and instill confidence in vaccination. **Formation of youth groups** for awareness generation and mobilization, involvement of school teachers and students to educate & enlighten mothers and families were crucial wings of inter-sectoral coordination. **Communication messages** and innovative ways of connecting to communities helped in dispelling doubts and shattering barriers of inhibition about vaccination. Inter-sectoral coordination hastened the success of MI in all phases. It provided a firm foundation to reach the hitherto unreached in all districts.

Top: Youth groups (e.g. NCC and NYK) contributing towards the success of Mission Indradhanush by providing necessary support.

Facing page: Triple A (ANM, ASHA and AWW) participating in rallies with the community, engaging mothers and beneficiaries to generate popular demand for vaccination programme.

IMPACT

- IMI effected a remarkable & tangible expansion in FIC from 50.5% to 69.0% in the 190 districts under the ambit of the campaign. A total of 5949483 children and 1185668 pregnant women were immunized.
- Inter-sectoral convergence was perceived to have been fruitful in the vaccination of children and pregnant women.

Top: Involvement of UN organizations (WHO, UNICEF, UNDP) for providing auxiliary supportive supervision and monitoring the progress of the programme.

Facing page: Regular field visit by national and state government officials in coordination with partners to track the progress of the programme.

ACHIEVEMENTS

Attaining an overall growth of 37% in coverage over baseline, IMI has proven that cross sectoral participation is efficacious in vaccinating children at highest risk. The drive was financed entirely by the government, employing existing staff and governance systems. This has reinforced implementation of immunization activities at every level. The cardinal achievements of the IMI campaign are outlined below:

- Enhanced accountability and greater supervision through review and monitoring by national, state and district task force guaranteed success of the campaign.
- Improved inter-sectoral convergence assisted various sectors to plan, strategize and identify roles and responsibilities for all health and non-health field workers. This led to better reception and compliance among communities about the importance of immunization.
- A reward mechanism was established to recognize exemplary immunization coverage performance at all levels of governance. It was positive reinforcement that recognized and felicitated districts performing outstandingly. This served as an incentive.
- Engagement of influencers to dispel fear and instil confidence in the community. The major social catalysts were religious & political leaders, school teachers and youth groups.
- Superior utilization of various community out-reach platforms such as peer counselling, Vikas Mitra/Tola Mitra, involvement of ration dealers helped in reaching marginalized and extremely vulnerable groups.
- Innovative communication strategies such as drum-beating, miking (at mosques, gurudwara), prabhat pheri (morning rallies), etc. were used to accentuate participation of communities. Fund allocation was flexible cognizant of implementation cost of strategies and expenditure accrued in lieu of developing IEC materials.

Improving vaccination coverage in India: lessons from Intensified Mission Indradhanush, a cross-sectoral systems strengthening strategy

Vandana Gurnani and colleagues report an analysis from the Intensified Mission Indradhanush strategy in India, showing that cross-sectoral participation can contribute to improved vaccination coverage of children at high risk

India's immunisation programme is the largest in the world, with annual cohorts of around 26.7 million infants and 30 million pregnant women.[1] Despite steady progress, routine childhood vaccination coverage has been slow to rise. An estimated 38% of children failed to receive all basic vaccines in the first year of life in 2016.[2-4] The factors limiting vaccination coverage include large mobile and isolated populations that are difficult to reach, and low demand from underinformed and misinformed populations who fear side effects and are influenced by anti-vaccination messages.[5-7]

Owing to low childhood vaccination coverage, India's Ministry of Health and Family Welfare launched Mission Indradhanush (MI) in 2014, to target underserved, vulnerable, resistant, and inaccessible populations.[8] The programme ran between April 2015 and July 2017, vaccinating around 25.5 million children and 6.9 million pregnant women. This contributed to an increase of 6.7% in full immunisation coverage (7.9% in rural areas and 3.1% in urban areas) after the first two phases.[9] In October 2017, the prime minister of India launched Intensified Mission Indradhanush (IMI)—an ambitious plan to accelerate progress. It aimed to reach 90% full immunisation coverage in districts and urban areas with persistently low levels.[10] IMI was built on MI, using additional strategies to reach populations at high risk, by involving sectors other than health (table 1).

This case study was led and coordinated by the Ministry of Health and Family Welfare. The primary objective was to record the lessons learnt from IMI. Emphasis was put on understanding how cross-sectoral and multistakeholder engagement work to strengthen access to vaccine services and improve their quality. A modified multistakeholder review process was used, which included in-depth

KEY MESSAGES

- The Intensified Mission Indradhanush strategy showed that cross-sectoral participation can increase vaccination rates in children at high risk
- Strengthening of the system and practice changes could make it more effective
- Sustained high level political support, advocacy, and supervision across sectors, together with flexibility to re-

17 urban areas, and an additional 52 districts in the northeastern states (fig 1). All children aged up to 5 years and pregnant women were targeted, with a focus on ensuring full vaccination for children under 2 years. Vaccines included in the routine immunisation schedule were given—namely, tetanus toxoid for pregnant women based on their vaccination status; and for infants, Bacillus Calmette–Guerin, oral polio vaccine and hepatitis B at birth or first contact after birth, three doses of pentavalent, oral polio vaccine and injectable polio vaccine between 6 and 14 weeks, measles or combined measles and rubella vaccine at 9 and 18 months, and DPT and oral polio vaccine boosters at 18 months. Three doses of rotavirus, pneumococcal conjugate, and Japanese encephalitis vaccines were also given between 6 and 14 weeks in areas where these had been added to the routine schedule. A chain of support was established from the national level through states to districts. Senior staff provided regular reviews of progress and received updates on progress.[10]

Implementation

A seven step process was developed to support district and subdistrict planning

IMI is listed as one of the 12 best practices around the world and has been featured in a special issue (December 2018) of the British Medical Journal by **Ms. Vandana Gurnani, IAS**, the Additional Secretary and Mission Director of the National Health Mission at the Ministry of Health and Family Welfare, Government of India.

(*BMJ* 2018;363:k4782)

Shri JP Nadda and Shri Harsh Vardhan facilitating district collectors for achieving 90% immunization coverage in their respective districts during the previous rounds of the mission (2017-18).

Implementation of **“Roadmap for achieving 90% FIC - a guidance document for the states”**

90% FIC

Rewards mechanism

Improved inter-sectoral convergence

Enhanced accountability through increased oversight and monitoring by district and state

PHOTO STORY

THE ACTUATING BARBERS

Meerut, Uttar Pradesh

Meerut district in Uttar Pradesh is principally an urban establishment. Due to rural to urban migration, the communities are in a state of flux. This geographical and consequent cultural transition is probably the root of scientific disinclination. Meerut has many pockets of High Risk Areas (HRA). While analyzing the underlying causes for the existence of these HRAs, district immunization officials pinpointed the often-overlooked phenomenon of vaccine hesitancy as the chief culprit. *In an essentially patriarchal society, the men were the decision-makers.* In spite of the male literacy at 80.74% as against female literacy at 63.98%, it was observed that the men were mostly illiterate about vaccine preventable diseases and ignorant regarding the need & efficacy of vaccines. This ignorance among the culpable men was the seed of reluctance & skepticism. The distrust of vaccines was occasionally fueled by religious &/or communal misconceptions.

To marshal the support of the male members of the family, the district authorities sought to discover a common public place where men gathered regularly for idle chat and serious discussions. To ensure success of the mobilization programme, the prerequisite was the presence of a *'socially acceptable'* mediator, who could innocuously proliferate awareness about vaccine preventable diseases among men. The planners zeroed in on barber shops. Barber shops in these small townships are the commonest confluence for community males. Furthermore, the barbers occupy a niche of social respectability among cliques in these peripheral areas. In lieu of their intimate involvement in social festivities viz. weddings & *godhbharai* (celebration for the news of pregnancy with honouring the pregnant women), they enjoy the confidence of family members and have close ties with domestic units. Hence barbers had a distinctive advantage in vanquishing the "patriarchal" resistance & inertia against vaccines.

In August 2018, the district immunization cell met the barbers in Bahsuma. Of the 30 attendees, only 10 agreed to participate. A young barber, **Wakil Ahmed**, was especially enthusiastic about the project. To date, he is still active in mustering & instructing the community voluntarily. One dictated priority was to target young newly-married men in Bahsuma and those who were engaged to be wedded soon. With the sustained support of district & block officials, Wakil displayed exemplary proficiency in community mobilization. He also acquired status & respect among his peers as a result of his interaction and liaison with health workers. This motivated unwilling barbers of Bahsuma to engage in this novel societal motivation scheme.

This innovative strategy apart, the district immunization cell organized **parents' congregations**. This supplemented the regular mothers' assemblies. Frequent meetings of the mothers individually and both parents in conjunction worked synergistically. The mothers were educated about the merits and requirement of vaccination. The BCM and other partners interacted with the fathers to dispel fears, misgivings and misconceptions about immunization. The goal was to make their patriarchal psyches conducive to the vaccination drives. These collateral master plans of social engineering have begun reflecting in comprehensive coverage during routine immunization sessions.

QUOTES

AND, THEY SAID THAT...

In comparison to a decade ago, India is now saving more children under five years of age, thanks to India's exemplary record of systematically implementing impactful immunization campaigns, such as Mission Indradhanush.

Dr Pradeep Haldar

Advisor,
Ministry of Health & Family Welfare,
Government of India.

Recognising the challenges of immunization in urban areas, the Ministry of Health and Family Welfare put in exceptional efforts during the Intensified Mission Indradhanush to reach out to left outs and dropouts in urban areas.

Dr M K Aggarwal

Joint Commissioner - UIP,
Ministry of Health & Family Welfare,
Government of India.

All children deserve an equal chance of a healthy and fulfilling life. Mission Indradhanush is a programme that turns this vision into a reality.

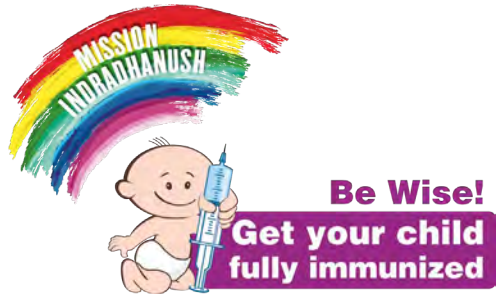
Dr Veena Dhawan

Joint Commissioner-Immunization,
Ministry of Health & Family Welfare,
Government of India.

5

GRAM SWARAJ ABHIYAN


Gram Swaraj Abhiyan
Awarness Rally
On
Special Intensified Mission Indradhanush Programme
Organised by- District Health & Family Welfare Society in collaboration with NCC & NSS
Date : 25 / 04 / 2018



GRAM SWARAJ ABHIYAN

SABKA SATH, SABKA GAON, SABKA VIKAS

Government of India (GOI) incorporated MI in **Gram Swaraj Abhiyan (GSA)** with the express objective - **NO CHILD IS TO BE LEFT UNIMMUNISED.** GSA was a programme sculpted to ascertain 100% coverage under schemes viz. *Pradhan Mantri Ujjwala Yojana, Saubhagya, Ujala scheme, Pradhan Mantri Jan Dhan Yojana, Pradhan Mantri Jeevan Jyoti Bima Yojana, Pradhan Mantri Suraksha Bima Yojana* and Mission Indradhanush. It was initiated on Ambedkar Jayanti on April 14, 2018 by the Honourable Prime Minister. It continued for two months from April to May 2018. GSA's holistic mantra ***"Sabka Sath, Sabka Gaon, Sabka Vikas"*** focused on promoting & fostering social harmony and creating awareness about pro-poor initiatives of the government.

The health department worked in tandem with the administrative machinery involved in GSA to identify, reach out to and vaccinate each unimmunized child. Hence, the campaign was able to immunize 4,96,508 children and 1,12,616 pregnant women.

Later in 2018, GOI extended the benefits of GSA to aspirational districts as **Extended Gram Swaraj Abhiyan (eGSA).** Vide this expanded approach, MI was conducted from July to September 2018 in villages with a population of more than one thousand across 117 aspirational districts[1] identified by NITI Aayog. Vaccination of 15,25,985 children and 4,28,582 pregnant women was done.

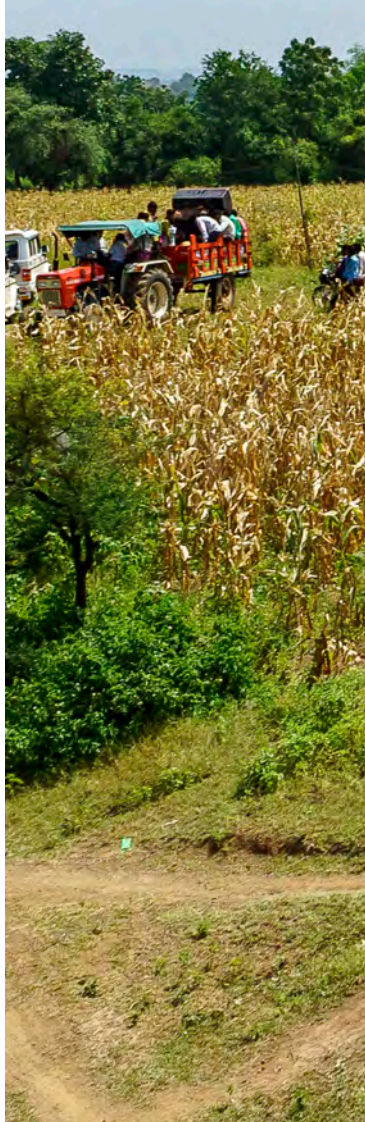
Consonant with the recommendations of "Roadmap for achieving 90% FIC: A Guidance document for states", 91 districts with less than 50% FIC were pinpointed in the recent survey. 16 of these districts were covered under eGSA. A special MI campaign consisting of three rounds was conducted from October to December 2018 to cover the remainder 75 districts and 4,93,899 children and 1,12,904 pregnant women were vaccinated. Approximately 33.9 million children and 8.7 million pregnant women were vaccinated in all the phases of MI and IMI till December 2018.

1 Aspirational Districts are those districts in India which are affected by poor socio-economic indicators.

Left: Pro-active strong ground support by senior officials motivating field health workers and converting families who had refused vaccination earlier.

Bottom: Health workers along with Village Head and villagers after a successful outreach session in a remote village of Barwani, Madhya Pradesh.

Facing page: An outreach session under GSA.




यक्ष्मा मिशन इन्द्रधनुष अभियान

Under the Gram Swaraj Abhiyan and the extended Gram Swaraj Abhiyan, the focus was on villages and aspirational districts which required support for their growth. In this campaign, seven Yojanas were launched to reach the farthest and remotest corners of the country. Only one health scheme became a part of this campaign, “Mission Indradhanush”. The unrelenting effort of health workers who surmounted odds & hurdles assuring the reach of services to the beneficiaries made this possible.

PHOTO STORY

AN ANCIENT DEITY'S ANGEL

Malana, Himachal Pradesh

Till 2015, immunization in Malana was an impossible task. There was miniscule penetration and participation. Situated at a daunting altitude of 8,701 feet, Malana is a solitary village in Parvati Valley of Himachal Pradesh. The torrential Malana river flows by. With a total population of 1,935 and 220 households, Malana is secluded from the rest of the state & nation. The villagers (Malanis) have a resolute faith in their *ancient deity*, **Jamblu Devta**. The hierarchy is extremely casteist. The social mores & conventions always conform to the wishes of the deity. The diktat of the Devta is communicated through the village council comprising eleven members. The administration of the village is run in accordance with the wishes of the Devta. The Devta's decision is final and no outside mandate is allowed. Even the government's decrees have no authority and sanction in this village. For years, immunization was defunct here since the village council was against it apparently at the behest of the Devta.

A further hindrance to any vaccination programme is rabid parochialism among the Malanis. They keep distance from all outsiders. It is taboo for a visitor to touch any Malani or their temple & deity. Outsiders have to wash their hands & feet in brook water spouting from a faucet at the village entrance before being allowed to enter. The protocol was identical for the residents too. The Malanis presume that they are a superior race. This stems from a conviction that they are pure Aryans and the descendants of Alexander the Great.

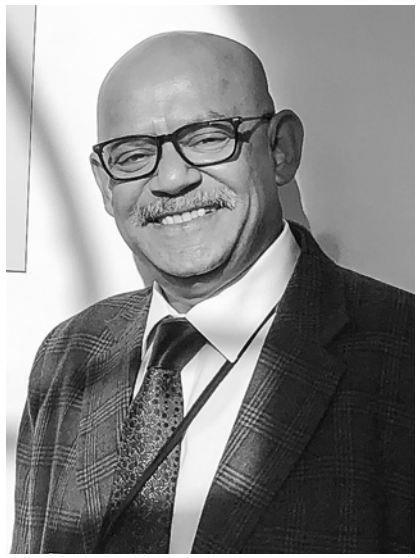
In April 2015, after **Meena Kumari** *joined as the* **ANM**, the immunization programme at Malana gingerly picked up pace and then began accelerating. Absence of the AVD compelled Meena to lug the vaccine box a distance of 40 kilometers from the CCP of Jari CHC to Malana. She travelled alone by bus or as a hitchhiker on passing motorcycles. Even when she had motorized transportation, she had to get off and cross a wooden bridge traversing the gorge of the wild Malana river. The last leg of the journey entailed a 3-4 hour trek up the slopes on foot. Meena never failed to conduct a session at Malana. Even harsh winters with heavy snowfall never deterred her. Besides the rugged terrain, Meena's chief obstacle was the aversion of the Malanis for outsiders and their mistrust of vaccines due to the edict of Jamblu Devta.

Fortuitously at the time, **Nirma Devi** *joined her as* **ASHA**. Nirma was the first Malani who consented to work as an ASHA in her village. Nirma's participation solved the impediment of language since the Malanis spoke in a distinctive dialect, *'Kanashi'.* Nirma was threatened & cursed for bringing Meena, an outsider, into Malana. Initially, the villagers disallowed touching the pregnant women & children even by Nirma. The two ladies had to chase the mothers & children to immunize them instead of gathering them at a specific immunization site.

It took a year to dispel distrust & doubt among the council and villagers. Finally, they were convinced that Meena's crusade against diseases at Malana was for a healthier future for their offspring. Subsequently she successfully immunized all 170 mothers during antenatal period for the first time in the history of Malana. Immunization of children is continuing. Today, Meena is no longer an outsider/ pariah to the Malanis, The residents regularly arrange food for Meena and always escort her till the main road and embarkation onto a vehicle to return to Jari CHC. To the Malanis, Meena is now an ***angel*** sent by Jamblu Devta for their well-being.

QUOTES

AND, THEY SAID THAT...



We, as a country, have beat polio, smallpox and maternal & neonatal tetanus. We have the will, dedication and experience to achieve 90% full immunization coverage, and programmes like MI and IMI bring us closer to that goal.

Dr Raj Shankar Ghosh

Deputy Director - Vaccine Delivery,
Bill and Melinda Gates Foundation

The Mission Indradhanush drives have shown the world the power of a true 'people's movement'. All stakeholders – doctors, health workers, technical experts, communities - must continue to work together and promote vaccines.

Dr Sanjay Kapoor

Managing Director,
John Snow India

Intensified Mission Indradhanush 2.0 symbolizes the efforts of the country to continue improving and expanding vaccine coverage. We are determined to reach every child even in the remotest part of the country.

Dr Pritu Dhalaria

Director,
John Snow India – Immunization
Technical Support Unit

6

INTENSIFIED MISSION INDRADHANUSH 2.0

INTENSIFIED MISSION INDRADHANUSH 2.0

REACHING THE LAST MILE

A vital objective of MI and IMI was vaccinating the unreached & marginalized. Fulfilling this has resulted in a remarkably significant progression in immunization coverage. MI and associated programmes successfully accessed and vaccinated 3.39 crore children and 87.2 lakh pregnant women in India. Subsequent to these campaigns, an improvement of 18.5% points was seen from the baseline of NFHS-4 in the 190 IMI districts as per the IMI Coverage Evaluation Survey.

In order to facilitate faster attainment of the goal of 90% FIC, the Government launched a more potent & rigorous vaccination drive, the Intensified Mission Indradhanush 2.0 (IMI 2.0). Launched in December 2019, IMI 2.0 targeted districts and urban cities with low FIC and higher incidence of VPD outbreak and to append partially vaccinated and unvaccinated children with all the available vaccines under UIP.

Founded on the bedrock of knowledge and experience gleaned from previous campaigns, the emphasis during IMI 2.0 was laid on:

- Inter- ministerial and inter departmental coordination,
- Intensive monitoring by stakeholders,
- Incorporation of IMI session in RI micro-plans and
- Improved data collation & sharing by linking coverage with name-based tracking through RCH among others.

IMI 2.0 rejuvenated the pledge to reach each child in India. Not merely a supplementary campaign, it added merit. Myriad lessons from previous phases were incorporated to ratchet up the immunization quality and coverage. The chief objective of the campaign was to ensure reaching the unreached with available vaccines and increasing the FIC statistics of children and pregnant women in the identified critical districts and sustaining the gains through Health System Strengthening (HSS).

"With the launch of Intensified Mission Indradhanush 2.0, India has the opportunity to achieve further reductions in deaths among children under five years of age, and achieve the Sustainable Development Goal of ending preventable child deaths by 2030" – **Dr Harsh Vardhan, HFM, MoHFW.**

THE LAUNCH

Top: Workshop on IMI 2.0 with the stake holders from all over the country.

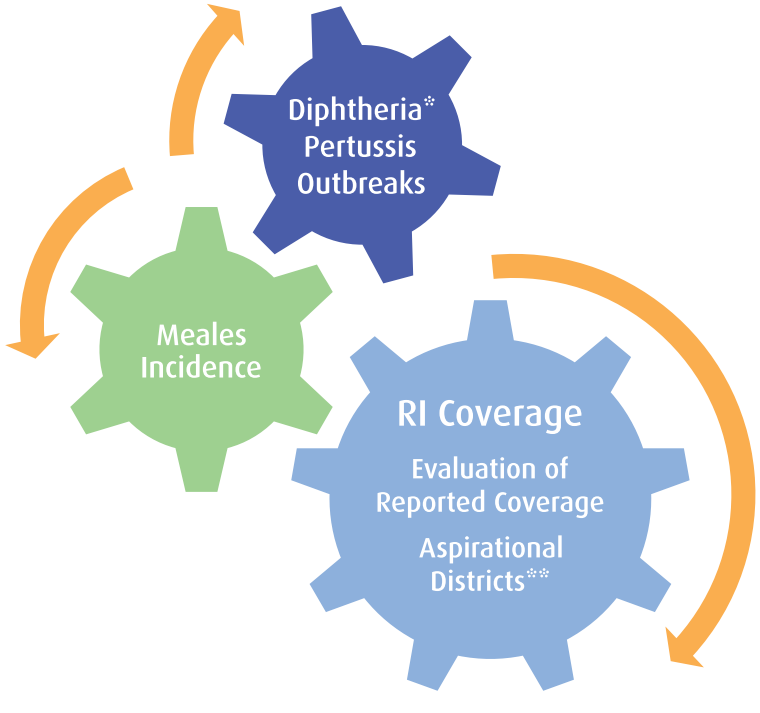
Facing page: Celebrating the silver jubilee of Pulse Polio Programme. Union Health Minister Dr. Harsh Vardhan launched IMI 2.0 portal. He said: *"We aim to have 100 percent immunization coverage so as to ensure not even one child or pregnant woman dies of Vaccine Preventable Diseases (VPD)".*


सत्यमेव जयते
INTENSIFIED MISSION IN
MISSION INDRADHANUSH
RAJENDRA SABOO
POONAM KHETARPAL SINGH
PREETI SUDAN
HARSH VARDHAN
J P NADDA
ASHWINI KUMAR CHOUBEY
HENRIETTA FORE

APPROACH

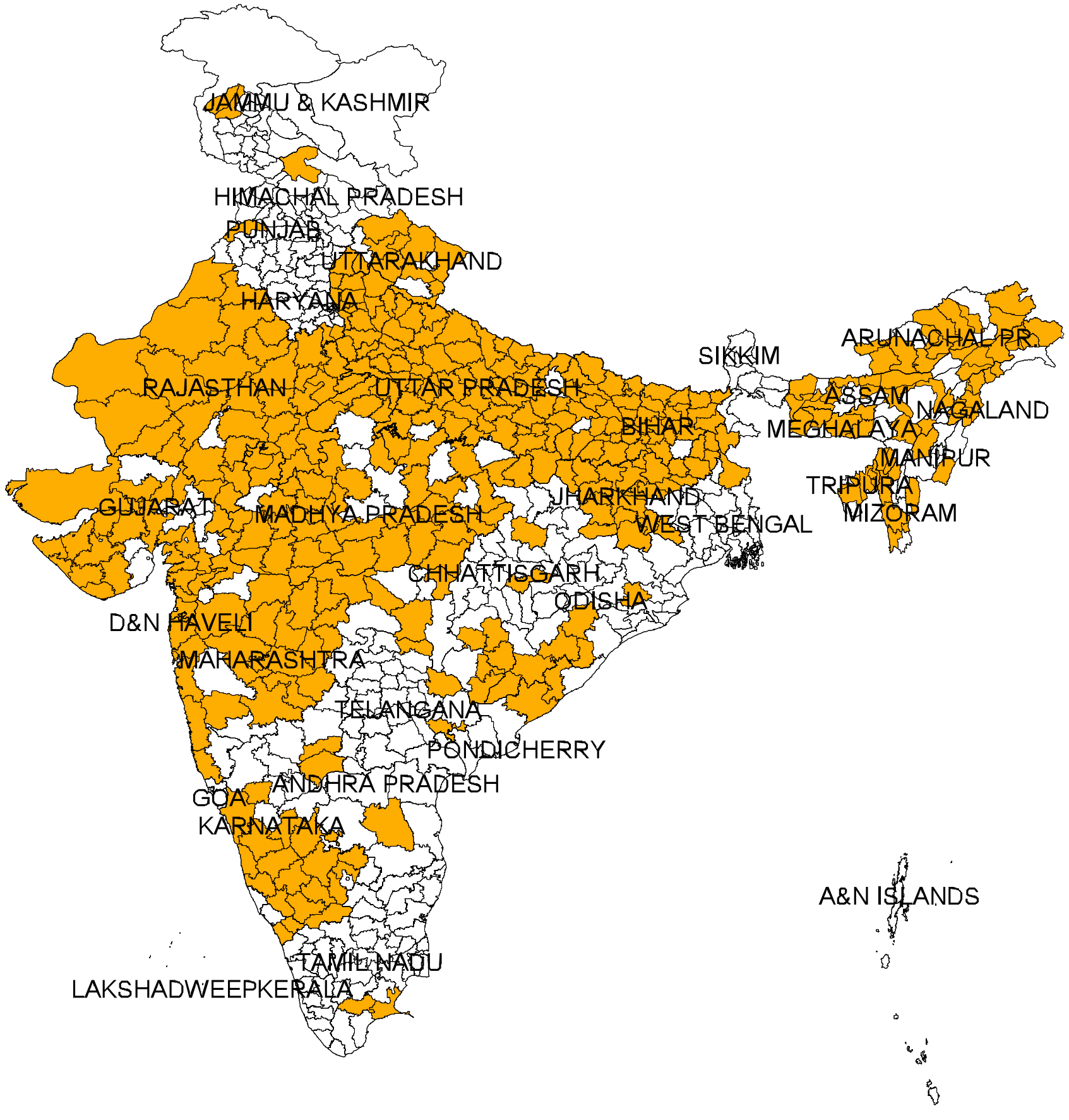
IMI 2.0 was planned for execution in selected 272 districts spread over 27 states in the country from December 2019 to March 2020. All areas of under-performance were considered as criteria for selecting IMI 2.0 districts. Areas reporting any VPD outbreak in the past were selected since such outbreaks indicated the presence of potentially under-vaccinated populations there. Survey results by external agencies demarcated areas with poor vaccination coverage. Monitoring by WHO, UNICEF and government officials also spotted areas which were not properly covered by immunization services earlier.

The salient features of IMI 2.0 were conduction of four rounds spread over seven working days, excluding the RI days and holidays. Immunization sessions with flexible timings, mobile sessions and mobilization of other departments assured & guaranteed catering to the wider group of eligible beneficiaries.



Top: A health worker interacting with caregivers and sensitizing them on importance of vaccination in Madhya Pradesh.

Facing page: IMI 2.0 focused on 272 districts in 27 states of the country from December 2019 to March 2020.


JAMMU & KASHMIR
HIMACHAL PRADESH
PUNJAB
UTTARAKHAND
HARYANA
SIKKIM
ARUNACHAL PR.
RAJASTHAN
UTTAR PRADESH
ASSAM
NAGALAND
BIHAR
MEGHALAYA
MANIPUR
TRIPURA
JHARKHAND
GUJARAT
MADHYA PRADESH
WEST BENGAL
MIZORAM
CHHATTISGARH
ODISHA
D&N HAVELI
MAHARASHTRA
TELANGANA
PONDICHERRY
ANDHRA PRADESH
GOA
KARNATAKA
A&N ISLANDS
TAMIL NADU
LAKSHADWEEPKERALA


CHC
अलीगंज
सघन मिशन इन्द्रधनुष अभियान 2.0
अपने निकटवर्ती टीकाकरण सत्र पर
2 वर्ष तक के सभी आंशिक प्रतिरक्षित
एवं पूर्णरूप से छूटे हुए बच्चों का
टीकाकरण अवश्य कराऐं।
स्वास्थय समिति
(एटा)
अभियान आरम्भ होने की तिथि
प्रथम चरण 02-12-2019
द्वितीय चरण 06-01-2020
तृतीय चरण 03-02-2020
चतुर्थ चरण 02-03-2020
सभी टीके मुफ्त उपलब्ध हैं।

Top: Dr. Harsh Vardhan interacting and reviewing the progress on IMI 2.0 through video conference

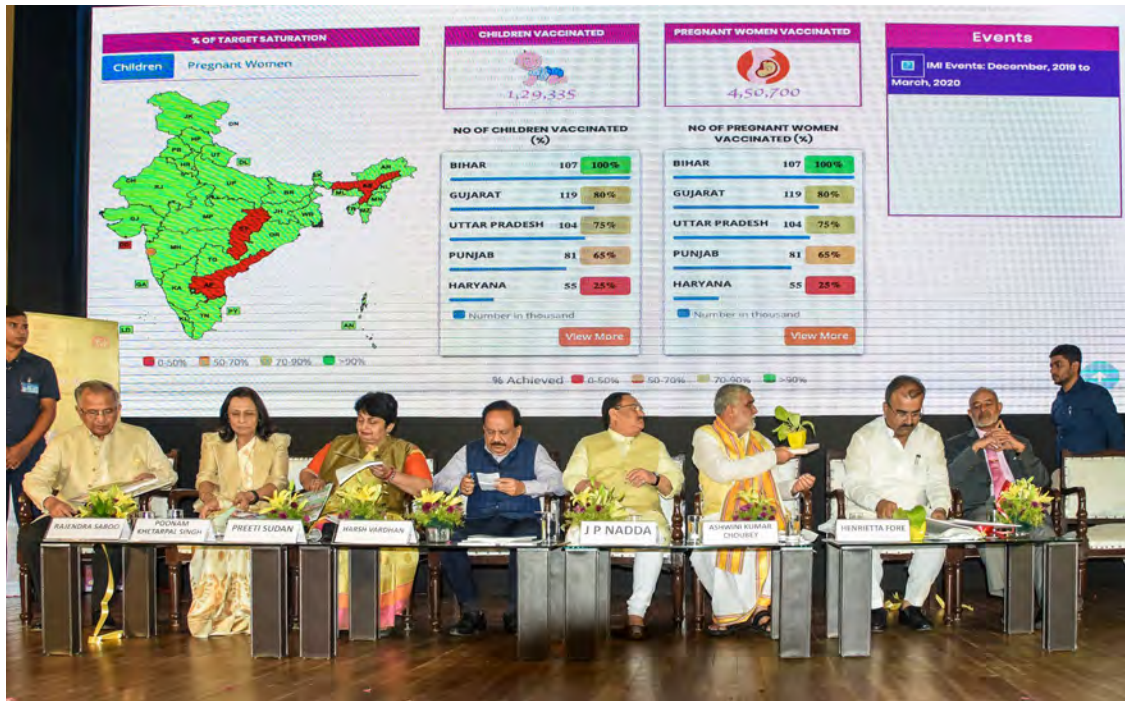
Facing page: Wall painting to disseminate key messages related to Intensified Mission Indradhanush 2.0 at CHC, Aliganj, Etah, Uttar Pradesh

STRATEGIES

In addition to the MI and IMI strategies, IMI 2.0 focused on

- **Sustaining** the gains in coverage through **system strengthening mechanism**. Immunization is a service which ought to reach every child and every community inclusive of vulnerable groups. An approach strengthening the comprehensive health system will inevitably help in achieving the goal of 90% FIC, the focus of this phase of IMI 2.0.
- **Improved inter-sectoral convergence** by involving more ministries (15 in number). Assistance from key ministries and departments, strong leadership with meaningful collaboration between different arms of the government, as a critical support to the community, civil society and the youth were crucial elements of the campaign.
- **Utilization** of a web based online portal, **IMI 2.0 portal**, for data collection and reporting. The portal was a unique platform which was used for daily data compilation and visualization through analytic reports. The portal was also constructively used to showcase the united collaborative efforts of all 15 ministries involved in implementation of the campaign.
- **Innovative demand generation** activities to accentuate awareness and bolster vaccine confidence. **Regional Outreach Bureaus (ROBs)** implemented communication platforms across states and UTs to enhance awareness and to disseminate information among people about the import of immunization.

The IMI 2.0 strategy resulted in an exceptional increase in FIC in all identified districts where the strategy was implemented. A total of 37,09,956 children and 7,41,834 pregnant women were vaccinated.



Top: A dedicated portal IMI 2.0 was launched to capture real time information about estimated number of beneficiaries to be covered during the campaign.

Facing page: A snapshot of the IMI 2.0 portal with real time information on children and pregnant women being vaccinated during the campaign.

Be Wise! Get your child fully immunized

INTENSIFIED MISSION INDRADHANUSH 2.0

NHP INDIA NATIONAL HEALTH PORTAL Gateway of authentic health information

Ministry of Health and Family Welfare Government of India

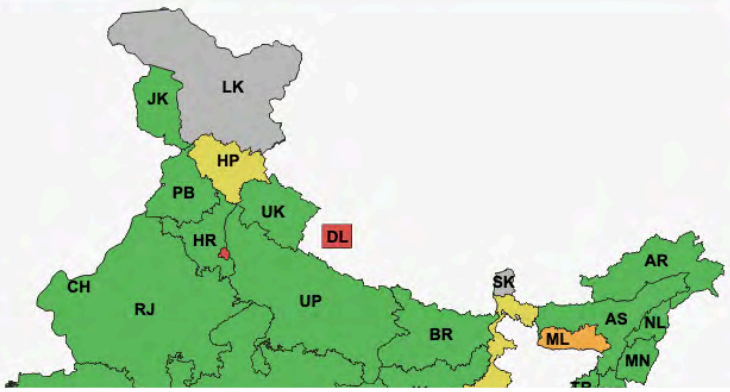
ABOUT US | MINISTRIES | EVENTS | GALLERY | DOCUMENTS | REPORT | CONTACT US

Round : Round-4 LOGIN

is closed

% OF TARGET SATURATION

Children | Pregnant Women



CHILDREN VACCINATED

735655

PREGNANT WOMEN VACCINATED

151894

NO OF CHILDREN VACCINATED (%)

UTTAR PRADESH	447487	117%
RAJASTHAN	15950	108%
MADHYA PRADESH	75438	105%
JHARKHAND	24984	103%

NO OF PREGNANT WOMEN VACCINATED (%)

MANIPUR	59	144%
WEST BENGAL	601	137%
MIZORAM	90	134%
UTTAR PRADESH	95577	131%

Events

IMI Events: December, 2019 to March, 2020

05 March, 2020

Hathin, Palwal, Haryana

IMI2.0 SESSION IN HATHIN

IMI2.0 SESSION IN HATHIN

05 March, 2020

Hathin, Palwal, Haryana

Media Coverage of PHC Kot

Media Coverage of PHC Kot

Tweets

Tweets by @Vaccinate4Life

Vaccinate4Life Retweeted

ELECTRONIC VACCINE INTELLIGENCE NETWORK (eVIN)

Electronic Vaccine Intelligence Network (eVIN) is a distinctive innovation developed by MoHFW, India. It assembles technology, people and processes to anneal the vaccine supply chain[1]. Vaccine stocks are digitized. A smart phone application has been devised to monitor temperature of the cold chain.

Designed to assist & buttress GOI's UIP, eVIN has digitized vaccine stocks at all 27,000 vaccine storage centers across all districts of 29 states and 7 union territories of India. It has enabled real-time monitoring of storage temperatures by installation of nearly 50,000 temperature loggers. The scheme has built a capacity of approximately 37,000 government personnel for vaccine and cold chain logistic management. eVIN deploys vaccine and cold chain managers in every district for sustained supervision.

Today, State and District Programme Managers regularly track vaccine stock and monitor vaccine temperature through the eVIN system. eVIN data is reviewed & scrutinized by District Immunization Officers and Medical Officers regularly. These protocols have expedited improvement of the immunization supply chain. A major achievement of eVIN has been the reduction in cumulative utilization from 3,053 lakh doses in pre-eVIN period to 2,149 lakh doses in post-eVIN period across the initial 12 eVIN states. This effectively saved 900 lakh (90 million) doses of vaccines. Proficient utilization of eVIN has resulted in improved stock availability, real time data visibility, generation of reports for facilitating decisions & rapid response time.

eVIN has received multiple awards as a prominent, inspirational innovation that has transformed the system. It received the GSMA Asia Mobile Award (AMO) in 2017 for its outstanding electronic contribution to **Sustainable Development Goals** in Asia. It also wrested the Public Health Initiative Silver Award at the India Health and Wellness Summit 2017. A feather in the cap of eVIN from Madhya Pradesh was the Best innovation award at the Third National Summit on Good & Replicable Practices & Innovations in Public Health Care Systems in India in Tirupati in August 2016. Currently, states are benefiting from the implementation of eVIN. They have been able to improve planning, temperature monitoring, management of stocks and distribution of vaccines significantly.

1 https://www.in.undp.org/content/india/en/home/projects/gavi1.html


eVIN
ELECTRONIC VACCINE
INTELLIGENCE NETWORK

COMMUNICATION ACTIVITIES

Spokesperson Training Programmes

The Ministry of Health & Family Welfare (MoHFW) in collaboration with UNICEF and other partners have been regularly organizing spokesperson training programmes for DIOs / SEPIOs / Information Officers. The essential components of the instruction & training itinerary have been crisis communication, addressing & tackling enquiry from the media, effective response to media queries on AEFI and fruitful utilisation of social media to combat misinformation & spread corrective, amended genuine data. The capacity & capability of spokespersons on AEFI was bolstered through a series of national level workshops where SEPIOs from all states were oriented. They were groomed in the protocol to be followed by each spokesperson. SOPs were instilled & disseminated.

Capacity Building for Media Persons

While the coverage about immunization & countering misinformation was extensive and laudable, concerted augmentation of capacity-building of media-persons was perceived as an urgent requirement. After conducting baseline research on immunisation, editors, journalists, academicians, media institutes and government representatives from the Directorates of Health Services across the nation were marshalled in 2015 & consulted. They outlined & stressed the need for a specialized skill-set and competency to critically appraise health and public health-related information. Against this backdrop, UNICEF in 2015 collaborated with University of Oxford, UK, Thomson Reuters Foundation, UK, and the Indian Institute of Mass Communication to launch the Critical Appraisal Skills (CAS) course for media students and journalists. The response to the offline version of CAS and its roll-out in IIMC and central universities like the Maulana Azad National Urdu University (MANUU) was enthusiastic and encouraging enough to merit launch of an online version of the course during World Immunization Week in April 2018. Workshops on CAS were organized with Urdu dailies & Hindi media groups such as the Dainik Jagran, Dainik Bhaskar and Amar Ujala. Engagement with the top-ranking vernacular media has been a fundamentally significant catalyst in routine immunization, Mission Indradhanush and IMI 2.0. Media engagement has also involved global media outlets viz. Wall Street Journal, RT, CBS News and BBC World.

Engagement with Radios

Engaging Radio Jockeys and media professionals in MI and immunization programs aided in reaching a wider audience, given the huge & all-encompassing geographical reach of the radio medium. This was a critical link in creating awareness about and engaging audiences in remotest parts of the nation with crucial public health initiatives of the Government like Routine Immunization (RI) and Mission Indradhanush.

By airing key messages on the life-saving role played by vaccines, interviewing experts on the subject and creating innovative jingles, RJs ensured greater acceptability of immunization and a large attendance at Government programs viz. Mission Indradhanush & Intensified Mission Indradhanush. Additionally, RJs have used their social media handles to bust myths and counter misinformation about the MI Drive.

‘Radio4Child’ Awards

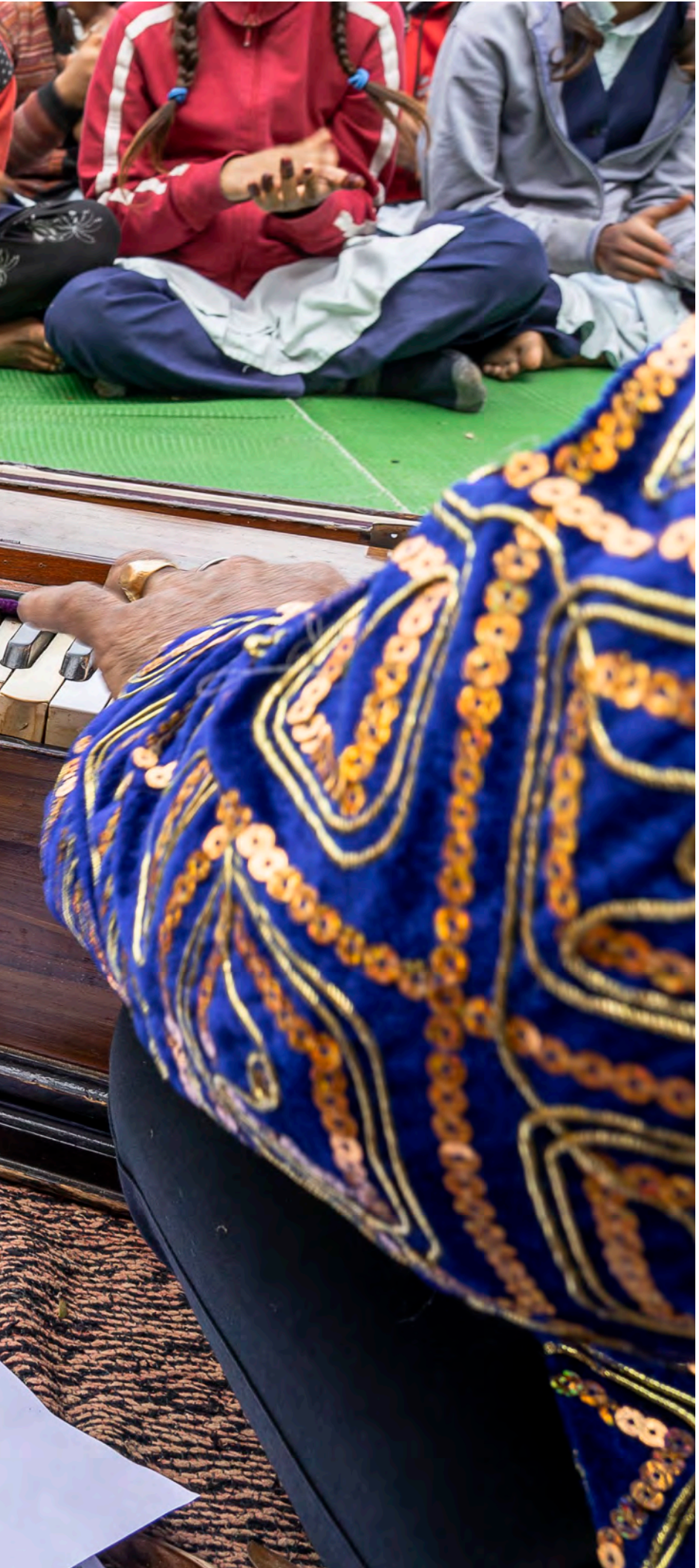
UNICEF, the Association of Radio Operators in India (AROI) & partners instituted the ‘Radio4Child’ awards in 2015, a year after the Mission Indradhanush was launched. The awards were in recognition of the efforts of Radio professionals who had creatively applied novel ideas for spreading awareness about immunization and combating misinformation.

The ‘Radio4Child’ awards have been bestowed upon nearly 400 professionals from the Radio industry. The 3rd Edition of the ‘Radio4Child’ Awards was held in May 2019, with Bollywood actress Kareena Kapoor as the Chief Guest. Actress Madhuri Dixit and UNICEF Celebrity Advocate had graced the occasion during the first two editions of the ‘Radio4Child’ awards.

PHOTO STORY

FOLK ART FOR REACHING FOLK

Madhya Pradesh



A haunting melody was resonating through the Anna Nagar slum of Bhopal on a January afternoon. Synchronously, another lilting tune was alluring curious bystanders thronging around a marquee at a busy, chaotic chouraha (intersection) in Barnagar, Ujjain. And concurrently in remote Sehore, intrigued students of a secondary government school were collecting in the school playground hearing a compelling voice crooning. *Folk* was engulfing the ambience of Madhya Pradesh.

India defeated the polio virus in 2014. Although that was an immense achievement, it was only the inception of a battle against diseases. There were eleven other vaccine preventable diseases which we needed to fight. People needed to be educated about vaccines and its importance to protect children and build the edifice of a healthy nation. Therefore, ingenious communication strategies were required to be customized for both urban and rural sectors. Twenty-two official languages, different dialects and diverse cultural traditions across the country were impediments in creating a uniform protocol. English and cosmopolitan urban dialects were inadequate to communicate with a vast majority of citizens. Local languages, lingo and jargon needed to be imbued into the fabric of any effective mass communication campaign.

True to the essence of the etymology of the word *"folk"* which originated from the Germanic term *"volk"* meaning **people**. For centuries folk art has been engaging & instructing the masses in the guise of entertainment through music, art, literature, dance and drama. Employing local dialects, imbibing narratives with local myths, weaving veiled socially relevant messages. From the pre-digital era to today's technological universe, folk forms have incessantly been potent mediums of audio-visual extravaganza.

Launched on December 2, 2019, IMI 2.0 integrated folk art & tradition into communication strategies of the immunization programme. The target was full immunization coverage in 272 districts spread over 27 States.

Since 1955, Ministry of Information & Broadcasting has been employing these folk-art forms for mass cognizance and publicity through its three different divisions: Directorate of Field Publicity (DFP), Song and Drama Division (S&DD) and Directorate of Advertising and Visual Publicity (DAVP). In December 2017, the three departments amalgamated into a single unit : *Bureau of Outreach and Communication (BOC)*. With its regional chapters (*Regional Outreach Bureau or ROB*), the BOC tempered the blueprint of integrated communication & field publicity. The Ministry of Health and Family Welfare promptly & judiciously included the expertise of BOC and used songs and drama for IEC in IMI 2.0. Madhya Pradesh became a pioneering state where the folk campaign was introduced. The approach was immensely valuable & efficacious for apprising all citizens about immunization. To culturally infiltrate the science of vaccination in 43 districts, ROB of Madhya Pradesh deployed 51 local cultural troupes. Multiple workshops were held to train the culture brigade on the nuances of propagating the virtues of immunization through their art. For eleven days from January 21 to 31, 2020, these teams presented 462 cultural events in far-flung rural & urban corners of Madhya Pradesh to familiarize folk about immunization with the magic of **FOLK.**

Right: Veteran artist Anil Bharti performing traditional Bhavai dance on a street of Barnagar, Ujjain. The dance has intense suspense in the narrative. He uses brass pitchers, the act culminating in a nail-biting finish. All the brass pitchers used by Bharti are embossed with important IMI 2.0 messages.

Facing Page Right: Multi-faceted folk artist, Akhil Bharti performing a magic show in front of dwellers of Annanagar slum of Bhopal and state officials from Health Department. He employs illusions & tricks to shatter myths & misconceptions about vaccines and exorcise the fear about immunization among spectators. State and district officials from immunization team are ever present at all such performances across the state.

Facing Page Left: Dr. M. K. Chandel, the District Immunization Officer of Sehore interacting with students at the end of the event.

After each and every event, feedback from the audience was mandatorily collected to gauge the extent of permeation of knowledge about immunization from the cultural presentation. The assessment was meticulous and data was sourced & collated from students, urban & rural residents/spectators, passers-by at street corners and nursing students. The ***folk campaign*** ushered in a new dawn in communication. The three-pronged trident of intention, innovation and improvisation fashioned a path-breaking prototype to exponentially boom vaccine confidence.

PHOTO STORY

SPANNING MYTHS AND MIGRATION

Karbi Anglong, Assam

In the mid-eighties, the religious & ethnic clashes and insurgency in Nagaland spawned internally displaced people (IDPs) like Md. Johiruddin, Arivan Jami and Md. Mannan Ali. They migrated to Lahorijan, the bordering area between Assam & Nagaland. Here Hussain Khan emerged as a 'Paigambar' (seer & saviour) for them. Popular as Dudu, Hussain Khan provided them land to dwell and farm. Over 30 years, the area became *Dudu Khan Basti* or **Dudu Colony**. It was infamous for the influx of hordes of temporary inhabitants: refugees & immigrants from myriad places. The demography of Dudu colony consisted of five hundred odd permanent residents but five thousand households. The five hundred permanent inhabitants were a motley mixture of Nagas and Mohameddans. They peacefully co-existed the last thirty years amid intimate cultural amalgamation. Marriages between the two communities were not uncommon. Johiruddin became the *Gao-gura* (village headman) and Arivan the leader of Naga community.

Situated at Bokajan block of Karbi Anglong district on the banks of Dhansiri river, Dudu colony presented a major challenge for implementation of vaccination programs. Falsitudes, misconceptions and rumours regarding immunization were the reasons for vaccine hesitancy among the permanent settlers. The variable number of migrants compounded the problem. Many families shifted away each fortnight replaced by new entrants. The constant changes in the population made it Impossible to keep tabs on the identity & number of residents.

To counter the twin problems of vaccine hesitancy and migratory flux in citizenry, the block officials prepared avant-garde strategies to expand the immunization coverage. The enterprising **Bishnu Chhetri**, Block Programme Manager (BPM) of Bokajan block was the architect of the blueprint.

But execution of a strategy needed tackling stark realities. Till 2015, no ASHA had been working in the colony for more than three months. A majority of the staff were reluctant to work there. Then **Basanti Saha** joined as ASHA after she became a widow. What transpired in the next three years made Dudu colony an exemplary precedent in comprehensive immunization coverage in Assam & the entire country.

Right: Situated on the banks of Dhansiri river at the border between Assam & Nagaland, Dudu colony is connected with Dimapur through a small bamboo bridge across the river. This bridge is the chief access for locals to enter Dimapur but also the porous route for migrant workers to infiltrate. Delusions & apprehension about immunization creating vaccine hesitancy and the inestimable, ever-varying numbers of migratory workers in the colony along with their transiency of stay. posed the two major challenges in execution of immunization programme. The constant influx of unknown migratory workers also presented a threat to the permanent inhabitants of the colony. The usually peaceful colony experienced sporadic clashes and altercations between permanent & temporary inhabitants. A Village Defense Committee (VDC) was constituted later to safeguard the interests of the permanent residents of the colony.

Left: Bishnu Chhetri, the BPM of Bokajan block (right), Abhijit Biswas from UNICEF Assam (center) and Arivan Jami, the leader of Naga community (left) engaged in conversation. Bishnu conceptualized strategic implementation of IEC in Dudu colony utilizing WhatsApp Messenger. The goal was to overcome the vaccine hesitancy by sensitizing the leaders first since they were educated. The leaders would subsequently influence & motivate the rest of the dwellers. Bishnu additionally took the initiative to strategise the vaccination of the children of migratory workers. All communication and stratagems were futile in the absence of any ASHA worker willing to work at Dudu colony. Dual combination of vaccine hesitancy and constant flux of immigrants was severely detrimental to immunization protocol. Bishnu had a viable blueprint, but without an ASHA it was unfeasible.

After her husband's demise in 2015, Basanti Saha took up the job of ASHA to take care of her family. During her initial visits to the colony, she used to roam around without even a place to sit & rest. The residents didn't even offer drinking water. This ostracization was a result of the colonists' distrust of all previous ASHAs.

"The floating migrants' list, vaccine hesitancy due to community resistance were major obstacles for me. There were weird myths in circulation against immunization often propagated on social media by ignorant coteries and groups with vested interests. In those early days, I used to take the first vaccine myself to prove that it was not fatal or harmful. I must have consumed a few thousand doses of different oral vaccines and taken hundreds of intramuscular injections", Basanti narrated.

The Gao-gura or village headman, Johiruddin said, "no ASHA had been working for more than 3 months. Basanti joined and she had a completely different, wonderful pro-active approach". In the same appreciative vein, the secretary of VDC, Shafikul added, "We definitely had several queries about vaccination which previous ASHAs failed to clarify lucidly in our own dialect. And the ASHAs were irregular with their visits. But Basanti Didi was a welcome exception. She was patient, empathetic and transparent in her communication. Hence we were convinced".

Her dedication, commitment and communication skills finally paid off and the mindset of the colonists vis a vis vaccination was transformed. And Bishu Chhetri could successfully launch his strategic plan for immunization in Dudu colony.

Nowadays, residents share food with Basanti whenever she visits them. She has become so intimate with them all that she has free access in all households of Dudu Colony. **LOVE and sympathetic pedagogy mitigated the twin maladies of myths and migration.**

Today, the residents of Dudu colony are walking together & working in tandem with Basanti & Bishnu to protect mothers and children without any conflict. Not a single pregnant woman or child among permanent and temporary inhabitants of the colony is threatened by vaccine preventable diseases any longer.

QUOTES

AND, THEY SAID THAT...

IMI has made a significant contribution towards increasing the immunization coverage in India.

Dr. Manish Pant

Chief, Health & Development, UNDP

WHO is proud to partner with Government of India which has strengthened and re-energized the national programme to achieve full immunization coverage for all. Through our collective effort we can prevent, control and eliminate vaccine-preventable diseases.

Ms. Payden

Acting WR India, WHO

Life and health are fundamental rights of every child. By striving to reach the most vulnerable children across India with lifesaving vaccines, the Intensified Mission Indradhanush will give an opportunity to millions of children to survive, thrive and grow healthy.

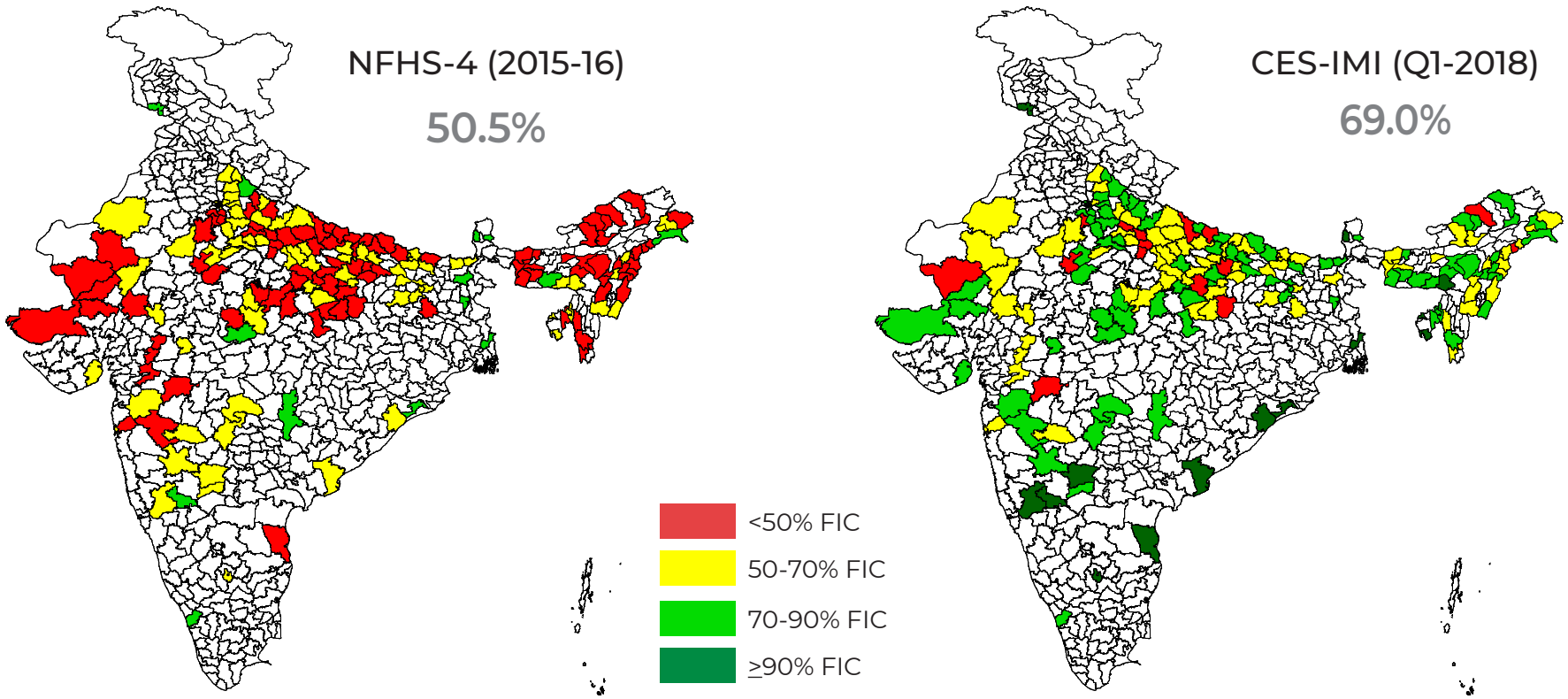
Dr Luigi D'Aquino

Chief of Health, UNICEF India Country Office

7

SUSTAINING THE GAINS

MI TO IMI - A THREE YEAR SAGA (DEC 2014 TO JAN 2017)



DISTRICT WISE IMPROVEMENT IN FIC%

% FIC	NFHS-4 (2015-16) Districts	CES-IMI (2018) Districts
≥90%	0	16
70.0-89.9%	14	84
50.0-69.9%	77	75
<50%	99	15

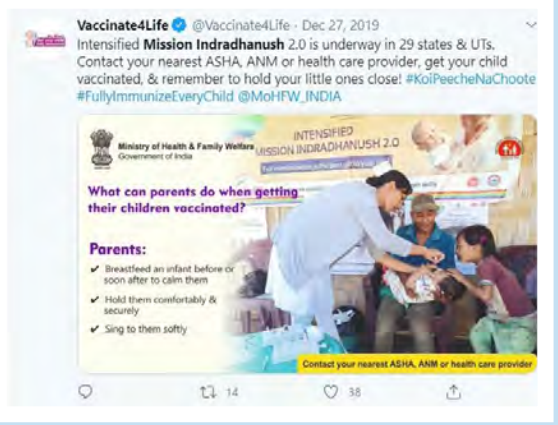
SUSTAINING THE GAINS

THE FUTURE FORWARD

India's immunization success story is a remarkable example of a nation's determination to ensure child survival. Some of the key lessons of the recent successful campaigns such as polio, MR campaign, MI and IMI are worth highlighting. It is imperative to sustain the gains of past immunization drives and incorporate the lessons learnt in the future programmes through concerted efforts. Exemplary achievements in the campaigns can be can be attributed to the key components mentioned below:

- Strong political commitment helped in sustained advocacy and supervision across sectors.
- Highest level of governance and accountability through action-based review mechanisms and intensified monitoring activities ensured mid-course corrections during the campaign
- Inter-sectoral co-ordination and engagement of non-health departments helped in improving overall coverage among children and pregnant women by transforming the campaign into a "vaccination movement".
- Special focus on underserved and vulnerable population groups ensured equitable reach of the programme till the last mile.
- Amplified tailor-made communication strategies to deal with barriers in seeking vaccination and strengthening social mobilization.
- Ensuring integration of MI and IMI sessions into routine immunization plans to strengthen the implementation of the programme.
- Investing in strengthening health systems by building staff capacities was seen pertinent for long term gains.

In the long term, it is envisaged that the lessons learnt from MI will be incorporated into routine programme. Cross-sectoral participation will be ensured to make the mission a resounding success and support the government in ensuring the benefits of vaccines reach the last child. Achieving 90% FIC would be a milestone on India's path to bridge the inequities to achieve Universal Health Coverage and fulfill the aim of attaining a disease-free India.



Social media platforms YouTube and Twitter were used for the first time in the field of immunization in India. This catapulted the MI campaign into an extremely successful & efficacious brand. The campaign tagline **#VaccinateForLife (Vaccinate4life)** was used in the Twitter campaign and utilised to share key messages & vital information of the campaign. This enabled the MI campaign to reach out to millions of urban populace over the internet and ensured a captive audience.

मोदी ने मेवात के विकास की ठान ली : मौलाना अतहर

नरेंद्र गर्ग, फिरोजपुर झिरका

जामिया अलवार उल कुरआन मरदसे के संचालक मौलाना अतहर ने कहा कि प्रधानमंत्री नरेंद्र मोदी ने पिछड़े जिला मेवात के विकास की ठान ली है। मेवात जिला को देश के 115 पिछड़े जिलों में शामिल करने से अब मेवात का चहुंमुखी विकास होगा।

सिविल अस्पताल में मिशन इंद्रधनुष

इंद्रधनुष अभियान के तहत सभी नौनिहालों एवं गर्भवती महिलाओं का करवाएं टीकाकरण

सिविल अस्पताल में मिशन इंद्रधनुष का

राजस्थान

केसरी

द्रीय दल ने लिया सघन मिशन इन्द्रधनुष की तैय

MISSION INDRADHANUSH

India's immunisation growth rate since launch rises to 4%

ABANTIKA GHOSH
NEW DELHI, DECEMBER 23

IN DECEMBER 2014, Mission Indradhanush was launched for a targeted approach to immunisation in India, in a bid to change the tardy annual growth rate of 1 [illegible] 2014 and

However, the target tha ministry had set for itself v touch 90 per cent by Dece 2018, when Prime Mi Narendra Modi launched graded version of the m during the run-up to the Assembly elections.

For the "intensified" 173 districts and 17 cit chosen. That target ma

542

स्वास्थ्य विभाग के मिशन इंद्रधनुष की हुई शुरुआत

बच्चे को दवा पिलाकर मिशन इंद्रधनुष की शुरुआत करते सीएमओ डॉ. राजीव बातिश ● जागरण

जागरण संवाददाता, नूंह : सोमवार से स्वास्थ्य विभाग के मिशन इंद्रधनुष अभियान का शुभारंभ हो गया। नूंह के सामुदायिक स्वास्थ्य केंद्र में सिविल सर्जन डॉ. राजीव बातिश, एसएमओ डॉ. गोबिंद शरण व मुफ्ती जाहिद द्वारा अभियान की शुरुआत करते हुए लोगों से अभियान को सफल बनाने की अपील की गई।

सिविल सर्जन डॉ. राजीव बातिश

गलघोंटू, तपेदिक, पोलियो, खसरा, टिटेनस, निमोनिया व पीलिया जैसी बीमारियों से बचाया जा सकता है। एसएमओ डॉ. गोबिंद शरण ने कहा कि अभिभावक अपने बच्चों को टीकाकरण से वंचित न रखे। इस ओर जागरूक होकर टीकाकरण कराने के लिए आगे आए। विभाग बच्चों के स्वास्थ्य को लेकर बेहद गंभीर है। तभी

10 healthy for life

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KASHMIR READER

TUESDAY 17 JULY 2018

1st round of Gram Swaraj Abhiyan launched in Baramulla, Kupwara

SRINAGAR: The first round of Gram Swaraj Abhiyan (Mission Indradhanush) in 'aspirational districts' of Kupwara – Baramulla and Kupwara was launched on Monday. A statement is... Block Medical Officer Sogam in the far flung area of Himley, Lolab, Kupwara... Director Family Welfare, MCH & Immunization J&K Dr Samir Matto said the department will achieve 100 percent coverage in all the three rounds of Mission Indradhanush as it has done in previous campaigns like Intensified Mission Indradhanush in Jammu. The Mission Indradhanush, Gram Swaraj Abhiyan...

Mission Indradhanush kick-started at Sheeri

MUSHTAQ AHMAD ■ BARAMULLA

The health department on Monday kick-started the Mission Indradhanush in Sheeri block of north Kashmir's Baramulla district.

Deputy Commissioner Dr Nasir Ahmed with [illegible] was collect the details of those children who missed different vaccine drops and provide

5 hacks that help keep summers odourless

Summers should not equate to Smelly Armpits. The joy of wearing tank tops, cold shoulders, and all things sleeveless must not be dampened by your sweat glands. The sweat glands do not produce odour, it is often the bacteria and other microbes that make you smell foul. This bad microbiome breaks down the neutral sweat into thioalcohol molecules that smell like meat, onions, sulfur, etc... The solution lies in killing the bacteria and not letting it grow, rather than suppressing or clogging the sweat glands. 5 natural hacks [illegible]

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Mission Indradhanush: A look at state champions of India's ambitious immunisation programme

| Health

Updated Nov 04, 2018 | 09:33 IST | Times Now Digital

The success of Mission Indradhanush helped the government of India strengthen India's now covers 12 vaccines including Japanese encephalitis vaccine.

New Delhi: I 'Mission Indr response fro 2014, Missio routine imm immunizat 2018. Over and 80.63 vaccine p

A recent Estimatio deaths fi 802,000

'Mission Indradhanush' vaccination drive was kick started at PHC She

Jameela Akhter

Baramulla: The first round of 'Intensified Mission Indradhanush' vaccination drive was kick started in Baramulla on Monday at Primary Health Center Sheeri in health block Sheeri to cover the children and pregnant ladies left out under the routine immunisation programme.

The drive, taken up by health department's the district health and family welfare wing was inaugurated by Deputy Commissioner Baramulla Dr. Nasir Ahmed Naqash who was flanked by Deputy Chief Medical Officer Baramulla Dr Jozi Bashir, Block Medical Officer Sheeri Dr. Sheikh Farooq and doctors, medical officers, paramedical staff, supervisory staff and block program management unit.

Block Medical Officer Sheeri Dr. Sheikh Farooq said that the "Mission Indradhanush" is aimed at reaching children under two years of age, children who are aged 5-6 years and pregnant women who have been left uncovered under the routine immunisation programme.

Deputy CMO Dr Jozi Bashir,

said that the e components of sion to achiev target and to in all the dropou left outs within bit of 'Mission I hanush' immuni programme a program has be thrust area of the istry of Health Family Welfare w has been incorpo as a vital index ir pirational District gramme

दूसरे चरण में मिशन इन्द्रधनुष का आगाज

दो वर्ष तक के बच्चों व गर्भवतियों को लगेंगे टीके

हरिभूमि न्यूज ▶▶ रेवाड़ी

मिशन इंद्रधनुष कार्यक्रम के दूसरे चरण की शुरुआत वीरवार को सिविल सर्जन डॉ कृष्ण कुमार ने की। मिशन इंद्रधनुष के तहत शिशु मृत्यु दर कम करने के लिए 2 वर्ष तक के बच्चों व गर्भवती महिलाओं को पूर्ण टीकाकरण, सुविधा देने के लिए 28 नवंबर तक [illegible] उपलब्ध है। इस मिशन के तहत जिले में विभिन्न संस्थानों, झुग्गी झोंपड़ियों, ईंट भट्टों पर 67 टीकाकरण शिविर लगाए जाएंगे तथा टीककरण से वंचित रह गए बच्चों को सम्पूर्ण टीकाकरण किया जाएगा। उन्होंने जिले के लोगों से आह्वान किया कि बच्चों को सभी टीके लगवाना सुनिश्चित करें ताकि व खून की जांच से समय रहते हुए गर्भवती महिलाओं को गर्भ के दौरान होने वाले खतरों से बचाया जा सके। उन्होंने बताया कि इस मिशन इन्द्रधनुष कार्यक्रम के तहत बच्चों को 9 जानलेवा बीमारियों से बचाव के लिए टीकाकरण किया जाएगा, जो कि काली खांसी, गलघोटू, टैटनेस, टीबी,


THE






DONATED BY UNICEF
ममता कार्ड


SO


निविড় মিশন ইন্দ্রধনুষ কার্যক্রম
স্বাস্থ্য বিভাগ



ममता दिवस



NIC LUCKNOW
NIC Jaipur
NIC Ranchi

JOURNEY


मिशन


MISSION INDRADHANUSH


ककरण मित्र

FAR


ककरण है
से ज़रूरी काम

बताओ ना पापा

डॉ. कमलेश कुमार, आई. टी. इस. यू.

मुझे अपनी गोदी में उठाओ ना पापा ,
कन्धों पे बिठाके, बाहर घुमाओ ना पापा ।
मैं अपने कदमों पे चल नहीं सकता,
इसका कारण मुझे, बताओ ना पापा ॥

क्यों मम्मी की बेबसी, आँखों में छलकती रहती है ?
मेरे अकड़े अंगों को वो नरम हाथों से सहलाती रहती है ।
खसरे का टीका न लगवाने पर अपने आप को कोसती रहती है ,
उसके खामोश सवाल तुमसे ही क्यों हैं, बताओ ना पापा ॥

डॉक्टर "कमल" ने भी इसे बहुत बड़ी गलती बताया है ,
बच्चों के टीके ना लगवाकर, आपने फ़र्ज़ नहीं निभाया है ।
लापरवाही आपकी, पर इसका दंड मैंने क्यों पाया है?
इसमें मेरा क्या दोष है, कुछ बताओ ना पापा ॥

काश बचपन के सभी टीके मुझे भी लगे होते,
इंद्रधनुषी सभी रंग मेरे जीवन में भी खिले होते ।
मेरी उमंगों पर भी बचपन के पर लगे होते ,
आँखें क्यों झुकी हैं, नजरें तो मिलाओ ना पापा ॥

Papa, Tell Me WHY*

Dr. Kamlesh Kumar, ITSU

Papa, wrap me in your embrace,
perch me on your shoulders
take me out without my brace,
I cannot walk on my own when I try,
Papa tell me WHY.

Ma's face helpless, her eyes tearful,
her soft hands knead my stiff limbs
my missed measles vaccine makes her rueful,
she indicts, she silently questions, her face is wry
at you, Papa tell me WHY.

Doctor Kamal deemed it a mistake,
you missed your kid's vaccine, that was neglect
you failed, I suffered for your sake,
onus was yours; yet I endure, hurt & cry,
I am not at fault, so Papa tell me WHY.

If only all vaccines had been given,
my life would have all the hues of the rainbow
my dreams in childhood on strong wings would have risen,
your eyes dare not meet me even if you are sorry -
look at me Papa and tell me WHY.

* Transliterated from the original by Dr. Kausik Ghosh.

Papa, go out into the world for everyone,
let all Papas know, so no other kid be such
that life should not end before it's begun,
simple steps what to do, so diseases will die
tell all Papas what they should and WHY.**

टीका कोई छूटे ना,
बचपन कोई रूठे ना

LET NO VACCINE BE MISSED,
LET NO CHILDHOOD BE IN GLOOM.

** Penned by Dr. Kausik Ghosh.

For healthy & smiling India, fully immunize each & every child.