



## MISSION INDRADHANUSH 2018- AN EXPERIENCE AS WHO MONITOR IN VILLAGES OF TAMIL NADU

### Community Medicine

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### ABSTRACT

Mission Indradhanush (MI) was launched in December 2014 by Ministry of Health and Family Welfare. The aim was to vaccinate all children against seven vaccine preventable diseases 0 – 24 months and 90% of pregnant women against tetanus. MI will target the districts through intensive efforts and special immunization drives to improve the routine immunization coverage in the country. The SMO – WHO of each State or UT appoints WHO monitors to various session sites during the immunization days. The are allotted to 6 session sites in a particular district, i.e. in each block, two to three planning units are chosen and 6 villages are assigned. The school teachers, panchayat leaders, AWW and ANM work synchronously to motivate and mobilize them to attend the immunization sessions. Inter-ministerial and inter-departmental coordination, intensive monitoring & accountability framework and action based review mechanism are the key to effective implementation of targeted rapid interventions to improve the routine immunization coverage.

### KEYWORDS

Mission Indradhanush, immunization, vaccine preventable diseases, Children 0-24 years.

The Universal Immunization Program being operational over 30 years, has been able to immunize only 65% children in the first year of life. Focus has been made in inaccessible areas, urban slums, mobile and migrant communities. (1) The landscape of routine immunization is changing rapidly in India. (2)(3) Mission Indradhanush (MI) was launched in December 2014 by Ministry of Health and Family Welfare. The aim was to vaccinate all children against seven vaccine preventable diseases 0 – 24 months and 90% of pregnant women against tetanus. (4)(5) MI will strengthen and invigorate the program and achieve full immunization coverage for all children at a rapid pace. It is designed strategically designed to achieve high quality routine immunization coverage while contributing to health system strengthening that can be sustained over years to come. The monitoring of trends in vaccine coverage is complicated by the multiple sources of relevant data and the varied quality. The data is delivered by health providers by coverage evaluation surveys, community and process monitoring, surveillance on vaccine – preventable diseases, integrated disease surveillance and management of the cold chains used in the storage & transport of vaccines. (6) In India, 5 lakh children die due to vaccine-preventable diseases every year. (5)

MI will target the districts through intensive efforts and special immunization drives to improve the routine immunization coverage in the country. The Government has identified 201 high focus districts across 28 states in the country that have the highest number of partially immunized and unimmunized children. In the last few years, India's full immunization coverage has increased only by 1% per year.(7) During the four rounds of IMI, 5.40 lakh sessions were held, during which 141.89 lakh vaccine doses were administered to the children and pregnant women. During these immunization rounds, 53.44 lakh children were vaccinated and a total of 12.75 lakh children were fully vaccinated. Also, a total of 10.75 lakh pregnant women were vaccinated with tetanus toxoid vaccine during the three rounds. (7)

While acknowledging the impact of Mission Indradhanush in improving immunization coverage across the districts over the three phases, Hon'ble Prime Minister through PRAGATI platform, emphasized the need of a supplemental aggressive action plan to cover all left outs and drop outs in select districts and urban areas with low routine immunization coverage in a specific time-frame (December 2018). Thus MI came in to light as Intensified Mission Indradhanush (IMI). India's health system is a complex web of untiring individuals doing their bit to provide health services to those most in need. At the grassroots this system is upheld by three key people – ANM (Auxiliary Nurse Midwife), ASHA (Accredited Social Health Activist) and AWW (Anganwadi Worker).

The SMO – WHO of each State or UT appoints WHO monitors to various session sites during the immunization days. The are allotted to 6 session sites in a particular district, i.e. in each block, two to three planning units are chosen and 6 villages are assigned. The WHO monitor will go to the allotted session site and observe how the VHN / ANM gives vaccines, whether she follows all the below mentioned

protocol. And a checklist is submitted for each session site monitored. The ASHA is enquired about their knowledge regarding the incentives for line listing of households, preparation of due list of children/ pregnant women for immunization to be updated on monthly basis, mobilization of children, full immunization per child who has received all due doses within first year and for complete immunization per child who has received all doses due up to the second year. The Monitor will also conduct 5 – 10 house to house visits in the village and verify the physical records (immunization card) of children between 0 – 24 months. It is cross-verified with the list prepared by the ANM / VHN. A detailed questionnaire is filled for each child monitored. The date of vaccination for each vaccine is noted for all the children. The aim is to ensure that there is no 'drop – outs' or 'missed cases' of vaccination. The ANM does the micro planning for holding immunization sessions, with the help of the ASHA and AWW. They prepare a list of all mothers and children in the given area with help of a map of the village and its sub centre. The AWW and ASHA are actually the residents of the same locality, they prepare a 'due-list' of all expectant mothers and children for vaccination. The school teachers, panchayat leaders, AWW and ANM work synchronously to motivate and mobilize them to attend the immunization sessions.

Next hardship is the maintenance of cold chain in immunization site. The ANM/ Village Health Nurse (VHN) ensures that the vaccines are brought in a vaccine carrier with four conditioned ice packs, placed in shade and are not opened frequently. The labels are checked for the expiry date, VVM label and well as the date and time when vaccine is opened for the session. During the immunization session, the VHN / ANM verifies the records of the child's due date for vaccinations. A 0.1 or 0.5 AD (auto-disable) syringes are used for each shot, destroyed with help of hub cutter and then disposed off safely in the red & black bag as per the guidelines. The child is kept for observation for the next half an hour. The ANM educates the mother about any minor event post immunization like mild fever and how to deal with it. She writes the next date for vaccination in the immunization card and informs her when to come for the next visit. The ANM / VHN maintains a meticulous record, recordings & tallying all immunizations against the due list, sharing the dropouts with the AWW and ASHA so they can track them, maintaining a monitoring chart at the sub-center and reporting all suspected cases of any diseases to the Medical Officer. Inter-ministerial and inter-departmental coordination, intensive monitoring & accountability framework and action based review mechanism are the key to effective implementation of targeted rapid interventions to improve the routine immunization coverage.

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