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Research Article

Mission indradhanush: A Sociological Study

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Abstract

Immunization Programmes are one of the most well-recognized and successful public health programmes across the world. These programmes have achieved significant success in a number of countries; however, the coverage with available vaccines remains sub-optimal in many low and middle income countries (LMIC). The government has identified 201 high focus districts across the country under Mission Indradhanush. Nearly 50% of all unvaccinated or partially vaccinated children in India are in these 201 districts. 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.

Objectives: 1. This article provides a detailed information on the objectives and functioning of Mission Indradhanush. 2. To know which partner agencies contribute to the success of Mission Indradhanush.

Materials and methods: It's a descriptive study and based upon extensive review of literature using implementation of Mission Indradhanush programme under universal immunization programme (UIP) in India. Using an internationally established sampling methodology, information obtained from selected states has been used to evaluate the impact of Mission Indradhanush.

Conclusion : Mission Indradhanush provides states with an opportunity to reach the unvaccinated and partially vaccinated children and pregnant women to improve the full immunization status. A well-publicized launch ceremony for the Mission should be planned to improve general awareness about the UIP, with a focus on unreached/poorly reached areas as per the criteria described earlier.

Keywords: Health, immunization, disease, vaccine, children and pregnant women.

INTRODUCTION

India's immunization programme, launched in 1985, is one the largest health programmes of its kind in the world, catering to a birth cohort in 2.7 crore (27 million) children annually. The programme provides vaccination against eight life-threatening diseases (diphtheria, whooping cough, Haemophilus influenza type B (Hib) causing pneumonia and meningitis, tetanu, polio, tuberculosis,

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measles and Hepatitis-B) in the entire country. In addition, vaccination against Japanese Encephalitis (JE) is provided in the selected endemic districts/states of the country. Recently rotavirus vaccine (RVV) has been introduced in the four selected states (Andhra Pradesh, Haryana, Himanchal Pradesh and Odisha).

In spite of all positive changes, there are ongoing challenges and shortcomings in the national immunization programme. Despite being operational for the past more than 30 years, only 65% of children in India receive all vaccines during their first year of life, thus contributing to continued high burden of morbidity and mortality in children from vaccine preventable diseases (VPDs).

The Ministery of Health and Family Welfare, Goverment of India (MoHFW-GoI) is committed to rapidly address the inequity in immunization coverage and consolidate the health system strengthening efforts. To strengthen routine immunization planning and delivery mechanism, the MoHFW, GoI, launched its flagship programme "Mission Indradhanush" in December 2014 to achieve more than 90% full immunization coverage in the country. As part of this, the country has implemented two phase of Mission Indradhanush in 2015 through eight rounds in high focus districts. Based on risk prioritization, the country was categorized into high, medium and low focus districts. Phase I of Mission Indradhanush targeted 201 high focus districts, with four rounds of activity between April and July 2015. Phase II targeted 352 districts (73 districts repeated from phase I), with four rounds of activity conducted between October 2015 and 2016.

Riding on the success and learning from Mission Indradhanush in 2015 where in more than 37 lakh children were fully immunized and about 37 lakh pregnant women were vaccinated, the goal has to decided to continue with this initiative. The main objective is to accelerate the momentum by planning to target 50% of estimated 70 lakh partially vaccinated or completely missed children in the next wave of Mission Indradhanush (phase III) in 2016. The plan is to reach out to the 216 high focus districts across 27 states/union territories for achieving 90% coverage earlier than 2020.

RATIONAL FOR MISSION INDRADHANUSH

Evidence shows that unvaccinated and partially vaccinated children are most susceptible to childhood diseases and disability, and also six times higher risk of death as compared with fully immunized children.

There are wide variations in the proportion of unvaccinated and partially vaccinated Children within states and districts. Recent evaluations have indicated that the major reasons for inability to reach with all vaccines to children in the entire country are lack of awareness among parents about the benefits of vaccination, fear of adverse events following immunization (AEFI) and operational reasons such as non-availability of vaccines or vaccinators during vaccination sessions.

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It is critical to identify the unvaccinated or partially vaccinated children and address programmatic issues with focused microplanning, provision of additional financial resources and systematic immunization drives to reach these children with all available life-saving vaccines.

MISSION INDRADHANUSH

The MoHFW, GoI, launched Mission Indradhanush in December 2014 as a special drive to vaccinate all unvaccinated and partially vaccinated children under UIP. The mission focuses on interventions to improve full immunization coverage for children in India from 65% in 2014 to at least 90% earlier than 2020 through special catch-up drives.

Under Mission Indradhanush, the government has identified 216 high focus districts across the country. The states of Uttar Pradesh (55 high focus districts) and Bihar (19 high focus districts) account for 38% and 10%, respectively, of the total missed children. The state of Maharashtra, Rajasthan, Gujrat, Madhya Pradesh and Assam, with a total 61 high focus districts, account for 30% of the total missed children.

OBJECTIVES OF MISSION INDRADHANUSH

The main objective of Mission Indradhanush is to ensure high coverage of children and pregnant women with all available vaccines throughout the country, with emphasis on the identified 216 high focus districts during phase III.

Specific Objectives

With the launch of Mission Indradhanush, the government aims at:

- Generating a high demand for immunization services by addressing communication challenges;
- Enhancing political, administrative and financial commitments through advocacy with key stakeholders; and
- Ensuring that the unvaccinated and partially vaccinated children are fully immunized as per the national immunization schedule.

Areas under focus for Mission Indradhanush

Mission Indradhanush will be a nationwide drive, with focus on 216 identified high focus districts. The key areas to be reached through Mission Indradhanush will be:

- Areas with vacant sub centers- no auxiliary nurse midwife (ANM) posted for more than 3 months.
- Villages/ areas with three or more consecutive missed routine immunization sessions- ANMs on long leave or other similar reasons.

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- High- risk areas (HRAs) identified by the polio eradication programme that are not having independent routine immunization sessions and clubbed with some other routine immunization sessions. These include populations living in areas such as:

❖ urban slums with migration
❖ nomadic sites
❖ brick kilns
❖ construction sites
❖ other migrant settlements (fisherman villages, riverine areas with shifting populations)
❖ underserved and hard to reach populations (forested and tribal populations, hilly areas, etc.).

- Areas with low routine immunization coverage identified through measles outbreaks

STRATEGY FOR MISSION INDRADHANUSH

Mission Indradhanush will be a nationwide intensified routine immunization drie for ensuring high coverage throughout the country, and will be conducted in 216 high focus districts.

A total of four rounds will be conducted under each phase of Mission Indradhanush. Upon completion of each phas, districts must ensure that these sessions are included in regular routine immunization plans. Targeted beneficiaries will be pregnant women and children up to 2 years of age; however, children up to 5 years need to be focused upon to improve Booster dose coverage and if required school campaigns may be conducted.

- The priority for conducting Mission Indradhanush sessions should be areas with weak routine immunization coverage in the district. This will require deployment of ANM to areas outside of her own sub-center and block.
- All ANM should be engaged for 7 working days over and above the regular routine immunization days excluding Sundays and holidays for conducting session during Mission Indradhanush. Sub-centers having delivery facilities need to plan ANM deployment accordingly.

STEPS FOR PREPARATION OF MICROPLANS FOR MISSION INDRADHANUSH

Microplanning forms the base for the delivery of routine immunization services to the community. The availability of an updated and complete microplan at a planning unit (urban and rural) demonstrates the preparedness of the unit and directly affects the quality of routine immunization services provided.

Microplans developed to make the Mission successful will draw on the lessons learned from polio eradication towards systems strengthening, vaccine cold chain management, regular surveillance and monitoring of the plans to reach all children.

Within 2-3 days of completion of district workshops, the following steps should be undertaken for preparing a complete microplan for Mission Indradhanush sessions:

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Step 1. First step block level microplanning meeting: Identification of areas that require sessions under Mission Indradhanush

Facilitators: Two MOs from the block trained at district level, with support from partners including WHO India NPSP, UNICEF and others. Nodal officer will coordinate this activity in urban local bodies.

Participants: ANMs/LHVs/health supervisors/ key NHM officials at block level

Timeline: To be completed within 2-3 days of district workshop

Activities to be conducted:

- To Prepare a master list of all villages/hamlets/HRAs etc. Using the existing routine immunization microplans, polio microplans, census list of villages/hamlets, list of polio HRAs (slums, nomads, brick kilns, construction sites and other non-migratory HRAs), list of areas with measles or diphtheria outbreaks in the last two years (with any reported measles death) and monitored areas for routine immunization with sub-optimal performance.
- ANMs will be provided blank microplanning format 1 to list all areas and subsequently identify areas requiring additional sessions under Mission Indradhanush in their own sub-centre areas.
- During the following 2-3 days, ANMs should list all HRAs (villages, hamlets, slums, nomadic sites, brick kilns, construction sites, other high-risk settlements) on the ANM microplanning format 1. Once all areas are listed, ANMs will identify areas where the number of unvaccinated (left outs) and partially vaccinated (drop outs) children up to 2 years of age is high and require additional sessions. Enlisting of beneficiaries will require ASHA/AWW/link worker support for headcount survey.

Step 2. Block/ urban health unit microplanning meeting

Facilitators: Two MOs from the block trained at district level, with support from partners including WHO India NPSP, UNICEF and others. Nodal officer will coordinate this activity in urban local bodies.

Participants: ANMs/ LHVs/ health supervisors/key NHM officials at block level

Timeline: To be completed within 2-3 days of the first block microplanning meeting

In urban areas:

- Identify nodal officer for immunization activities in urban areas for Mission Indradhanush
- Nodal officer will demarcate the urban area into the catchment area of available health posts. He/she will then identify the available health manpower (ANM/public health nurses/health supervisors) in each health post.

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- Considering 2-3 polio team days as one unit, each health post in-charge will map and list each such unit in microplanning.
- Once all areas are listed, health post in-charges will identify areas where numbers of unvaccinated (left out) and partially vaccinated (drop outs) beneficiaries require additional sessions (posh colonies/areas with high routine immunization coverage will not be included in this planning). All such areas will be listed in microplanning.

Step 3. District-level microplan finalization meeting

Facilitators: CMO/DIO and trained MO with support from partners including WHO India NPSP, UNICEF and others

Participants: Two MOs from each block and urban nodal officers

Timeline: To be conducted within 2-3 days of block/urban health unit microplanning meeting

Step 4. Block meeting with ANMs, ASHAs, AWWs and link workers for microplan distribution

Facilitators: Two MOs from the block trained at district level, with support from Leveraging special strategies developed by the polio teams to access high risk, hard- to-reach and undeserved communities, Mission Indradhanush brought in communities that previously had only been reached for polio vaccination but with limited access to routine immunization services. Microplanning for Mission Indradhanush focused on improving coverage and addressing equity issues in access to immunization.

including WHO India NPSP, UNICEF and others. Nodal officer will coordinate this activity in urban local bodies.

Participants: ANMs/LHVs/health supervisors/key NHM officials at block level

Timeline: To be completed within 2 days of district microplan finalization meeting

ROLE OF PARTNER AGENCIES

The technical and monitoring support of partner agencies such as WHO, UNICEF, Rotary International and other stakeholders continues to be significance in strengthening of health system and programmes in India. States must actively engage these partner agencies in their core areas of strength.

WHO (world Health Organization)

WHO will provide technical support to the government of India by building sustainable institutional capacity for effective planning and implementation and undertaken routine performance monitoring at district/block level for timely delivery of routine immunization services. The following are the key thematic areas of support:

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- Facilitate preparatory meetings for the development of microplans at district and block levels.
- Development training materials and build capacity of district trainers for training of health personnel.
- Track the progress and implementation of the Indradhanush round.
- Provide monitoring feedback during task force and other review meetings at district, state and national levels.
- Risk PRIORITIZATION

UNICEF (United Nations Children's Fund)

- UNICEF will work collaboratively with immunization Technical Support Unit (ITSU) to develop the dissemination plan for Mission Indradhanush at the national, state, district and block levels.
- Support state, district and blocks for social mobilization activities, dissemination of information and their monitoring through its social mobilization network.
- Provide supportive supervision for cold chain and vaccine management using standardized checklists and sharing feedback at the national, state and district levels.
- Participate as resource persons in training of health personnel at state and district levels.
- Strategic communication unit of ITSU will take a lead on communication plan activities. ITSU will formalise the communication plan with inputs and support from UNICEF, Rotary, Global Health Strategies and other partners.

Rotary International

- Advocacy at state and district levels fir routine immunization strengthening, specifically for Indradhanush.
- Supporting the mass awareness campaign through intensified IEC activities and community

Astrategic Approach to Reproductive, Maternal, New Born, Child and Adolescent Health (RMNCH+A) in India

- The RMNCH+A state lead partners will assist with implementation of strategies to strengthen the mission in selected high-focus districts. They will also support monitoring of immunization drives and share feedback at block, district and state levels. Any critical support required by the state may be forwarded to the lead partner agency through the STFI.

Professional bodies and CSOs

Key state and local bodies such as IMA, IAP and CSOs should be actively involved. These organizations are expected to play a critical role in awareness generation and advocacy, particularly at the local level. They will participate in district and state level meetings.

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Conclusion : Mission Indradhanush provide states with an opportunity to reach the unvaccinated and partially vaccinated children and pregnant women to improve the full immunization status. A well-publicized launch ceremony for the Mission should be planned to improve general awareness about the UIP, with a focus on unreached/poorly reached areas as per the criteria described earlier.

Successful launch of the Mission will include mass media components as well as one to one interpersonal contact with beneficiaries to openly respond to queries. To be able to respond comprehensively, othe related government departments, local media and NGOs should be briefed and brought on board, so that they may also spread the message and motivate the community to benefit from immunization. The state and district task forces on immunization should steer the planning, coordinate, implementation and monitoring of the programme.

Recording and reporting formats and communication materials should be prepared in local languages and distributed well in advance to target audiences. Failures in communication commonly occur because the disseminated materials do not reach the intended targets and/or the information is not appropriate for the intended audience.

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