Mission Indradhanush

Operational Guidelines

2015

NATIONAL HEALTH MISSION

CONTENTS

Acronyms

AD	auto-disable
AEFI	adverse event following immunization
ANM	auxiliary nurse midwife
ASHA	accredited social health activist
AVD	alternate vaccine delivery
AWW	*anganwadi* worker
BCG	*Bacillus Calmette-Guerin*
CBO	community based organization
CES	coverage evaluation survey
CHC	community health center
CMO	chief medical officer
CSO	civil society organization
DHS	District Health Society
DIO	district immunization officer
DLHS	district level household and facility survey
DPT	diphtheria–pertussis–tetanus
DTFI	district task force for immunization
DUDA	district urban development agency
EPI	expanded programme on immunization
HMIS	health management information system
HRA	high risk area
IAP	Indian Academy of Pediatrics
ICDS	Integrated Child Development Services
IEC	information, education and communication
ILR	ice-lined refrigerator
IMA	Indian Medical Association
INCHIS	Integrated Child Health and Immunization Survey
IPC	interpersonal communication
JE	Japanese Encephalitis
LHV	lady health visitor
MCH	maternal and child health
MCP	mother–child protection (card)
MCTS	mother and child tracking system
MCV-2	measles-containing vaccine second dose
MD (NHM)	Mission Director, National Health Mission
MO	medical officer
MoHFW	Ministry of Health & Family Welfare

NGO	non-governmental organization
NPSP	National Polio Surveillance Project
NTAGI	National Technical Advisory Group on Immunization
OPV	oral polio vaccine
OVP	open vial policy
PHC	primary health center
PRI	*panchayati raj* institution
RI	routine immunization
RMNCH+A	reproductive, maternal, newborn, child health and adolescent health
SHG	self-help group
SHS	State Health Society
SIO	state immunization officer
SMO	surveillance medical officer
STFI	state task force for immunization
ToT	training of trainers
TT	tetanus toxoid
UIP	Universal Immunization Programme
UNICEF	United Nations Children's Fund
VPD	vaccine preventable disease
VVM	vaccine vial monitor
WHO	World Health Organization

Background

The Government of India (GoI) is committed to reducing child mortality and morbidity in the country by improving full immunization coverage through universal immunization programme (UIP) and introducing new and efficacious vaccines for vaccine preventable diseases (VPDs).

India's immunization programme, launched in 1985, is one of the largest health programmes of its kind in the world catering to a birth cohort of 2.7 crore children annually. The programme provides vaccination against **seven life-threatening diseases** (diphtheria, whooping cough, tetanus, polio, tuberculosis, measles and hepatitis B) in the entire country. In addition, vaccination against *Haemophilus influenzae* type B (Hib) and Japanese Encephalitis (JE) is provided in selected districts/states of the country.

Despite being operational for the past more than 30 years, **only 65% children in India receive all vaccines** during their first year of life. It is estimated that annually, more than 89 lakh children in the country do not receive all vaccines that are available under the UIP–the highest number compared with any other country in the world.

As a strategic endeavor, the Ministry of Health & Family Welfare (MoHFW), GoI, launched **Mission Indradhanush** in December 2014 to achieve more than 90% full immunization coverage in the country. This initiative will eventually close immunity gaps and strengthen immunization coverage.

1. Rationale for Mission Indradhanush

Evidence shows that unimmunized and partially immunized children are most susceptible to childhood diseases and disability, and run a 3–6 times higher risk of death as compared with fully immunized children.

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

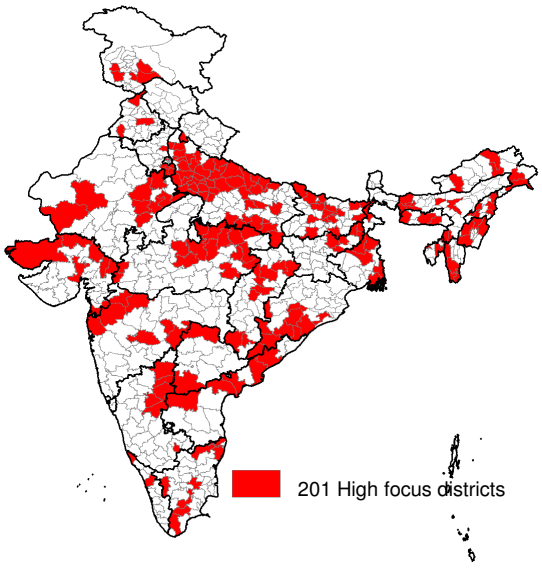
It is critical to identify the unvaccinated or partially vaccinated children and address these issues with focused microplanning, provision of additional financial resources and systematic immunization drives to reach these children with all available life-saving vaccines.

1.1 What is Mission Indradhanush?

The MoHFW, Govt. of India 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 in India from 65% in 2014 to at least 90% children in the next five years. This will be done through special catch-up drives.

Figure 1. High focus districts for Mission Indradhanush



Under Mission Indradhanush, the government has identified 201 high focus districts across the country that have nearly 50% of all unvaccinated or partially vaccinated children in the country. Four states of Bihar, Madhya Pradesh, Rajasthan and Uttar Pradesh account for 82 of the 201 high focus districts and nearly 25% of the unvaccinated or partially vaccinated children of India.

Figure 1 illustrates 201 high focus districts identified by the government. *(A list of 201 high focus districts has been provided in annexure 1).*

2. Objectives and strategy

2.1 General objective

The 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 201 high focus districts.

2.2 Specific objectives

With the launch of Mission Indradhanush, the government aims at

- Generating high demand for immunization services by addressing communication challenges;
- Enhancing political, administrative and financial commitment through advocacy with key stakeholders; and
- Ensuring that the partially immunized and unimmunized children are fully immunized as per national immunization schedule (annexure 2).

2.3 Areas under focus

Mission Indradhanush will be a nationwide drive, with focus on 201 identified high focus districts. Key areas reached through Mission Indradhanush will be:

- Areas with vacant sub-centers: No auxiliary nurse midwife (ANM) posted for more than three months.
- Villages/areas with three or more consecutive missed routine immunization (RI) sessions: ANMs on long leave or other similar reasons.
- High risk areas (HRAs) identified by the polio eradication programme. 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 RI coverage, identified through measles outbreaks, cases of diphtheria and neonatal tetanus in last two years.
- Small villages, hamlets, dhanis, purbas, basas (field huts), etc., clubbed with another village for RI sessions and not having independent RI sessions.

2.4 Strategy for Mission Indradhanush

Mission Indradhanush will be a nationwide intensified RI drive for ensuring high coverage throughout the country and will be conducted between March and June 2015 in the country, with focus on 201 high focus districts. The two main components of this mission will be:

- Operational planning
- Communication planning

IMPLEMENTATION OF MISSION INDRADHANUSH

- *All ANMs will plan activities for seven days of each drive. This will include 1-2 days of activities in the ANM's own sub-centre area and remaining days in same/adjoining blocks or urban areas of her district.*
- *All identified areas that require RI strengthening but have no/infrequent RI sessions must be reached through Mission Indradhanush sessions.*
- *Mission Indradhanush will be implemented according to a roster prepared during the microplanning meetings at block and district levels for each ANM in the district.*
- *Once these rosters have been prepared for each ANM in the district for the duration of the Indradhanush week, the DIO must assess the requirement of any hired vaccinators, which if required, should be identified, hired as per NHM financial norms (annexure 8) and trained by the DIO.*

POINTS TO REMEMBER

- ***Number of rounds:*** *A total of four rounds will be conducted under the mission. After the round, efforts must be made to include these sessions in regular RI plans, during fifth week of the month or by designating additional day(s) for RI.*
- ***Duration of each round:*** *Each round will begin on Monday and will last for upto seven days (based on need).*
- ***Targeted beneficiaries:*** *Children under two years of age and pregnant women. However, children above two years of age seeking vaccination at any Indradhanush session will not be denied due vaccines.*

2.4.1 Operational planning: The following two operational mechanisms will be utilized to reach out to the unreached or poorly reached beneficiaries:

2.4.1.1 Fixed and outreach sessions

Medical officer-in charge for the block/urban planning unit will conduct a detailed planning for the additional sessions to be conducted in the planning unit. Provision for vaccination should be made at health posts, primary health centers (PHCs) and district hospital.

Sites for vaccination: In urban areas, urban health posts, post-partum (PP) centers, family welfare centers or local leader's premises in urban slums can also be used as immunization sites. For other areas, primary schools, *anganwadi* centers, private dispensaries, non-governmental organization

(NGO) sites or any other locations that are easily accessible and acceptable to community can be used as immunization sites. Efforts have to be made to provide regular immunization services from these sites even after the Indradhanush weeks are over.

Availability of human resources: In addition to health staff available from the same or neighboring community health center (CHC)/Block PHC, NGOs (LIONS, Rotary etc.), it is necessary to utilize retired health workers, and staff available from other government agencies such as Employee's State Insurance Corporation, Central Government Health Scheme, armed forces, railways, District Urban Development Agency(DUDA)/State Urban Development Agency (SUDA) and community based organizations to reach large number of children.

Timing: The activity will be conducted from 9 am to 4 pm. However, sessions should be planned based on availability of the targeted population to maximize the benefits achieved.

Team: A team will comprise one vaccinator and up to two mobilizers (at least one should be from local mohallas/locality). An additional vaccinator will be included in the team if the estimated injection load is more than 60–70.

2.4.1.2 Mobile sessions

Mobile sessions should be planned at places where routine immunization coverage is weak and the small number of beneficiaries does not warrant an independent session. These areas include peri-urban areas, scattered slums, brick kilns and construction sites. For these sessions, alternate means such as mobile vans should be planned in the attached format (annexure 12). It is important to ensure that the vials of BCG, measles and JE vaccines that are reconstituted at one site should not be used at the next site. The Integrated Child Development Services (ICDS) department may support these mobile clinics through supplementary nutrition services that may be provided to beneficiaries in these difficult-to-reach areas.

2.4.1.3 Planning considerations

Based on evidence and best practices from the polio eradication programme, following activities will be critical for the successful implementation of Mission Indradhanush:

- **Meticulous planning of immunization sessions at all levels:** Plan sessions for identified areas with inadequate reach of immunization programme, as detailed in section 2.3. Ensure availability of sufficient vaccinators and all vaccines during routine immunization sessions.
- **Effective communication and social mobilization efforts:** Generate awareness and demand for immunization services through need-based communication and social mobilization activities (mass media, mid media, interpersonal communication, school and youth networks and corporates).
- **Intensive training of health officials and frontline workers:** Build capacity of health officials and workers for routine immunization activities to ensure the highest quality of immunization services delivery to beneficiaries.
- **Establish accountability framework through task forces:** Enhance involvement and accountability/ownership of state and district administrative and health officials through state and district task forces for immunization. It is important to use concurrent session monitoring data to plug gaps in implementation.

2.4.2 Communication planning

Need-based communication and social mobilization activities should be planned to achieve the following objectives:

- Demand generation through increased visibility;
- Advocacy through media, professional bodies and political leadership;
- Capacity building of immunization workforce on communication; and
- Social mobilization through interpersonal communication, school and youth networks and corporates.
- Monitoring of communication interventions

To meet and sustain coverage goals under Mission Indradhanush, a well-carved strategic communication plan needs to be in place, reaching out to communities and hard-to-reach populations and building trust in health care services. This calls for identifying communication methods or channels that are the most appropriate for targeted stakeholders, liked and used by them, and can most effectively reach them with programme messages. The communication plan also needs to take into consideration specific communication activities at different levels of operation. These are indicated below. A more detailed communication activity plan will be shared later.

a) National Communication Plan: The communication activities initiated at the national level will focus primarily on mass media channels and their frequency and periodicity. The communication activities will include:

- Launch of Mission Indradhanush
- National media management
- Airing of TV spots on national and regional channels
- Radio jingles on FM and AIR.
- Newspaper advertisements (English and Hindi)
- SMS campaign
- Quarterly newsletter (Catch-up or separate newsletter on Mission Indradhanush)
- Consolidated Progress report
- Monitoring of communication interventions

b) State Communication Plan: Communication plan at the state level will include the following five key components. Each component will have specific communication activities to reach out to a range of stakeholders with information and messages on various programme components.

- Demand generation
- Capacity building
- Coordination and convergence
- Advocacy and social mobilization
- Media engagement
- Communication monitoring

Communication activities at the state level will include the following:

- Development of State communication action plan
- Capacity building

    - Capacity building of state/district officials on operationalization of communications plan
    - IPC Skills training of state officials
    - Capacity building of media spokespersons
- Advocacy engagements with:
    - Religious leaders
    - Local political leaders (MPs, MLAs)
    - Professional bodies like IMA and IAP
- Launch of Mission Indradhanush
- State-level media management, including media orientation, press briefings, media tracking and analysis
- Mass media
    - Airing of TV spots on regional channels
    - Radio jingles on local FM
    - Newspaper advertisements in state-level newspapers (English and Hindi)
    - SMS campaign
- Cross-district visits

c) District Communication Plan: It describes the activities to be undertaken at district level for the five components as listed under state plan. For mid-media activities, prototypes of materials will be developed at national or state level and shared with the district for printing and dissemination. States may also adapt the prototypes shared by the national level according to their local context. An approximate numbers for printing of IEC materials have been taken, for example, in a district with around 2000 ASHAs, 10,000 posters maybe printed @ INR 5 posters per ASHA area. This is just an approximation and actual numbers may vary depending upon the number of ASHAs per district.

The plan details out generic communication activities and also ways to reach out to specific populations and groups in high priority or geographically hard-to-reach areas. A few activities have been suggested for hilly/ flood prone/ desert/ jungle/ unrest areas, in resistant or underserved pockets, urban slums, tribal areas and mobile/migrant populations. It is at the discretion of the states to decide the kind of activities they find appropriate.

Communication activities at the district level will include the following:

- Development of District communication action plan
- Capacity building
    - IPC skills training for Block MOs/NHM officials on demand generation activities
    - Orientation of nodal school teachers on RI
    - Orientation of NGO volunteers on RI
    - Capacity building of media spokespersons
- Advocacy engagements with:
    - Religious leaders
    - Local political leaders (MPs, MLAs)
    - Advocacy meetings with key influencers (ward members/ councillors/ PRIs/ teachers, local doctors, IAP/IMA members, CSOs, NCC, NSS, etc.)

- Social mobilization campaign through community networks (CBOs, community influencers, religious leaders, NGOs, youth volunteers, SHGs, Cooperatives etc.)
    - Organize health camps in local MLAs and MPs constituency(s) and ensure their participation
    - Institutionalize a reward and recognition system for well-performing ANMs/ASHAs
- District-level media management, including media orientation, press briefings
- Mass media
    - Airing of TV spots on local channels and cable TV
    - Radio jingles on local FM channels
    - Newspaper advertisements (English and Hindi)
    - SMS campaign
    - Printing of IEC materials
- Monthly district level meetings with ICDS, PRI, allied depts. for inter-sectoral convergence Posters, pamphlets, flipbooks, hoardings, banners, flex boards, balloons
- Monthly and quarterly meetings of Inter-agency communications group and Integrated District BCC Cell
- Monitoring of communication activities

At the district level, dedicated communication plans will be made for the following areas:

- High-priority areas
- Resistant and under-served pockets
- Urban-slums
- Tribal areas
- Migrant/mobile populations

d) Block Communication Plan: It describes some indicative communication activities under the different components on a similar pattern as state and district level plans. Under demand generation, suggested strategic locations for display and dissemination of mid-media materials have also been given, for enhanced visibility of messages. The plan also includes proposed activities for interpersonal communication and community mobilization along with capacity building, coordination and advocacy and social mobilization initiatives.

Communication activities at the block level will include the following:

- Capacity building
    - IPC skills training for frontline functionaries (ANM and ASHA)
    - Orientation of nodal school teachers on RI
    - Orientation of NGO volunteers on RI
- Advocacy engagements with
    - Religious leaders, PRI members, and key influencers (teachers, local doctors, CSOs, NCC, NSS, etc.)
- Community meetings
    - Temple/mosque announcements
- Organize health camps in hard-to-reach/ underserved areas/resistant pockets

- Social mobilization campaign through community networks (CBOs, community influencers, religious leaders, NGOs, youth volunteers, SHGs, Cooperatives etc.)
- IEC products including:
    - Posters, pamphlets, flipbooks, hoardings, banners, flex boards
- Monthly meetings with ICDS, PRI, allied depts. for inter-sectoral convergence

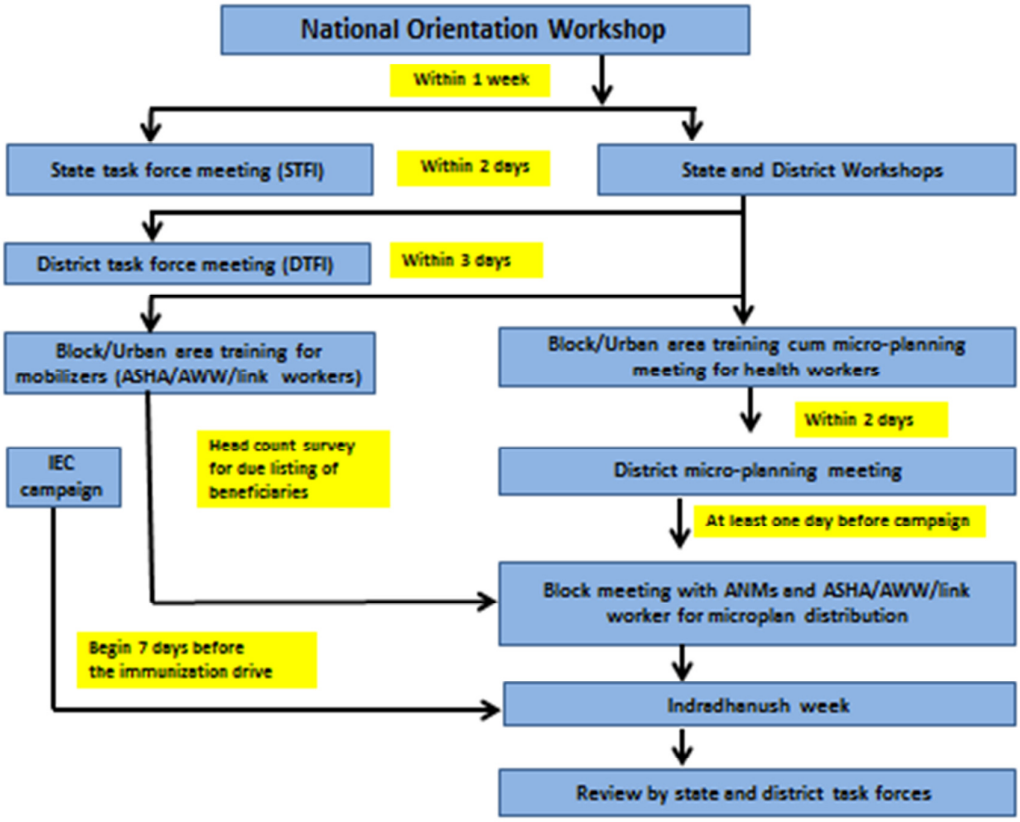
e) Community-level Communication Plan: A communication plan should be developed for the sessions planned under Mission Indradhanush. The following activities may be undertaken to enhance community awareness for Mission Indradhanush and acceptance for routine immunization:

- Local miking on slow moving vehicles
- Drum beating
- Announcements from locally situated religious places
- Community radio spots
- Mothers' meetings
- Community meetings
- Rallies
- Display of banners and posters
- Home visits by local mobilizers (ASHA/AWW/link worker) for IPC

3. Steps for roll out of Mission Indradhanush

The roll out of Mission Indradhanush requires meticulous planning at all levels. The special sessions under Mission Indradhanush should be conducted in areas that are unreached or poorly reached for routine immunization services to ensure maximum improvement in full immunization coverage of states. Prior to conducting these sessions, headcount must be done in such areas for enlisting beneficiaries and preparing due lists. The steps for rolling out Mission Indradhanush have been illustrated in Figure 2.

Figure 2. Steps for roll out of Mission Indradhanush



3.1 State-level activities

The following activities should be undertaken at state level for the successful introduction of Mission Indradhanush:

3.1.1 Meeting of state task force for immunization (STFI)

Chairperson: Principal Secretary, Health

Co-chair: Mission Director, National Health Mission (NHM)

Member Secretary: State Immunization Officer

Responsibility: Director, Family Welfare, and State Immunization Officer

Timeline: First meeting within one week of the national workshop, and subsequent meeting following completion of each round to review coverage data, monitoring feedback and any other issues and plan for the next phase.

Frequency: At least one meeting before each Mission Indradhanush week

Review mechanism: Ministry of Health and Family Welfare will review the activity.

Activities to be conducted:

- Provide technical guidance, including funding and operational guidelines, and fix timelines for districts to plan and implement immunization weeks.
- Communicate with district magistrates for conducting district task force meetings (DTFIs) and district workshop for Mission Indradhanush after the state workshop.
- Involve other relevant departments including ICDS, PRI and key immunization partners such as World Health Organization (WHO)-India National Polio Surveillance Project (NPSP), United Nations International Children's Fund (UNICEF), Rotary International, RMNCH+A lead partners and other organizations at state and district levels. Civil service organizations (CSOs), including professional bodies such as Indian Medical Association (IMA) and Indian Academy of Pediatrics (IAP) should be involved.
- Ensure identification of nodal officer for urban areas in each district. He/she will facilitate micro-planning in urban areas of the district.
- Ensure adequate number of IEC materials (as per prototypes) and updated planning and reporting formats are printed and disseminated to districts in time. Ensure that these materials are printed in local languages if required.
- Deploy senior state-level health officials to high focus districts for monitoring and ensuring accountability framework. They should visit these districts and provide oversight to activities for roll out of Mission Indradhanush, including participation in DTFI and assessment of district preparedness.
- Track districts for adherence to timelines, including micro-planning, indenting of vaccines and logistics and launch of Mission Indradhanush. All districts should conduct these drives on a common date.
- Fix date and time and conduct video conference with districts and urban local bodies to review and resolve issues related to micro-planning, vaccines and logistics, human resources availability, training, waste management, adverse events following immunization (AEFI) and IEC/BCC. District participants will include district magistrate, chief medical officer, district immunization officer and nodal officer for urban area.
- Review each round of Mission Indradhanush and guide corrective actions.
- Minutes and actions taken report of each meeting should be circulated to concerned officials and communicated to MoHFW, GoI.

3.1.2 State workshops

Two state level orientation workshops have to be conducted, one for Medical Officers (DIO and one MO) and second workshop for media sensitization.

Responsibility: State Immunization Officer

Technical support: Key development partners such as WHO-India NPSP, UNICEF and others

Financial support: WHO-India NPSP will support state workshops for medical officers in Bihar, Chhattisgarh, Haryana, Jharkhand, Madhya Pradesh, Rajasthan, Uttar Pradesh and West Bengal. State workshops in the remaining states will be supported through NHM funds as per guidelines.

Timeline: Within 3–5 days of national workshop

Participants: District Immunization Officer and another Medical Officer from each district.

Review mechanism: Ministry of Health & Family Welfare, Government of India

Agenda: Attached as annexure 3

Activities to be conducted:

- Disseminate relevant guidelines, training material and planning formats during training.
- Ensure timely printing and dissemination of updated reporting and recording tools (immunization component in mother-child protection [MCP] card), registers, due lists, tally sheets, etc. Appropriate translation into local languages should be undertaken if required. Ensure use of these updated materials in the sensitization workshops at all levels.
- Train district-level trainers on use of immunization tracking bag (to be used by accredited social health activist/*anganwadi* worker [ASHA/AWW] one per session site) and revised counterfoil of MCP card.
- State health authorities and partners should intensively monitor trainings for quality and attendance, and share findings with STFI.
- Post district-wise progress on training status on the website of state health department.
- Details of trainings to be conducted at the state level are given in Table 1.

Table 1. State-level workshops

S.No.	Trainees	Trainers	Duration	Timeline
1	**Medical officers**: DIO and one medical officer from each district (two persons per district). Also include SMOs of WHO-India NPSP, UNICEF district coordinators, and others such as state programme manager (NHM), state IEC consultant, state ASHA coordinator, state cold chain officer, state data manager, state M&E coordinator (NHM), state finance and accounts manager (NHM)	SIO with support from state cold chain officer, HMIS and MCTS coordinators, IEC consultant and partners such as WHO-India NPSP, UNICEF and others	One-day workshop	Within 3-5 days of completion of national workshop
2	**Mission Indradhanush media sensitization meeting:** Workshop for sensitization of media (print/electronic). Funding support: NHM	SIO with support from UNICEF, Rotary, WHO-India NPSP and other partners, state IEC consultant, media officer. Principal Secretary to chair and Mission Director NHM to co-chair the meeting.	Half-day workshop	At least 1 week prior to the launch

3.2 District-level activities

The following activities should be undertaken at the district level for successful roll out of Mission Indradhanush:

3.2.1 Meeting of district task force for immunization (DTFI)

Chairperson: District Magistrate

Member Secretary: District Immunization Officer

Responsibility: District Immunization Officer

Timeline: Within two days of state/district workshop

Frequency: At least one DTFI meeting prior to each round of Mission Indradhanush may be organized more frequently to review progress in planning and implementation

Review mechanism: STFI meeting

Activities to be conducted:

- Provide technical guidance, including funding and operational guidelines, and fix timelines for blocks to plan and implement immunization weeks.
- Involve other relevant departments including ICDS, PRI and key immunization partners such as WHO-India NPSP, UNICEF, Rotary International, RMNCH+A lead partners and other organizations at state and district levels. CSOs, including professional bodies such as IMA and IAP should be involved.
- Ensure identification of nodal officer for urban areas in the district. He/she will facilitate micro-planning in urban areas of the district.
- Ensure adequate number of printed IEC materials (as per prototypes) and updated reporting and recording tools (MCP cards, registers, due lists, tally sheets etc.) are printed and disseminated to blocks/planning units in time. Ensure that these materials are discussed and used in the sensitization workshops.
- Deploy senior district-level health officials to priority blocks for monitoring and ensuring accountability framework. They should visit these blocks and provide oversight to activities for roll out of Mission Indradhanush, including participation in trainings, monitoring of activity and participation in evening review meetings.
- Ensure availability of required doses of all UIP vaccines and other logistics. This will require a headcount for estimation of beneficiaries in the uncovered or poorly covered areas.
- Track blocks and urban areas for adherence to timelines, including micro-planning, indenting of vaccines and logistics and launch of each round of Mission Indradhanush.
- Communicate to Principal Secretary (Health) in case dates of Mission Indradhanush rounds need to be changed due to exceptional circumstances.
- Resolve issues related to micro-planning, vaccines and logistics, human resources availability, training, waste management, AEFI and IEC/BCC.
- Review each round and guide corrective actions.

- Conduct daily evening feedback meetings during the round at the district for sharing feedback and corrective actions.
- Minutes and actions taken report of each meeting should be circulated to concerned officials and communicated to MoHFW, GoI.

POINT TO REMEMBER

Districts should make best use of lessons learnt from the polio programme to strengthen RI. WHO-India NPSP, UNICEF and other key organizations involved in immunization at district level will extend support in providing quality information/monitoring data to DTFI for guiding and taking appropriate actions.

3.2.2 District workshops

Responsibility: District Immunization Officer. He will prepare a training calendar for each type of district-level training as given in Table 2 and communicate the same to DTFI.

Technical support: Key development partners such as WHO-India NPSP, UNICEF and others

Financial support: WHO-India NPSP will support district workshops for medical officers in all 201 high focus districts. One-hour training of NHM officials, half-day trainings of data handlers and cold chain handlers, and media workshop will be financially supported through NHM funds.

Timeline: To be completed within one week of STFI meeting

Participants: 2 Medical Officers from each block and urban planning unit.

Review mechanism: DTFI and STFI

Agenda: Attached as annexures 4a (MOs), 4b (NHM finance managers), 4c (data handlers) and 4d (vaccine and cold chain handlers).

Activities to be conducted:

- Conduct district-level training of trainers (TOTs) to create a pool of trainers at district and block levels.
- This pool of trainers will conduct sub-district level training of health work force, including health workers and supervisors (ANMs, lady health visitors [LHVs) and health supervisors) and community mobilizers (ASHAs, AWWs and link workers).
- Train block-level trainers on use of immunization tracking bag (to be used by ASHA/AWW) and revised counterfoil of MCP card.
- Sensitize key district level NHM officials on Mission Indradhanush.
- Disseminate relevant guidelines, training material and planning formats to participants during workshops.
- Ensure adequate number of printed IEC materials (as per prototypes) are timely disseminated to the district.
- Submit fortnightly progress on training status of each level of functionaries to the state immunization officer.

- Details of trainings to be conducted at the district level are given in Table 2.

Table 2. District-level workshops

S.No.	Trainees	Trainer	Duration	Timeline
1	**Medical officers**: Two medical officers per block/urban planning unit. Nominations to be forwarded to DIO. Others include district programme manager (NHM), district IEC consultant, district ASHA coordinator, district cold chain handler, district data manager, district M&E coordinator (NHM), district accounts manager (NHM)	DIO and another medical officer trained at state level and partners (WHO-India NPSP, UNICEF and others)	One-day workshop	Within 1 week after completion of STFI meeting
2	**Programme/accounts managers (NHM)**: District and Block programme and accounts managers and other officials handling NHM funds	DIO and trained medical officer, with support from district programme manager, district accounts manager, district M&E coordinator and partners (WHO-India NPSP, UNICEF and others)	One hour	After completion of district MO workshop
3	**Data handlers**: One data handler involved in immunization data entry (HMIS and MCTS data) per district/block/planning unit	DIO and other medical officer trained at state level. District M&E coordinator (NHM) and partners (WHO-India NPSP, UNICEF and others)	Half-day workshop	Within 1 week after completion of district workshop
4	**Vaccine and cold chain handlers**: Block/planning unit to identify and nominate at least two persons per vaccine storage point. Nominations to be forwarded to DIO	DIO and trained Medical Officer with district cold chain handler and partners (WHO-India NPSP, UNICEF and others)	Half-day workshop	
5	**Mission Indradhanush media workshop:** Workshop for sensitization of media (print/electronic). DIO, with support of partners, to prepare the agenda and list of invitees.	DIO with support from UNICEF, Rotary, WHO-India NPSP and other partners, district IEC consultant, media officer. District magistrate to chair the meeting	Half-day workshop	At least 1 week before launch

ASHA: accredited social health activist; DIO: district immunization officer; HMIS: health management information system; IEC: information, education and communication; MCTS: mother and child tracking system; NHM: National Health Mission

Notes: 1. Refer to Annexures 4a, 4b, 4c and 4d for agenda and tips for trainers for Serials 1, 2, 3 and 4 respectively.

3.2.3 District micro-planning meeting

Facilitators: Chief Medical Officer/District Immunization Officer and trained Medical Officer with support from partners including WHO-India NPSP, UNICEF and others

Participants: Two medical officers from each block

Timeline: To be conducted within 2–3 days of block training cum micro-planning meeting

Activities to be conducted:

- Each block medical officer-in charge and nodal officer (in urban areas) will carry micro-planning form 2 of his/her block/urban area along with micro-planning form 3 (ANM roster for Mission Indradhanush) for all ANMs in the block.
- Nodal officer in urban areas will discuss the number of sessions that have not been assigned to any ANM/vaccinator.
- District immunization officer will assess the number of sessions in each block and all urban areas that have not been assigned to any ANM/vaccinator. He/she will also assess the number of ANM days available with each block/urban area that may be handed over to the other block/urban area.
- ANMs with one or more days available during Mission Indradhanush week can be assigned to another block/urban area for conducting routine immunization sessions during this drive. This assignment should be done keeping in mind the travel time and feasibility of this assignment.
- These assigned sessions will be included in the ANM roster (micro-planning form 3) of ANMs concerned by their medical officer-in charges.
- Such ANMs working in other sub-center areas may be supervised by a different supervisor.
- This meeting will also allow district immunization officer to review the requirement of mobile units for conducting vaccination sessions in blocks/urban areas.
- District immunization officer will also assess the requirement for hiring vaccinators for conducting sessions during this drive.

3.3 Block-level activities

The following activities should be undertaken at the block level for roll out of Mission Indradhanush:

3.3.1 Training of frontline workers

Responsibility: Block Medical Officer-in charge

Technical support: Training will be conducted by two medical officers trained at district level with support from key development partners such as WHO-India NPSP, UNICEF and others.

Financial support: These trainings will be supported through NHM funds as per guidelines.

Timeline: To be completed within three days of district workshop

Participants: Health workers (ANMs, LHVs, health supervisors etc.) and social mobilizers (ASHAs, AWWs and link workers)

Review mechanism: DTFI

Agenda: Refer to annexures 5 and 6

***Activities to be conducted*:**

- **Training of ANMs/LHVs/health supervisors**
    - In sub centres with two ANMs, clear area division between the two ANMs must be done to ensure maximum output and accountability.

- Updated reporting and recording tools, including Mission Indradhanush micro-planning and reporting forms, revised counterfoil of MCP card, tracking bag, due lists, tally sheets, and registers, will be shared during the training workshops.
- One-page info kit on Mission Indradhanush planning and operationalization will be provided to ANMs during the training.
- Printed IEC materials, including street and session site banners and posters, will be provided to ANMs for display at session sites.
- Preparation of microplans by each ANM for conducting Mission Indradhanush sessions within own block.

- **Training of mobilizers (ASHAs, AWWs and link workers)**
  - Block ASHA coordinator and child development project officer will support medical officers and representatives from partner agencies in conducting these trainings.
  - Mobilizers will be trained on headcount for estimation of beneficiaries.
  - Mobilizers will be expected to conduct this survey in their assigned area, and if required, outside their area as well. Financial support will be provided for conducting this exercise as per norms (annexure 8).
  - Financial support will also be disbursed by Medical Officer in charge (MO IC) of the block for mobilization of beneficiaries to session sites by mobilizers (ASHA/AWW/link worker) as per attached norms (annexure 8).
  - Details of trainings to be conducted at the block level are given below in Table 3.

Table 3. Block-level training workshops/TOTs

S.No.	Trainees	Trainers	Duration	Timeline
1	Health workers (ANMs, LHVs, health supervisors	District and block master trainers (DIO and two block-level medical officers trained at district level) Training to be conducted in small batches of 30–40 trainees	One-day for each workshop	Within 2 weeks of completion of district-level workshop
2	Mobilizers (ASHAs and AWWs)	District and block master trainers (DIO and two block-level medical officers trained at district level, supported by ASHA coordinators and others) Training to be conducted in small batches of 30–40 trainees	Half-day for each workshop	

ANM: auxiliary nurse midwife; ASHA: accredited social health activist; AWW: anganwadi worker; DIO: district immunization officer; LHV: lady health visitor

Notes: 1. Refer to annexures 5 and 6 for agenda and tips for trainers for Serials 1 and 2, respectively; 2. Submit progress report on training status of each level of functionary to DIO.

3.3.2 Preparation of microplans at block/urban health post

- Existing RI microplans, polio microplans, census list of villages/hamlets, list of polio HRAs (slums, nomads, brick kilns, construction sites, others and non-migratory HRAs), list of areas with measles or diphtheria outbreaks in the last two years (with any reported measles death), monitored areas for RI with sub-optimal performance and blank micro-planning forms 1 and 2.

- Following the training, health workers will be able to identify areas with weak RI coverage in their own sub-center areas. During the following 4–5 days, ANMs should list all HRAs (villages, hamlets, slums, nomadic sites, brick kilns, construction sites, other high risk settlements) on the ANM micro-planning form 1 (annexure 9). Once all areas are listed, ANM will identify areas where number of unvaccinated (left outs) and partially vaccinated (drop outs) children up to 2 years of age are high and require additional sessions. Enlisting of beneficiaries will require ASHA/AWW/link worker support for headcount survey.
- **Supervision**: Deploy one supervisor for 3 to 4 sessions per day. This may vary as per terrain and requirements.

3.3.3 Block/Urban health micro-planning meeting

Facilitators: Two medical officers 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

Timeline: To be completed within five days of the first block micro-planning meeting

Activities to be conducted:

- ANMs will fill micro-planning form 1 during training at the block level.
- Block/Health post medical officer-in charge will identify areas that require additional RI sessions from all sub-centers. Medical officer-in charge will enlist all such areas in micro-planning form 2 (annexure 10) and also determine whether these sites will be covered through outreach sessions or mobile sessions.
- Each ANM will prepare roster using micro-planning format (annexure 11) for routine immunization days that fall within the Mission Indradhanush week. During these two days, she will be expected to plan for additional sessions in her own sub-center area. For example, an ANM in Uttar Pradesh will plan sessions within her sub-center area on Wednesday and Saturday as these two days are observed as RI days in the state.
- Once ANM has prepared roster for these two days, medical officer-in charge will identify areas in the block that require an additional session but have not been included in any ANM's roster. This may happen in vacant sub-center areas/ANM on long leave/any other reason. Medical officer-in charge will assign such areas to other ANMs in the block for remaining days of the Indradhanush week. This assignment should be done keeping in mind the travel time and feasibility of this assignment. These assigned sessions will be included by ANMs concerned in their roster for the drive.
- Such ANMs working in other sub-center areas may be supervised by a different supervisor.
- ASHA/AWW/link workers will be assigned to each session in consultation with block ASHA coordinator. The ASHA manager will ensure that headcount is conducted for estimation of beneficiaries in additional areas assigned to a mobilizer. Ensure that this is a time-bound activity (one week) and its progress is monitored by DTFI. Medical officer-in charge will monitor and provide oversight to this activity.

In urban areas:

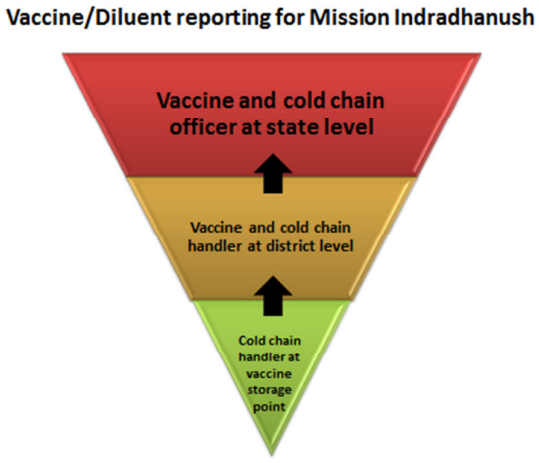
- Nodal officer will demarcate urban area into the catchment area of available health posts. He/She will then identify available health manpower (ANMs/public health nurses (PHNs)/ health supervisors) in each health post.
- Considering 2–3 polio team days as one unit, each health post-in charge will map and list each such unit in micro-planning form 1 (annexure 9).
- Once all areas are listed, health post-in charges will identify areas where numbers of unvaccinated (left outs) and partially vaccinated (drop outs) beneficiaries require additional sessions (posh colonies/areas with high RI coverage will not be included in this planning). All such areas will be listed in micro-planning form 2 (annexure 10).

3.3.4 Block meeting with ANMs and ASHA/AWW/link workers for microplan distribution

- Medical officer-in charges of blocks and urban health posts will conduct this meeting with their ANMs/health workers/hired vaccinators after the district-level micro-planning meeting.
- By this time, each ANM roster (annexure 11) will be filled with the following:
    - Areas included in ANM's sub-center with weak RI coverage, where she will conduct RI sessions on the two RI days designated by the state (as stated in the example above).
    - Sessions that ANM will conduct in the neighboring block/ urban area on the remaining days of Mission Indradhanush week. During these days, she will be supervised by supervisor designated for that particular area.
- The ANM concerned will need to discuss details (how to reach designated area, where to pick up vaccines) with supervisor of the area. Details of mobilizer (name and contact number) will be available in the ANM roster for Indradhanush weeks.
- Each ANM will send her tally sheet to the block through alternate vaccine delivery (AVD) mechanism on a daily basis so that reports can be compiled and submitted to the district on a daily basis.
- Monitoring feedback for ANM will be shared with the medical officer-in charge of the planning unit where she is working for the day. Medical officer will share feedback of the medical officer-in charge of the block where ANM is posted.

3.4 Estimating vaccines and syringes needed

- Logistics including auto-disable (AD) syringes and MCP cards available under the existing UIP programme will be used for Mission Indradhanush.
- Estimation of vaccine and logistics requirements should be done on the existing formats, based on the estimation of beneficiaries.



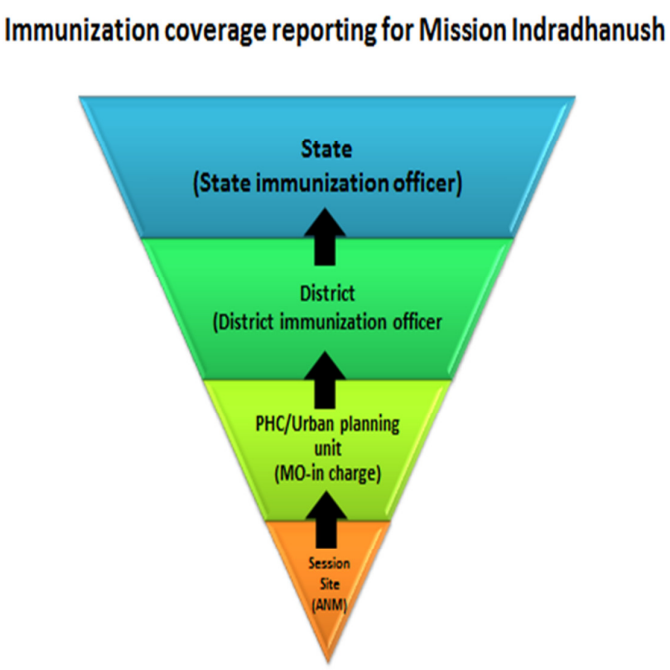
- PHCs and districts need to forecast their vaccine needs for the stipulated time period to ensure that the right amount of vaccine, AD syringes and cold chain equipment are available to vaccinate all eligible beneficiaries in the identified areas at a given time.
- DIO will be responsible for ensuring availability of required stock of vaccine and logistics for the Indradhanush sessions. Buffer stocks should be maintained as per recommendations.
- In case of any vaccine or logistic shortage at any session during the Indradhanush week, the ANM will contact the supervisor, who will arrange the required vaccine(s)/logistics from the nearby session or planning unit. Shortage at the block must promptly be replenished by the district level. In case of any shortage at district level, SIO will be informed for necessary action.

3.5 Vaccine wastage

- The existing open vial policy (OVP) guidelines will be applicable to significantly reduce vaccine wastage. The maximum acceptable wastage for vaccines eligible for reuse under the OVP (such as pentavalent vaccine, oral polio vaccine, hepatitis B, diphtheria-pertussis-tetanus, tetanus toxoid vaccine) is 10%.
- The wastage multiplication factor for calculations is 1.18.
    - For vaccines such as measles and JE, the maximum acceptable wastage is 25% and the wastage multiplication factor is 1.33.
    - For BCG, the maximum acceptable wastage is 50% and the wastage multiplication factor is 2.0.

3.6 Recording and reporting

- Recording and reporting of vaccination during Mission Indradhanush weeks will be done in the attached formats on a daily basis to the next higher level, i.e., ANM will report to the block PHC in tally sheet for Mission Indradhanush (annexure 14), block PHC will report to the district and so on.
- Vaccination will also be reported through the existing HMIS and MCTS portals. Blocks will compile ANM reports (annexure 15) and districts will compile block reports (annexure 16) and submit to the state.



- Critical indicators that will be derived from these reports are:
    - Total beneficiaries immunized
    - Total children fully immunized
    - Total children completely immunized

- Total beneficiaries vaccinated antigen wise.

3.7 Communication materials

It is important to revise and distribute IEC materials for creating awareness among community and caregivers before the Indradhanush drives. The Government of India will share prototypes of IEC materials with all states. The states can adapt these IEC materials as per their requirements.

3.8 Waste disposal

Keeping in harmony with the "Swaach Bharat Abhiyan," launched by the Government of India, each session will ensure clean surroundings and proper segregation and containment of all immunization waste generated. The immunization waste will be sent to PHC for disinfection and finally disposed of as per norms of Central Pollution Control Board.

3.9 Launch of Mission Indradhanush

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

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, other 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, coordination, implementation and monitoring of the programme.

Operational guidelines, tools and appropriate 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.

4. Role of partner agencies

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

WHO

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

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

UNICEF

- Support state, districts and block level 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 standardised checklists and sharing feedback at national, state and district level
- Participate as resource person in trainings for health personnel at state and district level
- UNICEF will work collaboratively with ITSU to develop the dissemination plan for Mission Indradhanush at the national, state, district and block level.
- 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, GHS and other partners.

Rotary International

- Advocacy at state and district level for routine immunization strengthening, specifically for Indradhanush.
- Supporting the mass awareness through intensified IEC activities and community mobilization interventions.

Lead partners for call to action (RMNCH+A)

- The RMNCH+A state lead partner 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 level. Any critical support required by the state may be forwarded to the lead partner agency through the state task force on immunization.

Professional bodies and Civil Society Organizations (CSOs)

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

5. Monitoring and evaluation

5.1 Monitoring of operations

The Mission Indradhanush weeks will be intensively monitored in the highest priority areas by officials from National, state and district level.

National level monitors: Officials from Ministry of Health and Family Welfare, Govt. of India and partner agencies

State level monitors: Senior state health officials deployed to the Mission Indradhanush districts by State task force for immunization (STFI)

District level monitors: Senior district health officials deployed to high priority blocks by district task force for immunization (DTFI)

Using the Mission Indradhanush monitoring formats, all available monitors from National, State and district level should be deployed to monitor the activity in highest priority blocks/ urban areas. The monitoring formats should be compiled and summarized as per normal practices.

Key indicators derived from monitoring are given below:

5.1.1 Session monitoring indicators:

- Sessions held as per plan
- Reasons for sessions not held
- % sessions found held among monitored HRAs (by types can be generated)
- ANM / ASHA having due list
- IEC display status
- Availability of vaccines
- Reason analysis on non-availability of any vaccine
- Indicators on AEFI and implementation of open vial policy
- Availability of logistics as per micro plan
- Indicators on safe injection practices
- Session visited by supervisors
- Care giver responses regarding proactive mobilization efforts
- Reason analysis on non-availability of any vaccinator
- Dissemination of 4 key messages to caregivers.

5.1.2 House-to-house monitoring indicators:

- % children due for any vaccine during Indradhanush
- % children due in Indradhanush that got vaccinated with vaccine(s)
- % children received vaccines first time in Indradhanush
- Mobilization efforts : % awareness by ASHA / ANM / ANM / others

5.2 Adverse Events Following Immunization (AEFI)

Any communities' perception and acceptance of immunization rests on its safety. Any AEFI should therefore be reported, investigated and responded to promptly and adequately as per existing guidelines. All staff should familiarize themselves with these guidelines and reporting formats. The AEFI management centres will have to be identified with contact details mentioned in microplans.

5.3 Monitoring of communication interventions

For effective implementation of communication plan, it is imperative to monitor all activities mentioned in the communication plan. Periodic monitoring (program and finance) of communication interventions provides the policy/program managers:

- Status of all planned IEC/BCC activities mentioned in state/district communication plan
- Progress of various IEC/BCC activities at a particular time and at a particular implementation level
- Status of capacity building activities as per the training plan
- Status of dissemination (achieved against planned) and stock position of IEC material at various levels, i.e. state; district; block
- Status of planned initiatives related to advocacy, coordination, convergence, etc.

The monitoring plan will comprise a list of measurable and quantitative activities from final state/district communication plan, previous community needs assessment, data from evaluation/surveys conducted and protocol/guidelines for monitoring plan implementation framework. Additionally, states with a robust management information system (MIS) will be able to provide accurate, complete and timely data for effective monitoring of IEC/BCC activities based on HMIS. Feedback must be an integral part of monitoring plan to provide timely feedback to data generating units on quality of data.

5.4 Evaluation methodology

A new cross-sectional survey called Integrated Child Health and Immunization Survey (INCHIS) has been designed to obtain nationally representative data on immunization coverage and child health. This survey will periodically collect data at a national level to measure progress related to immunization coverage, child health and its system determinants. Using an internationally established sampling methodology, information obtained from selected states will be used to evaluate the impact of 'Mission Indradhanush'.

6. Annexures

Annexure 1. Mission Indradhanush: 201 High focus districts

State	Districts		
ANDHRA PRADESH (5 districts)	EAST GODAVARI	KURNOOL	KRISHNA
	GUNTUR	VISAKHAPATNAM	
ARUNACHAL PRADESH (5 districts)	CHANGLONG	UPPER SIANG	LOHIT
	EAST KAMENG	EAST SIANG	
ASSAM (8 districts)	BONGAIGAON	HAILAKANDI	GOALPARA
	DARRANG	KARIMGANJ	NAGAON
	DHUBRI	KOKRAJHAR	
BIHAR (14 districts)	ARARIA	GAYA	PATNA
	BEGUSARAI	JAMUI	SAHARSA
	CHAMPARAN EAST	KATIHAR	SAMASTIPUR
	CHAMPARAN WEST	KISHANGANJ	SITAMARHI
	DARBHANGA	MUZAFFARPUR	
CHHATTISGARH (8 districts)	BALODABAZAAR BHATAPARA	BILASPUR	JASHPUR
	BIJAAPUR	DANTEWADA	KORBA
	RAIPUR	SARGUJA	
DELHI (2 districts)	NORTH-EAST	NORTH-WEST	
GUJARAT (9 districts)	AHMEDABAD	DAHOD	PANCHMAHALS
	AHMEDABAD CORP.	DANGS	SABARKANTHA
	BANASKANTHA	KUTCH	VALSAD
HARYANA (5 districts)	FARIDABAD	PANIPAT	GURGAON
	MEWAT	PALWAL	
JAMMU & KASHMIR (5 districts)	DODA	RAMBAN	RAJAURI
	KISHTWAR	PUNCH	
JHARKHAND (6 districts)	DEOGHAR	PAKUR	GIRIDIH
	DHANBAD	SAHIBGANJ	GODDA
KARNATAKA (6 districts)	BANGALORE (U)	GULBARGA	RAICHUR
	BELLARY	KOPPAL	YADGIR
KERALA (2 districts)	KASARAGOD	MALAPPURAM	
MADHYA PRADESH (15 districts)	ALIRAJPUR	MANDLA	SATANA
	ANUPPUR	PANNA	SHADOL
	CHHATARPUR	RAISEN	TIKAMGARH
	DAMOH	REWA	UMARIYA
	JHABUA	SAGAR	VIDISHA
MAHARASHTRA (7 districts)	BEED	NANDED	HINGOLI
	DHULE	NASIK	THANE
	JALGAON		
MANIPUR (4 districts)	CHURACHANDPUR	TAMENGLONG	UKHRUL
	SENAPATI		
MEGHALAYA (3 districts)	EAST KHASI HILL	WEST GARO HILLS	WEST KHASI HILL

State	Districts		
MIZORAM (4 districts)	LAWNGTLAI	MAMIT	LUNGLEI
	SAIHA		
NAGALAND (6 districts)	DIMAPUR	KOHIMA	TUENSANG
	KIPHIRE	MON	WOKHA
ODISHA (10 districts)	BOUDH	KHURDA	NUAPADA
	GAJAPATI	KORAPUT	RAYAGADA
	GANJAM	MALAKANGIRI	KANDHAMAL
	NABARANGPUR		
PUDUCHERRY (1 district)	YANAM		
PUNJAB (3 districts)	GURDASPUR	LUDHIANA	MUKTSAR
RAJASTHAN (9 districts)	ALWAR	JAIPUR	TONK
	BARMER	JODHPUR	DHAULPUR
	BUNDI	KARAULI	SAWAI MADHOPUR
TAMIL NADU (8 districts)	COIMBATORE	TIRUCHIRAPALLI	KANCHEEPURAM
	TIRUNELVELI	MADURAI	VELLORE
	THIRUVALLUR	VIRUDHUNAGER	
TELANGANA (2 districts)	ADILABAD	MAHBUBNAGAR	
TRIPURA (3 districts)	DHALAI	TRIPURA NORTH	TRIPURA WEST
UTTAR PRADESH (44 districts)	AGRA	CHITRAKOOT	MATHURA
	ALIGARH	ETAH	MEERUT
	ALLAHABAD	ETAWAH	MIRZAPUR
	AMETHI	FARRUKHABAD	MORADABAD
	AMROHA	FEROZABAD	MUZAFFARNAGAR
	AURAIYA	GHAZIABAD	PILIBHIT
	AZAMGARH	GONDA	SAMBHAL
	BADAUN	HAPUR	SHAHJAHANPUR
	BADOHI	HARDOI	SHAMLI
	BAHRAICH	HATHRAS	SIDDHARTHNAGAR
	BALRAMPUR	KANNAUJ	SITAPUR
	BANDA	KASGANJ	SONBHADRA
	BARABANKI	KAUSHAMBI	SRAWASTI
	BAREILLY	KHERI	SULTANPUR
	BULANDSHAHAR	MAINPURI	
UTTARAKHAND (1 district)	HARDWAR		
WEST BENGAL (6 districts)	24-PARGANAS NORTH	MURSHIDABAD	BARDHAMAN
	24-PARGANAS SOUTH	UTTAR DINAJPUR	BIRBHUM

Annexure 2. National Immunization Schedule (NIS) for infants, children and pregnant women

Vaccine	When to give	Dose	Route	Site
For Pregnant Women				
TT-1	Early in pregnancy	0.5 ml	Intra-muscular	Upper Arm
TT-2	4 weeks after TT-1*	0.5 ml	Intra-muscular	Upper Arm
TT- Booster	If received 2 TT doses in a pregnancy within the last 3 yrs*	0.5 ml	Intra-muscular	Upper Arm
For Infants				
BCG	At birth or as early as possible till one year of age	0.1ml (0.05ml until 1 month age)	Intra-dermal	Left Upper Arm
Hepatitis B - Birth dose	At birth or as early as possible within 24 hours	0.5 ml	Intra-muscular	Antero-lateral side of mid-thigh
OPV-0	At birth or as early as possible within the first 15 days	2 drops	Oral	Oral
OPV 1, 2 & 3	At 6 weeks, 10 weeks & 14 weeks (OPV can be given till 5 years of age)	2 drops	Oral	Oral
DPT 1, 2 & 3	At 6 weeks, 10 weeks & 14 weeks (DPT can be given up to 7 yrs of age)	0.5 ml	Intra-muscular	Antero-lateral side of mid thigh
Hepatitis B 1, 2 & 3	At 6 weeks, 10 weeks & 14 weeks (can be given till one year of age)	0.5 ml	Intra-muscular	Antero-lateral side of mid-thigh
Pentavalent**** **1, 2 & 3**	At 6 weeks, 10 weeks & 14 weeks (can be given till one year of age)	0.5 ml	Intra-muscular	Antero-lateral side of mid-thigh
Measles - 1	9 completed months-12 months. (Measles can be given till 5 years of age)	0.5 ml	Sub-cutaneous	Right upper Arm
Japanese Encephalitis - 1**	9 completed months-12 months.	0.5 ml	Sub-cutaneous	Left upper Arm
Vitamin A (1st dose)	At 9 completed months with measles	1 ml (1 lakh IU)	Oral	Oral
For Children				
DPT booster-1	16-24 months	0.5 ml	Intra-muscular	Antero-lateral side of mid-thigh
Measles 2nd dose	16-24 months	0.5 ml	Sub-cutaneous	Right upper Arm
OPV Booster	16-24 months	2 drops	Oral	Oral
Japanese Encephalitis - 2**	16-24 months	0.5 ml	Sub-cutaneous	Left Upper Arm

Vitamin A* (2nd to 9th dose)**	16 months. Then, one dose every 6 months up to the age of 5 years.	2 ml (2 lakh IU)	Oral	Oral
DPT Booster-2	5-6 years	0.5 ml.	Intra-muscular	Upper Arm
TT	10 years & 16 years	0.5 ml	Intra-muscular	Upper Arm

- *Give TT-2 or Booster doses before 36 weeks of pregnancy. However, give these even if more than 36 weeks have passed.
- Give TT to a woman in labour, if she has not previously received TT.
- **JE Vaccine is introduced in select endemic districts after the campaign.
- *** The 2nd to 9th doses of Vitamin A can be administered to children 1-5 years old during biannual rounds, in collaboration with ICDS.

****Pentavalent vaccine is introduced in place of DPT and Hep B 1, 2 and 3 in select states.

Annexure 3.

Agenda for state workshop for Mission Indradhanush

Training materials: Copy of operational guidelines including annexures for each participant

Duration: 1 day

Time	Session	Facilitator
	Registration	
45 minutes	Welcome and introduction	
	Introduction to Mission Indradhanush	State Immunization Officer
	Remarks by partners	
	Remarks by Principal Secretary, Health	
30 minutes	Overview of immunization program at national and state level	WHO India
	Tea	
1 hour	Operationalization of Mission Indradhanush • RI microplanning • Conducting head count and preparing due lists	WHO India
30 minutes	Organizing and conducting trainings	State Immunization Officer/ WHO India
15 minutes	Monitoring and supervision	WHO India
15 minutes	**Discussion**	
	Lunch	
30 minutes	Exercise on reporting and recording	WHO India, ITSU
30 minutes	IEC, social mobilization and media interaction	UNICEF, ITSU
30 minutes	Adverse events following immunization	WHO India, ITSU
15 minutes	**Discussion**	
	Tea	
45 minutes	Financial guidelines for Mission Indradhanush	State Immunization Officer
15 minutes	Way forward for Mission Indradhanush – Timeline of activities and support available	Mission Director
	Closing remarks	

Annexure 4a.

Agenda for district workshop on Mission Indradhanush for Medical Officers

Training materials: Copy of operational guidelines including annexures for each participant

Duration: 1 day

Time	Session	Facilitator
	Registration	
45 minutes	Welcome and introduction	
	Introduction to Mission Indradhanush	District Immunization Officer
	Remarks by partners	
	Remarks by District Magistrate	
30 minutes	Overview of immunization program at national and state level	WHO India
	Tea	
1 hour	Microplanning for Mission Indradhanush	WHO India
30 minutes	Conducting head count and preparing due lists	District Immunization Officer/ WHO
30 minutes	Organizing trainings	WHO India
15 minutes	Monitoring and supervision	WHO India
15 minutes	**Discussion**	
	Lunch	
30 minutes	Exercise on recording and reporting	WHO India & ITSU
30 minutes	IEC, social mobilization and media interaction	UNICEF & ITSU
30 minutes	Adverse events following immunization	WHO India & ITSU
30 minutes	Frequently asked questions	District Immunization Officer/ WHO
15 minutes	**Discussion**	
	Tea	
45 minutes	Financial guidelines for Mission Indradhanush	District Accounts Manager/ District Immunization Officer
15 minutes	Way forward for Mission Indradhanush – Timeline of activities and support available	District Magistrate
	Closing remarks	

Annexure 4b.

Agenda for district orientation of district and block level programme/accounts managers on financial guidelines for Mission Indradhanush

Participants: District Programme Manager, District Accounts Manager, Block Programme Manager, Block Accounts Manager and other related officials handling NHM funds

Training materials: Copy of operational guidelines including financial guidelines for each participant

Time: 1 hour

Time	Session	Facilitator
15 minutes	Introduction to Mission Indradhanush	District Immunization Officer/ partners
30 minutes	Financial guidelines for Mission Indradhanush • Existing norms • Change in mode of payment from existing norms • Timeline for payments	District Immunization Officer
15 minutes	Way forward for Mission Indradhanush – Timeline of activities and support available	District Immunization Officer

Annexure 4c.

Agenda for district workshop on Mission Indradhanush for data handlers

Participants: District data handlers and one data handler from block and urban area responsible for routine immunization data entry at these levels

Training material: Reporting formats for Mission Indradhanush

Duration: Half day

Time	Session	Facilitator
15 minutes	Introduction to Mission Indradhanush	District Immunization Officer
30 minutes	Planning process and forms (annexure 9 to 13)	DIO/ Nodal Officer for urban area/ partners
15 minutes	Data flow from ANM to district for Mission Indradhanush	DIO/ partners
45 minutes	Daily reporting process in Mission Indradhanush and forms (annexure 14 to 18)	District Immunization Officer
15 minutes	Day-wise key indicators generated through reported data to be submitted to DIO during Mission Indradhanush round	District Immunization Officer/ WHO India
30 minutes	Role of data handlers in Mission Indradhanush	District Immunization Officer
15 minutes	Way forward for Mission Indradhanush – Timeline of activities and support available	District Programme Manager

Annexure 4d.

Agenda for district workshop on Mission Indradhanush for vaccine and cold chain handlers

Participants: One cold chain handler from each cold chain point

Training material: Vaccine and cold chain reporting format and open vial policy

Duration: Half day

Time	Session	Facilitator
15 minutes	Introduction to Mission Indradhanush	District Immunization Officer
15 minutes	Planning process	DIO/ Nodal Officer for urban area/ partners
30 minutes	Availability of vaccine and logistics Issue and receipt of vaccine and logistics for Mission Indradhanush	DIO/ partners
45 minutes	Planning for alternate vaccine delivery	DIO/ partners
15 minutes	Open vial policy	DIO/ partners
30 minutes	Role of cold chain handlers in Mission Indradhanush	DIO/ Nodal Officer for urban area
10 minutes	Day-wise vaccine and diluent utilization report to be submitted to DIO during Mission Indradhanush round	DIO/ partners
15 minutes	Way forward for Mission Indradhanush – Timeline of activities and support available	District Programme Manager

Annexure 5. Agenda for block/urban area training of health workers for Mission Indradhanush

Time	Session	Facilitator
15 minutes	Welcome and introduction	
	Introduction to Mission Indradhanush	Medical Officer
	Tea	
1 hour 30 minutes	Microplanning for Mission Indradhanush	Medical Officer
15 minutes	Importance of head count for preparing due list of beneficiaries	Medical Officer
15 minutes	Use of immunization tracking bag and revised counterfoil of MCP card	Medical Officer
10 minutes	**Discussion**	
	Lunch	
15 minutes	Reporting and recording	Block data manager
15 minutes	IEC and social mobilization	
10 minutes	Open vial policy and implications for health workers	Medical Officer
15 minutes	Adverse events following immunization	Medical Officer
10 minutes	**Discussion**	
	Tea	
15 minutes	Financial guidelines for Mission Indradhanush	Block Accounts Manager
15 minutes	Frequently asked questions	
45 minutes	Preparing microplans – prioritizing areas for Mission Indradhanush sessions	Group work
1 hour	Preparing ANM rosters for working in the block	Medical Officers
10 minutes	What to do after this workshop: their role in sensitizing the social mobilizers: ASHAs and AWWs	Medical Officer
	Wrap up	

Annexure 6. Agenda for block/urban area training of mobilizers (ASHA/AWW/link worker) for Mission Indradhanush

Time	Session	Facilitator
15 minutes	Welcome and introduction	
	Introduction to Mission Indradhanush	Medical Officer
15 minutes	Current immunization schedule	Medical Officer
15 minutes	Conducting head count for preparing due list of beneficiaries (exercise)	Medical Officer
15 minutes	Use of immunization tracking bag and revised counterfoil of MCP card	Medical Officer
10 minutes	**Discussion**	
15 minutes	Frequently asked questions	
45 minutes	IEC and social mobilization (role play)	Block Community Mobilizer
10 minutes	**Discussion**	
10 minutes	What to do after this workshop	Medical Officer
	Tea and wrap up	

Annexure 7. Frequently asked questions

Q1. What is Mission Indradhanush?

Answer: Mission Indradhanush is a flagship programme of the Ministry of Health and Family Welfare. It aims at improving the full immunization coverage in the country from the current 65% to more than 90% through special immunization drives, with special attention to 201 identified high focus districts.

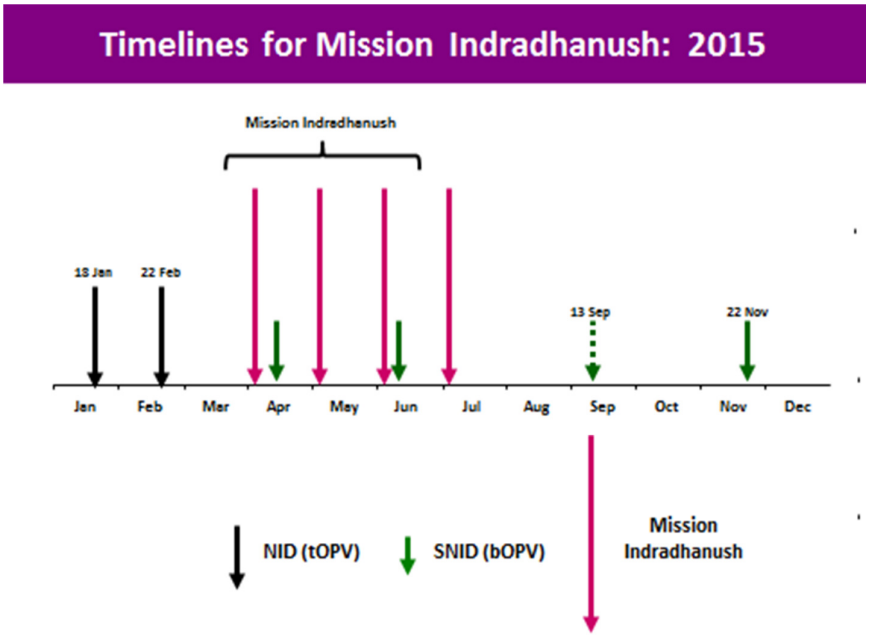
Q2. When will the Mission Indradhanush drives be conducted?

Answer: Special routine immunization drives under Mission Indradhanush will be conducted across the country in all the districts. The focus; however, will be on 201 high focus districts. Four special drives will be conducted between March and June 2015, with a gap of at least 4 weeks between two drives. Each drive will be conducted for upto 7 days, beginning on Monday.

Q3. What areas will be targeted for Mission Indradhanush drives?

Answer: The mission will focus on the following key areas:

1. Areas with vacant sub-centers: No ANM posted for more than 3 months.
2. Villages/ areas with three or more consecutive missed RI sessions: ANMs on long leave or other similar reasons
3. High risk areas identified by the polio eradication programme where RI services are not being given or are poorly covered. 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 etc.) and
   - Underserved and hard-to-reach populations (forested and tribal populations, etc.)



4. Areas with low routine immunization (RI) coverage (pockets with recent measles or other vaccine preventable disease (VPD) outbreaks)
5. Small villages, hamlets, dhanis or purbas clubbed with another village for RI sessions and not having independent RI sessions.

Q4. How will the number of beneficiaries for these drives be estimated?

Answer: The beneficiaries for Mission Indradhanush will be estimated based on a head count survey that will be conducted by the ASHAs/ anganwadi workers/ link workers in all those areas that are identified to be covered under the mission. An incentive for this exercise is available under National Health Mission. For details, see financial guidelines (Annexure 8).

Q5. Will this head count be conducted in the entire district?

Answer: No. The head count for estimation of beneficiaries will be conducted only in areas where Mission Indradhanush drives will be planned. An honorarium of INR 100 will be given to the ASHA/ AWW/link worker for this exercise, once before the first round and once for revision after the second round.

Q6. All small hamlets, brick kilns, construction sites, nomadic sites, slums etc. in my sub-center area are tagged to existing session sites. Why should I conduct additional sessions in such areas?

Answer: Despite tagging of HRAs, often it is observed that the beneficiaries do not reach the session sites. Additional sessions during Indradhanush weeks close to their residence, provides another opportunity to immunize the children especially the left outs and drop outs

Q7. Will any special training be provided for this drive?

Answer: Yes. All health workers will be trained on planning and implementation of Mission Indradhanush. ASHAs/AWWs/link workers will be trained on how to conduct the head count survey for estimation of beneficiaries and ways to communicate with the beneficiary families. In addition, training will also be provided to data handlers, cold chain handlers and supervisors.

Q8. How will the immunization sessions be planned during the seven days of the drive?

Answer: All ANMs will be involved in conducting sessions for Mission Indradhanush. On the designated routine immunization days, the ANM will have the opportunity to conduct sessions in high dropout/left out areas of her own sub centre or conduct her regular RI sessions. On the remaining 5 days, she may be deployed within or outside her block in her district of posting, based on need. This mechanism will tackle the existing human resource issues within the district.

Q9. What will be the timings of sessions?

Answer: The session sites will be operational from 9 AM to 4 PM. However, flexibility based on the availability of the beneficiaries is permitted.

Q10. Will all UIP vaccines be provided in Mission Indradhanush drives?

Answer: Yes, all vaccines that are being provided under UIP in the state/district will be made available under the mission.

Q11. Will pentavalent vaccine be provided during these drives in states that have introduced the vaccine?

Answer: Yes. The states that have introduced pentavalent vaccine in the immunization schedule will provide the vaccine to beneficiaries. Migrant beneficiaries from other states will also be provided all vaccines being given under UIP. For example, JE vaccines will be given to beneficiaries from other states in a JE endemic district; pentavalent vaccine will be given to children (as per GoI guidelines) from migrant families when they are availing services in a state that has introduced pentavalent vaccine.

Q12. How will all vaccines be delivered to the session sites in the mission?

Answer: All vaccines and logistics will be delivered to session sites through alternate vaccine delivery mechanism. The same mechanism will be used to return all unused and partially used vaccine vials and the session report to the block PHC/urban health post.

Q13. Will any different vaccination card be given to the beneficiaries of Mission Indradhanush?

Answer: No. The same Mother Child Protection card used under UIP will be used for Mission Indradhanush. If any beneficiary is getting vaccination for the first time or has lost the previous card, a new MCP card will be issued.

Q14. Will open vial policy be applicable in Mission Indradhanush?

Answer: Yes. Open vial policy will be applicable to OPV, Hepatitis B, DPT, TT and pentavalent vaccines. Open vial policy is not applicable to BCG, Measles and JE vaccines.

Q15. Will the ice packs used in the vaccine carriers during Mission Indradhanush drives be “hard frozen” or “conditioned”?

Answer: Only conditioned ice packs should be used for these drives, as DPT, TT, Hepatitis B and pentavalent vaccines are freeze sensitive vaccines. When placed in a vaccine carrier with hard frozen ice-packs, these vaccines may freeze and lose their potency. Also, BCG, OPV, Measles and JE vaccines can be safely transported with conditioned ice packs.

Q16. How will sites like brick kilns or construction sites be covered during these drives?

Answer: Sites with a small number of beneficiaries that do not require independent sessions can be covered by mobile vaccination teams. More than one site may be covered by a mobile team. However, it must be ensured that vials of BCG, Measles and JE vaccines reconstituted at one site are discarded and not used at the next site.

Q17. How will these drives be monitored?

Answer: These drives will be monitored by independent agencies including WHO India and UNICEF. Besides these agencies, observers from national, state and district level will also monitor the drives intensively. Feedback will be provided to district (DTFI) and state task forces for immunization (STFI), who will ensure corrective actions. The mission will also be closely monitored by Chief Secretary at the state level and Ministry of Health & Family Welfare at the national level.

Annexure 8. Financial norms for 201 high focus districts under Mission Indradhanush

For operational activities of Routine Immunization, funds are available under part C of (PIP) NHM, the same will be utilized to carry out operational activities for Mission Indradhanush.
However, for some of the activities approved under part C of (PIP) of immunization flexibility has been built in, so that we have greater participation of health workers for Mission Indradhanush

THE FOLLOWING NORMS REMAINS THE SAME AS EARLIER	
Activity	**Approved Norms under Part C RI (PIP) NHM**
To develop sub-center and PHC microplans using bottom up planning with participation of ANM, ASHA, AWW	@ Rs 100/- per subcentre (meeting at block level, logistic)
For consolidation of microplan at PHC/CHC level	@ Rs 1000/- per block & at district level @ Rs 2000/- per district
Focus on slum & underserved areas in urban areas:	Hiring an ANM @Rs.450/session for four sessions/month/slum of 10000 population and Rs.300/- per month as contingency per slum of i.e. total expense of Rs. 2100/- per month per slum of 10000 population.
ASHA incentive for full immunization per child (upto 1 year age)	Rs 100 per child for full immunization in 1st year of age
ASHA incentive for full immunization per child upto 2 years age (all vaccination received between 1st and 2nd year age after completing full immunization at 1 year age)	Rs 50 per child for ensuring complete immunization up to 2nd year of age of Child
Supervisory visits by state and district level officers for monitoring and supervision of Routine Immunization.	@Rs.250,000 per District for district level officers (this includes POL and maintenance) per year. (Districts need to provide a minimum of Rs 20,000 to each block for supervision of Immunization activity from Block and PHC.)
	By state level officers @ Rs.150,000 /year
Printing and dissemination of immunization cards, tally sheets, monitoring forms, etc.	@ Rs 10 per beneficiary
District level orientation training for 2 days ANM, Multi-Purpose Health Worker (Male), LHV, Health Assistant (Male/Female) as per RCH norms.	As per revised norms for trainings under RCH
One day refresher training of District RI Computer Assistants on RIMS/HMIS and Immunization formats under NRHM	As per revised norms for trainings under RCH
One day Cold Chain handlers training for block level cold chain handlers by State and District Cold Chain Officers and DIO for a batch of 15-20 trainees and three trainers	As per revised norms for trainings under RCH
One day Training of block level data handlers by DIO and District Cold chain Officer to train about the reporting formats of Immunization and NRHM	As per revised norms for trainings under RCH
Cold Chain maintenance	@ Rs 750 per PHC/CHC per year District Rs 15,000

	per year
POL for vaccine delivery from State to District and from district to PHC/CHCs	Rs150,000/ district/year
Alternative Vaccine Delivery (AVD) :	Hard to reach areas @ Rs 150 per RI session
	For RI session in other areas @ Rs.75 per session.
Red/Black Plastic bags etc	@ Rs 3/bags/session
Bleach/Hypochlorite solution and Twin bucket	Rs 1200 per PHC/CHC per year
Safety Pits	Rs 5250/pit
Support for Quarterly State level Review meetings of district officers	@ Rs 1250/participant/day for 3 persons (CMO/DIO/Distt Cold Chain Officer)
Quarterly Review & feedback meeting for exclusive for RI at district level with one Block MO.s, ICDS CDPO and other stakeholders	@ Rs 100/- per participant for meeting expenses (lunch, organizational expenses)
Quarterly review meeting exclusive for RI at Block level	@ Rs 50/-per participant as honorarium for ASHAs (travel) and Rs 25 per person at the disposal of MO-I/C for meeting expenses(refreshments, stationery and misc. expenses)

REFLECTING CHANGE IN MODE OF PAYMENT FROM THE EXISTING NORMS

Activity	Existing Norms	For Mission Indradhanush
VACCINATORS AND MOBILIZERS		
Line listing of households done twice a year at six months interval	Rs 100 for ASHA	For Mission Indradhanush this amount may be paid to ASHA, if no ASHA is identified or unavailable same may be paid to the link worker/Aanganwadi Worker subject to total ceiling of Rs. 100/-.
Preparation of due list of children to be immunized updated on monthly basis	Rs 100 for ASHA	For Mission Indradhanush this amount may be paid to ASHA, if no ASHA is identified or unavailable same may be paid to the Anganwadi Worker/link worker subject to total ceiling of Rs. 100/-.
Mobilization of beneficiaries to session sites	Rs 150 for ASHA	Two mobilizers will be present at each session site (ASHA/ Anganwadi Worker /Link worker). Each mobilizer may be paid Rs. 75 with a maximum limit of Rs. 150/- per session site.

Annexure 9: Mission Indradhanush Sub-centre planning (Format 1) **For ANM**

(MOIC to ensure this format is filled for all sub-centres including vacant sub-centres)

Name of sub centre:_____ Block:_____ Name & mobile number of ANM:_____

S. No	Name of villages, hamlet, slum, migrant area etc.	Head count done (Y/N)	Population based on head count (Write NA if head count not done)		Do you require additional immunization session to cover this area (Yes/ No)	If yes, number of immunization sessions required	Mention reason for additional session* (Write code) 1/2/3/4/5/6	Location of session site(s) for additional session	Write name, designation & mobile no of mobilizers only for areas requiring immunization sessions (Write name of ASHA, AWW/ link worker)
			0-2 years	Pregnant women					
									1. 2.
									1. 2.
									1. 2.
									1. 2.
									1. 2.
									1. 2.
									1. 2.
									1. 2.
									1. 2.

* 1. Vacant sub center 2. Areas with last three RI sessions not held 3. Polio high risk areas 4. Areas with low RI coverage, identified through measles outbreaks or cases of diphtheria/ neonatal tetanus in last two years 5. Small villages, hamlets etc. not having independent RI sessions 6. Others

Signature of ANM

Annexure 10. Mission Indradhanush: Block/Urban area planning (format-2) **For Block/Urban planning unit**

(Compile information from Planning format 1)

Name of Block:_____ Number of sub centers:_____ Number of ANMs:_____ Number of vacant sub center:_____

S. No	Name of sub center	Name of areas requiring additional Indradhanush session	Head count done (Y/N)	Population based on head count (Write NA if head count not done)		No of immunization sessions required	Mention reason for additional session* (Write code) 1/2/3/4/5/6	If mobile session, write "mobile". For other sessions, mention location of session site(s).	Name, designation & mobile no of mobilizers (ASHA, AWW/ link worker)	Which ANM will conduct immunization session in this area			
				0-2 years	Pregnant women					ANM of same sub center	ANM of other sub-centre from same block	ANM from outside block	Hired ANM
									1. 2.				
									1. 2.				
									1. 2.				
									1. 2.				
									1. 2.				
									1. 2.				
									1. 2.				
									1. 2.				
									1. 2.				
									1. 2.				

* 1. Vacant sub center 2. Areas with last three RI sessions not held 3. Polio high risk areas 4. Areas with low RI coverage, identified through measles outbreaks or cases of diphtheria/ neonatal tetanus in last two years 5. Small villages, hamlets etc. not having independent RI sessions 6. Others

Signature of Block MO IC

Annexure 11. ANM microplan roster for Mission Indradhanush (Format 3) Round I / II / III / IV **For ANM**

(One format for each ANM in the district)

District_____Block/ planning unit: _____ AEFI management center name & Tel no: _____

MOIC (name & mobile): _____ Supervisor (name & mobile): _____

ANM (name & mobile): _____ Sub-center of ANM _____

	Description of areas selected for Indradhanush session (exclude Sundays)						
	Day:1	Day: 2	Day: 3	Day: 4	Day: 5	Day: 6	Day: 7
Village/ urban area:							
Sub center:							
Block & planning unit:							
Reasons for area selection*:							
Session site address & timing:							
Name & Tel no of Mobilizer:							
Designation of mobilizer:							
Name & Tel no of AVD person:							
Estimated 0-2 yrs beneficiaries							
Estimated pregnant women							
Estimation based on head counts	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

* 1. Vacant sub center 2. Areas with last three RI sessions not held 3. Polio high risk areas 4. Areas with low RI coverage, identified through measles outbreaks or cases of diphtheria/ neonatal tetanus in last two years 5. Small villages, hamlets etc. not having independent RI sessions 6. Others

Signature of ANM Signature of MOIC Signature of District Immunization Officer

Annexure 12. Mobile team planning for Mission Indradhanush For Block (Round I / II / III / IV)

(One format for each mobile team)

District: _____ Block/ planning unit: _____

AEFI management center name & Tel no: _____

Name and mobile no. of: **MOIC _____Supervisor_____**
ANM_____

Day	Vehicle details		Site 1	Site 2	Site 3	Site 4
1		Timing of visit				
		Name of mobilizer				
		No. of 0-2 year children				
		Name of influencer				
		No. of pregnant women				
2		Timing of visit				
		Name of mobilizer				
		No. of 0-2 year children				
		Name of influencer				
		No. of pregnant women				
3		Timing of visit				
		Name of mobilizer				
		Name of influencer				
		No. of 0-2 year children				
		No. of pregnant women				
4		Timing of visit				
		Name of mobilizer				
		Name of influencer				
		No. of 0-2 year children				
		No. of pregnant women				
5		Timing of visit				
		Name of mobilizer				
		Name of influencer				
		No. of 0-2 year children				
		No. of pregnant women				
6		Timing of visit				
		Name of mobilizer				
		Name of influencer				
		No. of 0-2 year children				
		No. of pregnant women				
7		Timing of visit				
		Name of mobilizer				
		Name of influencer				
		No. of 0-2 year children				
		No. of pregnant women				

Signature of ANM Signature of DIO Signature of MOIC

Annexure 13. Mission Indradhanush: District planning For DIO

District: **Name of DIO:**

S.No	Name of block/ urban area	Number of ANMs	ANM days available for Indradhanush (ANM*7)	No of ANM days required based on microplan	Available ANM days utilized			Additional ANM days required (need based) from other blocks for conducting Mission Indradhanush sessions
					Within ANM's own sub-centers	In other sub-centres within same block	For supporting activity outside block	

Signature of District Immunization Officer

Annexure 14 : Tally Sheet for Indradhanush Session **Round: I / II / III / IV** **Day of activity: 1 / 2 / 3 / 4 / 5 / 6 / 7** **For ANM**

Block/ planning unit: _____ Sub center: _____ Village: _____ Session site address: _____

Name of ANM: _____ Name of mobilizer(s): _____ Date of activity: _____

S. No	Name of beneficiary	Father/ husband name	Age	Sex	Pregnant Women			Record date of vaccination for each antigen															Full immunization achieved (Y/N)	Record date of vaccination				Complete immunization achieved (Y/N)
					TT-1	TT-2	TT- B	BCG	OPV1	DPT 1	Hep B 1	Penta 1	OPV 2	DPT 2	Hep-B 2	Penta 2	OPV3	DPT 3	Hep-B 3	Penta 3	Measles1	JE-1		OPV-B	DPT- B	Measles2	JE-2	
Round I Total																												
Round II Total																												
Round III Total																												
Round IV Total																												

Full immunization achieved	Round I		Round II		Round III		Round IV	
	M	F	M	F	M	F	M	F
9-11 months								
12-23 months								

Prepare two copies of this form (1 for ANM and other to be submitted at the Block/Planning unit in the evening)

	Round I	Round II	Round III	Round IV
Total Children vaccinated				
AD Syringes 0.1ml used				
AD Syringes 0.5ml used				
5ml Reconstitution Syringes used				

(This tally sheet will be used for all four rounds of Mission Indradhanush, record doses given during subsequent visit in same row, use fresh row for new beneficiaries)

Signature of ANM: : _____

Annexure 15: Block daily reporting format for Mission Indradhanush **Day of activity: 1 / 2 / 3 / 4 / 5 / 6 / 7** **For block**

Block/ planning unit: _____ **Round:** I / II / III / IV **Date of activity :** _____

S. No	Name of ANM	Session site address	No. of Children vaccinated	Pregnant female			Record number of vaccinations for each antigen														Full immunization achieved				Record number of vaccinations				Complete immunization achieved
				TT-1	TT-2	TT- B	BCG	OPV1	DPT 1	Hep B1	Penta 1	OPV 2	DPT 2	Hep-B2	Penta 2	OPV3	DPT 3	Hep-B3	Penta 3	Measles1	JE-1	Male	Female	Male	Female	OPV-B	DPT- B	Measles2	JE-2	
																						9 - 11 months		12 - 23 months						
Grand Total																														

Signature of I/C Block Medical Officer:_____

Annexure 16: District daily reporting format for Mission Indradhanush **Day of activity: 1 / 2 / 3 / 4 / 5 / 6 / 7** **For District**

District name: _____ **Round:** I / II / III / IV **Date of activity :** _____

S. No	Block name	No of sessions held	No. of Children vaccinated	Pregnant female			Record number of vaccinations for each antigen														Full immunization achieved				Record number of vaccinations				Complete immunization achieved
				TT-1	TT-2	TT- B	BCG	OPV1	DPT 1	Hep B1	Penta 1	OPV 2	DPT 2	Hep-B2	Penta 2	OPV3	DPT 3	Hep-B3	Penta 3	Measles1	JE-1	Male	Female	Male	Female	OPV-B	DPT- B	Measles 2	JE-2	
Grand Total																													

Signature of Chief Medical Officer:_____

Annexure 17: State daily reporting format for Mission Indradhanush **Day of activity: 1 / 2 / 3 / 4 / 5 / 6 / 7** **For State**

State name: _____ **Round:** I / II / III / IV **Date of activity :** _____

S. No	District name	No. of sessions held	No. of Children vaccinated	Pregnant female			Record number of vaccinations for each antigen														Full immunization achieved				Record number of vaccinations				Complete immunization achieved
				TT-1	TT-2	TT- B	BCG	OPV1	DPT 1	Hep B1	Penta 1	OPV 2	DPT 2	Hep-B2	Penta 2	OPV3	DPT 3	Hep-B3	Penta 3	Measles1	JE-1	Male (9 - 11 months)	Female (9 - 11 months)	Male (12 - 23 months)	Female (12 - 23 months)	OPV-B	DPT - B	Measles 2	JE-2	
Grand Total																													

Signature of State Immunization Officer:_____

Annexure 18. Daily Vaccine and Diluents Utilization Reporting Format **For Vaccine and Cold Chain Handlers**

State / District / Block / Urban Area **(encircle the applicable option)**

Day	BCG	BCG Diluent	OPV	DPT	HepB	Penta	Measles	Measles Diluent	TT	JE	JE Diluent	AD Syringes 0.1ml	AD Syringes 0.5ml	5ml Reconst-itution Syringes
Day 1														
Day 2														
Day 3														
Day 4														
Day 5														
Day 6														
Day 7														
Day 8														
Day 9														
Day 10														

Signature of MOIC: **Name and signature of cold chain handler**