



In comparison to a decade ago, India is now saving more children under five years of age. There has been an improvement in the immunization coverage, quality of services and steps have been taken to address equity issues through targeted interventions such as Mission Indradhanush (MI), new vaccine introduction and ensuring vaccine availability at sessions by strengthening vaccine logistics management through the Electronic Vaccine Intelligence Network (eVIN), thus helping in reducing morbidity and mortality due to vaccine preventable diseases.

Over the past few years, India has made considerable gains in the sphere of immunization – by achieving polio free status and eliminating maternal and neonatal tetanus. In the endeavour to continue to save lives, costly vaccines such as pentavalent, inactivated polio virus (IPV), rotavirus, measles-rubella, pneumococcal conjugate vaccine (PCV) and the Japanese encephalitis (JE) vaccine, which were earlier available only in the private sector are being made available to all sections of the society including the poor and vulnerable, thus ensuring equity in service delivery. India has expanded the basket of vaccines by introducing five new vaccines (rotavirus, measles-rubella, IPV, PCV and adult JE) since 2014. The vaccines are now available free of cost under the Universal Immunization Programme (UIP). The opportunity to introduce new vaccines is also being utilized to strengthen health systems to reach every child.

The Honorable Prime Minister launched India's flagship immunization programme - Mission Indradhanush in 2014 with the objective to reach unreached children and pregnant women by 2020. He further advanced the goal to reach 90 percent full immunization coverage by December 2018. To achieve this goal, MI was escalated to Intensified Mission Indradhanush (IMI) in 2017, covering 173 districts and 17 cities. This programme is being regularly reviewed at the highest level by the Government of India under the Proactive Governance and Timely Implementation (PRAGATI) initiative.

The rapidly evolving and expanding immunization sphere in the last few years has required greater capacity at the National level. As a response to this, the Immunization Technical Support Unit (ITSU) was created to support the Immunization Division, Ministry of Health and Family Welfare in strengthening the UIP with a broad spectrum of innovative strategies.

This quarterly newsletter seeks to keep all stakeholders updated about the interesting work and achievements in the immunization space in India showcasing reflections, insights and lessons drawn from field experiences.

**Dr. Pradeep Haldar,**  
Deputy Commissioner, (Immunization) In-charge, MoHFW



IMMUNIZATION  
TECHNICAL SUPPORT UNIT  
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## IMMUNIZATION NEWSLETTER

### How IMI is reaching the unreached



*Rahima, a migratory worker, from the brick kiln of Bawa Da Talab, Kot Bhalwal Block in Jammu brought her one year old daughter for immunization to an IMI mobile session.*

The Intensified Mission Indradhanush (IMI) campaign in Jammu, primarily focused on urban slums. The campaign sought to reach the unreachable and overcome the challenges faced in immunizing children and pregnant mothers.

While IMI house-to-house monitoring in rural areas revealed that beneficiaries were keen to get their children vaccinated and were aware about immunization and its schedule, urban areas in Jammu presented several challenges.

Very far from their homes, migratory Rohingya population was found in small pockets in Jammu. Living as refugees in parts of India, this migratory population does not have immunization cards or any other past records. The tracing of vaccination was a challenge since most child-births were taking place at home with the help of mid-wives instead of institutions.

With many of the mothers aged between 14-18 years, a lot of these children in these urban slums were

also undernourished and underweight.

During the October 2017 round of IMI, in the slums of Maratha Basti, Nanak Nagar and brick kilns in Bawa Da Talab, immunization teams faced the challenge of tracking infants/children from constantly shifting from these communities. Another challenge that the immunization teams faced was communicating with them – as the Rohingya speak their own language. Also, evident in the urban areas was resistance to vaccination due to lack of adequate information or religious belief. When probed, the community said they mostly feared the consequences/repercussions of vaccination.

To overcome these major challenges faced in the urban primary health center and in the block, daily review meetings were conducted at the Chief Medical Officer's office following the activity in the evening. These meetings were attended by Block Development Officers, District Immunization Officer and other key state health officials and they sought to find solutions to the situation that this population faced.

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John Snow India took charge of the Immunization Technical Support Unit (ITSU) in June 2017, and I was entrusted to lead this change. This is an interesting role – to helm India’s largest technical support unit for immunization, that was established in 2012 to provide techno- managerial support to the Ministry of Health and Family Welfare’s Universal Immunization Programme (UIP).

Having worked with immunization programmes – the introduction of the Japanese Encephalitis vaccine in India, and earlier as part of the National Polio Surveillance Project of the World Health Organization, I am now sharing my knowledge and immunization experience to guide and mentor ITSU.

ITSU is unique in its structure and framework. This comprehensive unit covers various aspects of immunization – coverage and equity, monitoring and evaluation, research, adverse events following immunization and strategic communication. This multidisciplinary team has been working closely and intensively with the Immunization Division of the Ministry to accelerate progress in achieving 90 percent full immunization coverage by the end of 2018. ITSU has been in the middle of it all - working harmoniously with immunization partners, state/district health officials coordinating on a range of activities to improve immunization coverage.

There is a lot happening in the immunization space. The country is scaling up the measles- rubella, rotavirus and pneumococcal conjugate vaccines and much more. Apart from this, the Intensified Mission Indradhanush rounds have provided great insights into strengthening routine immunization too.

This first newsletter from ITSU, a quarterly piece aims to provide a glimpse into the world of immunization. As the third phase of ITSU’s journey continues, on a higher note, with renewed vigour, zeal and commitment to take on newer challenges in the coming new year.

As India moves to getting every child fully immunized - have an enriching 2018.

**Dr Pritu Dhalaria**  
Director, Immunization Technical Support Unit

## cMYP: Addressing geographic and social inequities

Multi-year strategic plans are developed in alignment with national health priorities, to provide a broad framework for effective planning and implementation of Universal Immunization Programme (UIP) by the Ministry of Health and Family Welfare (MoHFW), state governments and partner organizations. The current comprehensive multiyear strategic plan (cMYP) 2013-17 was drafted with a goal of reducing mortality and morbidity due to vaccine preventable diseases through high quality immunization services. The cMYP seizes the opportunity to address geographic and social inequities in immunization coverage and other immunization related issues.

It provides an overarching framework of six interlinked and mutually reinforcing objectives, various aspects of UIP- service delivery, system strengthening, demand generation, newer vaccines and technology, epidemiology of vaccine preventable diseases and management of adverse events following immunization. It also underlays the key strategies in order to achieve the desired results. The cMYP provides a monitoring and accountability tracking framework, along with projections for financing of the programme.



The cMYP based on Global Vaccine Action Plan (GVAP), gives common targets for improving the efficiency of immunization programme so that the work of MoHFW, immunization partners and other immunization stakeholders is aligned towards achievement of the same goal. It aims to improve implementation of the programme by addressing the gaps identified in cold chain

and vaccine logistics management, social mobilization, evidence generation, human resource capacity and accountability mechanism. A mid-term review (2015) was carried out which primarily aimed to assess the progress against the targets set under six key objectives of cMYP and suggest midcourse corrections.

The cMYP is a consolidated effort of the Government of India and various partners supporting the immunization programme and are currently involved in the development of next cMYP from 2018-22. The new cMYP will also outline the strategies and activities to address the gaps identified and meet national goals.

In alignment with the national targets set by cMYP, Gavi Health Systems Strengthening (HSS) project was proposed by MoHFW with the aim to increase immunization coverage and strengthen health system for immunization in the country. The Government of India through Gavi support focused on overall health system improvements through targeted support to strengthen routine immunization and accelerate new vaccine introduction.





*A father gets his three-month old son vaccinated for the first time in life by ANM Munki at the November 2017, IMI session near Gunny House in CB Ganj area of Bareilly, Uttar Pradesh. ANM Munki administered all the pending doses to the child and counselled the father to complete the child's vaccination schedule.*

## IMI Update

Intensified Mission Indradhanush (IMI) was launched with an objective to increase full immunization coverage to at least 90 percent by December 2018 instead of the earlier set target of 2020. The focus was on areas with poor coverage where there was sluggish pace of improvement with special emphasis on urban areas covering 173 districts and 17 cities. Integrating gains from IMI into Routine Immunization (RI) microplans were also studied. The ultimate goal of the IMI was to protect all children and pregnant women in India against vaccine preventable diseases.

During the four rounds of IMI, **5.98 lakh sessions were held**, during which **156.82 lakh vaccine doses were administered** to children and pregnant women. During these immunization rounds, **58.92 lakh children were vaccinated and a total of 13.89 lakh children were fully vaccinated**. Also, a total of **11.76 lakh pregnant women were vaccinated with tetanus toxoid vaccine**.

IMI aimed to reach out to areas with large number of partially vaccinated or unvaccinated children. These are also the areas where basic health facilities are not available. To address a situation in India to prevent children dying of diarrhoea due to lack of health facilities, zinc tablets and ORS packets have been distributed free of cost. **A total of 11.06 lakh ORS packets and 39.03 lakh zinc tablets were distributed to children during the IMI**.

These four IMI rounds covered large parts of the country, there was no shortage of vaccines in any of the states and all health workers did a stupendous job in mobilizing children and pregnant women to the session sites and vaccinating them.

*Data as on 14<sup>th</sup> February 2018*

### Meet a star!

There is a face that the women in the Rathod family – Anuradha, Chhaya and Shyma are very familiar with. During the November round of the Intensified Mission Indradhanush, Shyma said, “Whenever there is a vaccination session on, she comes and reminds us. We leave everything we are doing and get the children who are due - vaccinated.”

Meet Javitri - local UNICEF community mobilization coordinator of the Durga Nagar Planning Unit of Bareilly. Shyma whose children are older, remembers that her Mausia Saas (an aunt in law) would remind her to get her children vaccinated. For her other sisters in law, Anuradha and Chhaya, who were emphatic that they did not get any news from the radio, television, and did not have access to phones and SMS, for their children's vaccination schedule they depended on Javitri. While there are three children in the house who are due beneficiaries under the Universal Immunization Programme, there are total of seven children in the house.

Chhaya, who has just returned to Bareilly from Ludhiana, talks about the vaccination system saying, “I opted for the private clinics - because Government facilities always seemed crowded and often there is no place to sit. But I do know that the same things that I paid Rs 1, 800 for, are available here for free.”

Anuradha's son Annirudha is five years old and her daughter Ridhi is three months old. Referring to a recent incident says



*UNICEF community mobilisation coordinator Javitri surrounded by the Rathods in their home in the Durga Nagar Planning unit of Bareilly in Uttar Pradesh.*

Anuradha, “Ridhi had pneumonia, when she was two months. She could not breathe and we had to admit her to private hospital where an X Ray was taken and she was administered oxygen and medicines.” This affected the family and for five days Anuradha's husband had to keep his small grocery shop closed.

When asked if they remembered the name of the woman who came to remind them that their children were due for vaccination – all three drew a blank – saying ‘we know her by face’. Having worked in the area for more than five years – it's not a surprise that people may forget Javitri's name. What is important is that they trust her enough and follow her to the session site, whenever she stops by to remind them.

# Eliminating measles and controlling rubella

## New Vaccine Introduction

*In three phases, India has rolled out the Measles-Rubella campaign, in 15 States and Union Territories during 2017-2018, covering 7.47 crore children. The roll out has been completed in 13 states and ongoing in two states*

To achieve the goal of measles elimination and rubella control by 2020, on February 9 2017, the Government of India rolled out the Measles-Rubella campaign, one of the world's largest vaccination campaigns, in a phased manner across the country in a total of 15 States/Union Territories. In the first phase it was rolled out in Karnataka, Tamil Nadu, Goa, Lakshadweep and Puducherry. In the second phase, it was rolled out in Andhra Pradesh, Chandigarh, Daman & Diu, Dadra & Nagar Haveli, Telangana, Himachal Pradesh, Uttarakhand and Kerala.

In 2018, the campaign will continue to be rolled out in other parts of the country. To ensure the successful launch of the third phase next year, State Planning Workshops and Training of Trainers (ToTs) were conducted in Odisha and Arunachal Pradesh where the campaign has been rolled out. The remaining states are Mizoram, Manipur, Haryana, Punjab and Assam.

Organized by the World Health Organization (WHO), these workshops focused on the orientation of the district level immunization officials and were attended by teams of District Immunization Officers, District Reproductive and Child Health (RCH) Officers, Deputy Medical Officers, District Vaccine Logistics Managers, Regional Vaccine Logistics Managers and Immunization Computer Assistants from districts in the respective states. The Government aims to cover all the States and Union Territories under the campaign by 2018-19.

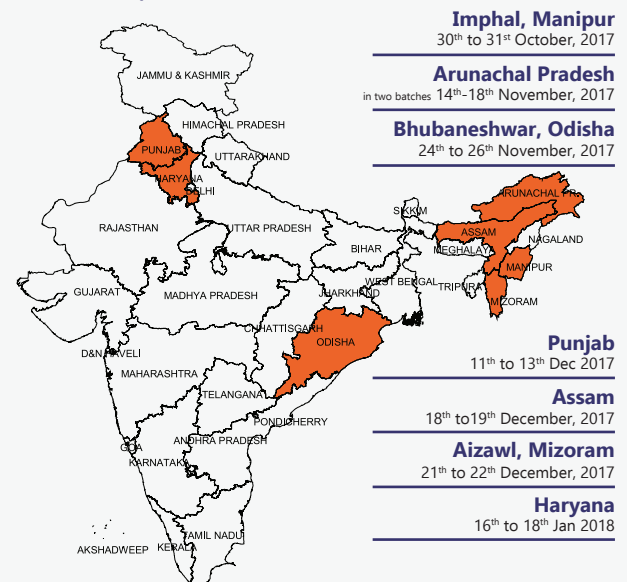
Partner agencies such as WHO, UNICEF, GHS along with ITSU has supported the nationwide endeavour providing technical support to the campaign - from the development of the MR operational guidelines, developing the communication planning templates and Communication Standard Operating Procedures, pre-testing of the communication materials and facilitating training sessions on Adverse Events Following Immunization (AEFI), monitoring and evaluation, advocacy, communication planning and media engagement.

ITSU is also the nodal agency for compiling and consolidating the coverage data for the MR campaign. As on February 19, 2018, total MR coverage since introduction in 15 states/Union Territories, 7.47 crore children.

During the first phase of the MR campaign, ITSU and partners supported the states in handling media coverage and media crisis. The learnings from managing the media crisis during the first phase of the MR campaign were applied during preparations and implementation of the second phase of the MR campaign. States have been encouraged to report AEFIs during the campaign so that they can be thoroughly investigated, causally assessed and recommended remedial measures are taken.

States have reported serious/severe AEFIs during the MR campaign which have mostly been anxiety related reactions with a few coincidental events. Some cases of expected adverse events such as anaphylaxis and allergic reactions following MR vaccinations were also reported from the field which were successfully managed by Medical Officers and ANMs.

### MR workshops held in states



### For more information: