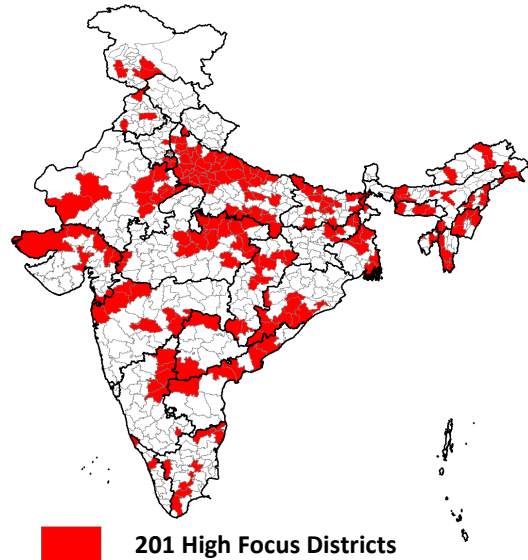


MISSION INDRADHANUSH

The Government of India has launched Mission Indradhanush on 25 December 2014 as a special drive to vaccinate all unvaccinated and partially vaccinated children and pregnant women by 2020 under the Universal Immunization Programme.

Since the launch of Universal Immunization Programme in 1985, full immunization coverage in India has not surpassed 65% despite all efforts. Mission Indradhanush focuses on interventions to expand to more this coverage to more than 90% children.

Under Mission Indradhanush, the Government has identified 201 high focus districts (list annexed) across the country. These districts have been identified based on a composite indicator, considering full immunization coverage, number of partially vaccinated and unvaccinated children and whether the district is an identified HPD or EPRP HR district. Nearly 50% of all unvaccinated or partially vaccinated children in India are in these 201 districts. Intensified routine immunization campaigns in these districts will help reduce morbidity and mortality due to vaccine preventable diseases. This will be done through special catch-up campaigns to rapidly increase full immunization coverage.



Mission Indradhanush aims to strengthen key functional areas of immunization programme for ensuring high coverage throughout the country, with special attention to 201 identified high focus districts.

The broad strategy, based on evidence and best practices, will include four basic elements: -

1. **Meticulous planning of campaigns/sessions at all levels:** Ensure revision of micro plans in all blocks and urban areas in each district to ensure availability of sufficient vaccinators and all vaccines during routine immunization sessions. Develop special plans to reach the unreached children and pregnant women in vacant sub centre areas, areas with missed RI sessions, high risk settlements such as urban slums, construction sites, brick kilns, nomadic sites and hard-to-reach areas identified under polio eradication initiative, areas with low RI coverage and small villages or hamlets that are clubbed with another village for RI services and do not have independent RI sessions.
2. **Effective communication and social mobilization efforts:** Generate awareness and demand for immunization services through need-based communication strategies and social mobilization activities to enhance participation of the community in the routine immunization programme through mass media, mid media, interpersonal communication (IPC), school and youth networks and corporates.
3. **Intensive training of the health officials and frontline workers:** Build the capacity of health officials and workers in routine immunization activities for quality immunization services.

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4. **Establish accountability framework through task forces:** Enhance involvement and accountability/ownership of the district administrative and health machinery by strengthening the district task forces for immunization in all districts of India and ensuring the use of concurrent session monitoring data to plug the gaps in implementation on a real time basis.

Mission Indradhanush will provide a complete package of solutions for achieving high quality routine immunization coverage through a collaborative process involving all major stakeholders and adopting the learnings from polio eradication programme in planning and implementation of the mission. Besides improving vaccine delivery mechanism and building capacity of human resources, the mission aims at strengthening monitoring and evaluation mechanisms – thus contributing to health systems strengthening.

The Mission will identify and enlist beneficiaries that have either not received any vaccination or are partially vaccinated, track and vaccinate them through four campaigns every year.

The successful implementation of the mission will depend on the following actions at different levels:

1. National level

- a. Mission Indradhanush will be reviewed by the office of Honorable Prime Minister and Minister of Health and Family Welfare.
- b. Coordination with other ministries and key partners will be strengthened for effective programme implementation.
- c. State officials will be oriented on operational and financial guidelines.
- d. National task force will review and monitor the implementation and progress of Mission Indradhanush.
- e. Prototypes of communication materials, including banners, posters, audio and video spots will be prepared and shared with all states.

2. State level

- a. State task force for immunization, under leadership of Principal Secretary Health to guide and monitor progress in districts.
- b. Strengthen coordination with other relevant departments and key partners for effective programme implementation.
- c. Principal Secretary Health and Mission Director, NHM to sensitize District Magistrates concerned through video conference before first week of February, followed by a video conference to review preparedness for the forthcoming campaign. Subsequently, quality of each round to be reviewed through video conference.
- d. District and urban bodies' officials to be oriented on operational and financial guidelines.
- e. Printing and dissemination of communication materials, including banners, posters, audio and video spots.
- f. Timely dissemination of funds, vaccines and communication materials

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- g. Designate senior state level observers to involved districts to oversee preparedness and implementation

3. District level

- a. District task force for immunization, under leadership of District Magistrate to guide and monitor progress in blocks/urban bodies.
- b. Strengthen coordination with other relevant departments and key partners for effective programme implementation.
- c. Block and urban bodies' officials to be oriented on operational and financial guidelines.
- d. Preparation of timeline of activities for effective programme implementation
- e. Timely dissemination of funds, vaccines and communication materials
- f. Designate senior district level observers to priority blocks to oversee preparedness and implementation
- g. Daily evening feedback meetings during the Immunization Week at the district for sharing feedback and corrective actions.
- h. District preparedness meeting, chaired by Chief Medical Officer/Civil Surgeon to orient all block Medical Officer in charges on micro-planning and reporting mechanisms.

4. Block/Urban area level

- a. Block area task force for immunization, under leadership of Block Development Officer to guide and monitor progress in blocks/urban local bodies.
- b. Training of frontline health workers, including ANMs, ASHAs and anganwadi workers.
- c. Sensitization of PRIs
- d. Estimation of beneficiaries in left out areas by ASHAs