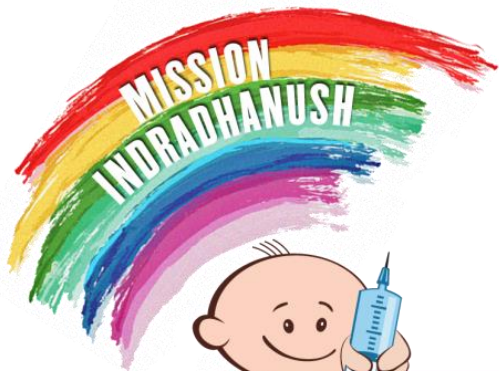


Overview of Routine Immunization Program in ASSAM



Be Wise!
**Get your child
fully immunized**

Immunization schedule

Age	Immunization Schedule
At birth	BCG, OPV (0 dose), hepatitis B (birth dose)
6 weeks (1 ½ months)	OPV-1, pentavalent-1
10 weeks (2 ½ months)	OPV-2, pentavalent -2
14 weeks (3 ½ months)	OPV-3, pentavalent -3 & IPV
9 months	Measles first dose, JE- 1, Vit. A
16–24 months	DPT-booster first dose , measles second dose, OPV booster dose , JE second dose
5–6 years	DPT-booster second dose
10 years	TT first booster dose
16 years	TT second booster dose

Vaccine Preventable Diseases

Name of Vaccine	Prevention of Diseases
Vaccines currently in use in UIP	
BCG	Tuberculosis
Hep. B	Hepatitis – B
Pentavalent	Diphtheria, Pertussis, Tetanus, Hepatitis B, H. influenzae B meningitis and Pneumonia
Oral Polio Vaccine (OPV)	Polio
Measles vaccine	Measles
DPT	Diphtheria, Pertussis (whooping Cough) and Tetanus
JE	Japanese Encephalitis
TT	Tetanus (for Adult & PW)
Newer vaccines introduced into the UIP	
IPV (Inactivated Polio vaccine)	Polio

National Immunization Schedule in Detail (UIP)

Vaccine	When to give	Max age	Dose	Diluent	Route	Site
For Pregnant Women						
TT-1	Early in pregnancy	give as early as possible in pregnancy	0.5 ml	NO	Intramuscular	Upper Arm
TT-2	4 weeks after TT-1		0.5 ml	NO	Intramuscular	Upper Arm
TT- Booster	If received TT doses in a pregnancy within the last 3 yrs.		0.5 ml	NO	Intramuscular	Upper Arm

Give TT 2 or Booster before 36 weeks of pregnancy; however give even if more than 36 weeks have passed; give TT even in labour if previously not received TT

Background information

For the year 2016-17

32 million	Total Population
668181	Targeted Infant
28105	No. of session/Month
177	No. of BPHC
4399	No. of Sub-Centre (Rented 1957)
816	No. of Cold Chain Points
10188	No. of ANMs
30617	No. of ASHAs
1746	No. of Link Worker
52561	No. of AWWs

Key Issues :

Human Resource :

- **Post of DIO to be created : 6 numbers.**

(Hailakndi/Dhemaji/Bongaigaon/Tinsukia/Morigaon/Dima Hasao)

In addition 2 posts of DIO vacant : Kokrajhar / Karimganj .

- **Post of Addl. CM &HO(FW) to be created : 4 numbers.**

(Chirang/ Baksa/Udalguri/Kamrup(M))

In addition number of Add.CM&HO post vacant : 11 numbers .

(Barpeta/Bong./Goal/Dhubri/Darrang/Lakhim/K-Anglng/Karim/Haila/Dhemaji)

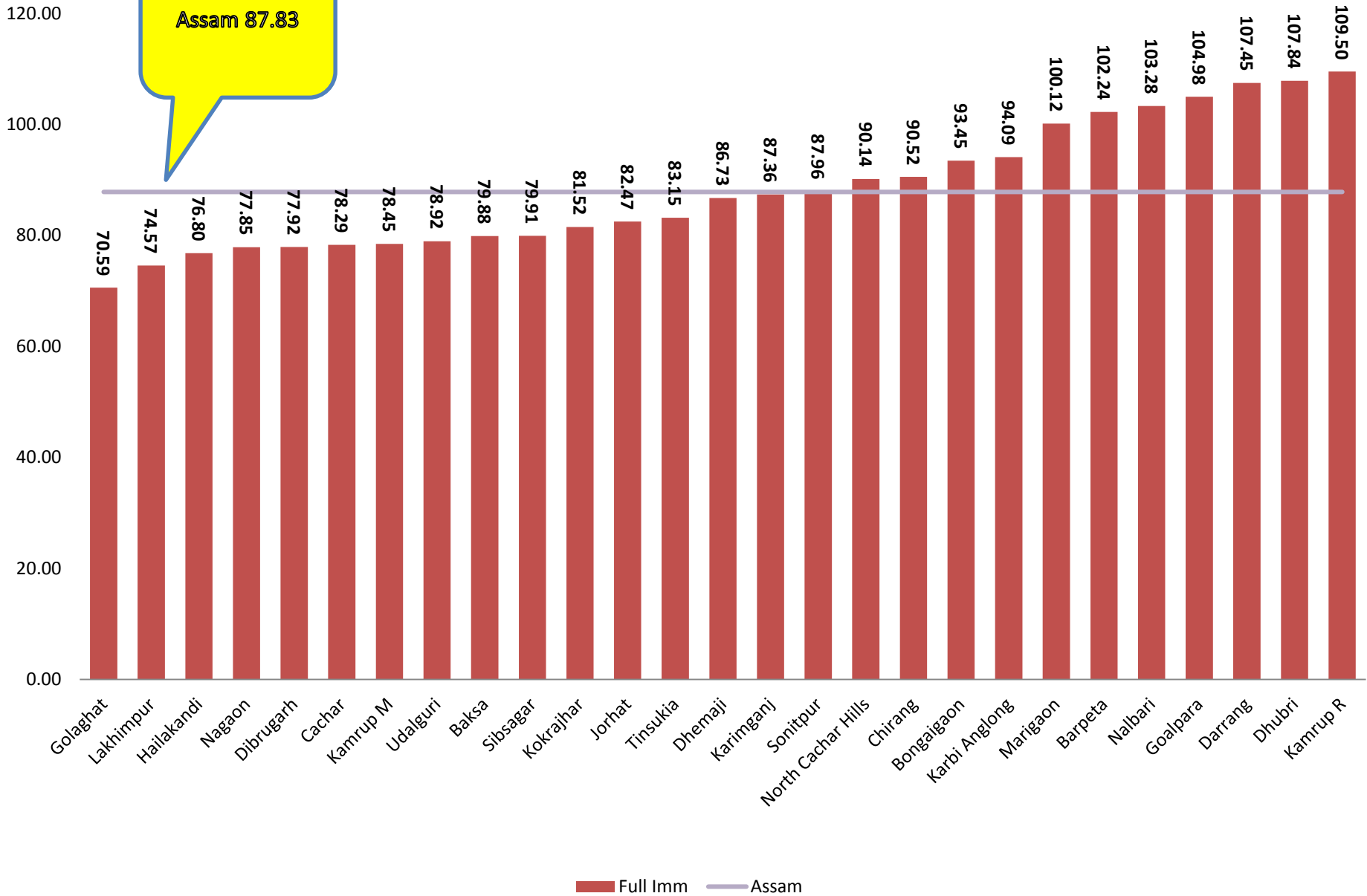
Key Issues Continued

Programme :

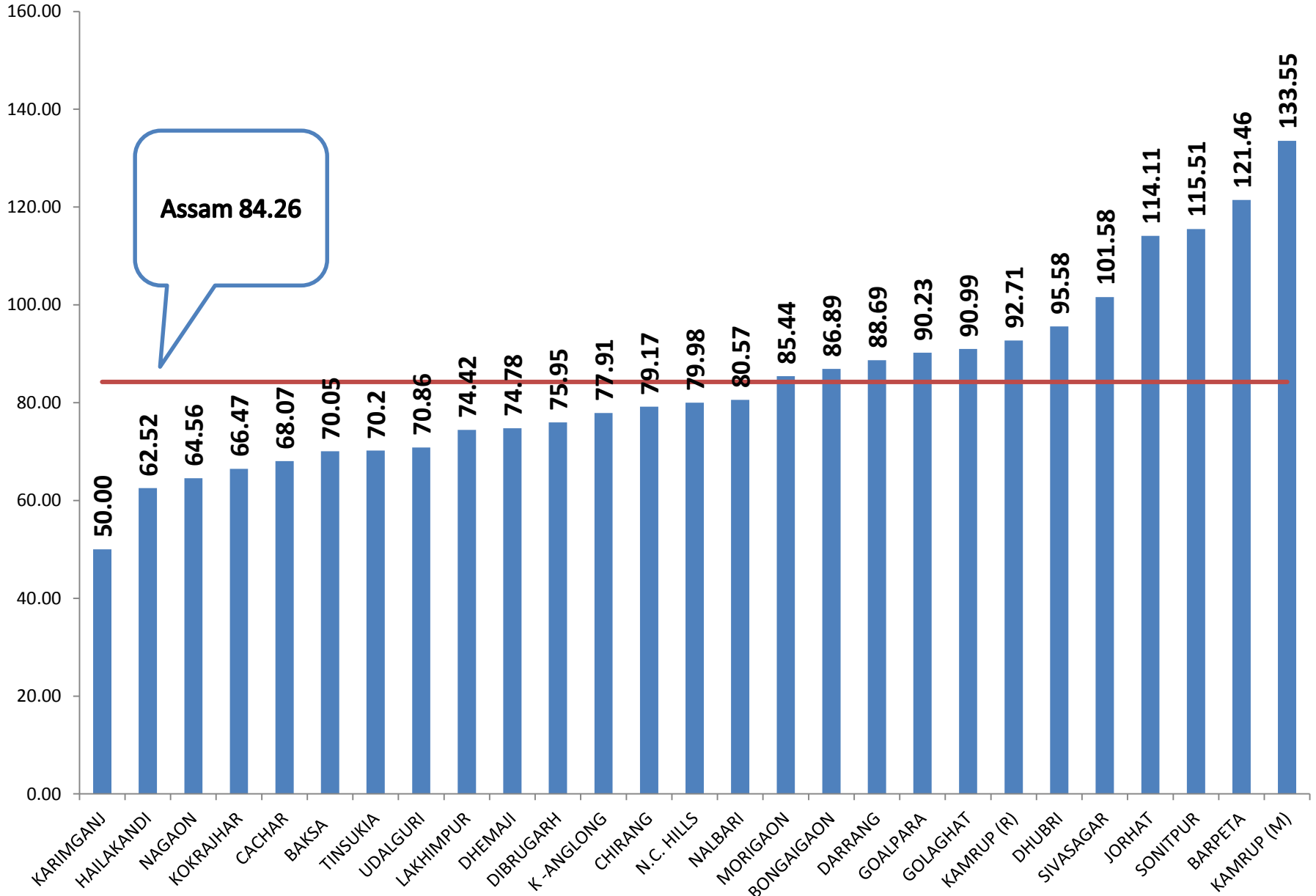
- One time stand by Road permit required for GOI supply item (free of cost) . : Vaccine ,Syringes and Cold-Chain item.
(Proposal submitted to Tax Department)
- Vaccine Delivery Van required for Kamrup (M) and Jorhat.
- ILR to be replaced : 314 nos. (from GOI)
- DF to b replaced : 315 nos. (from GOI)
- Dry storage required : State level – 2 Nos. (for FW and UIP)
: District Level – 27 nos. (for UIP)

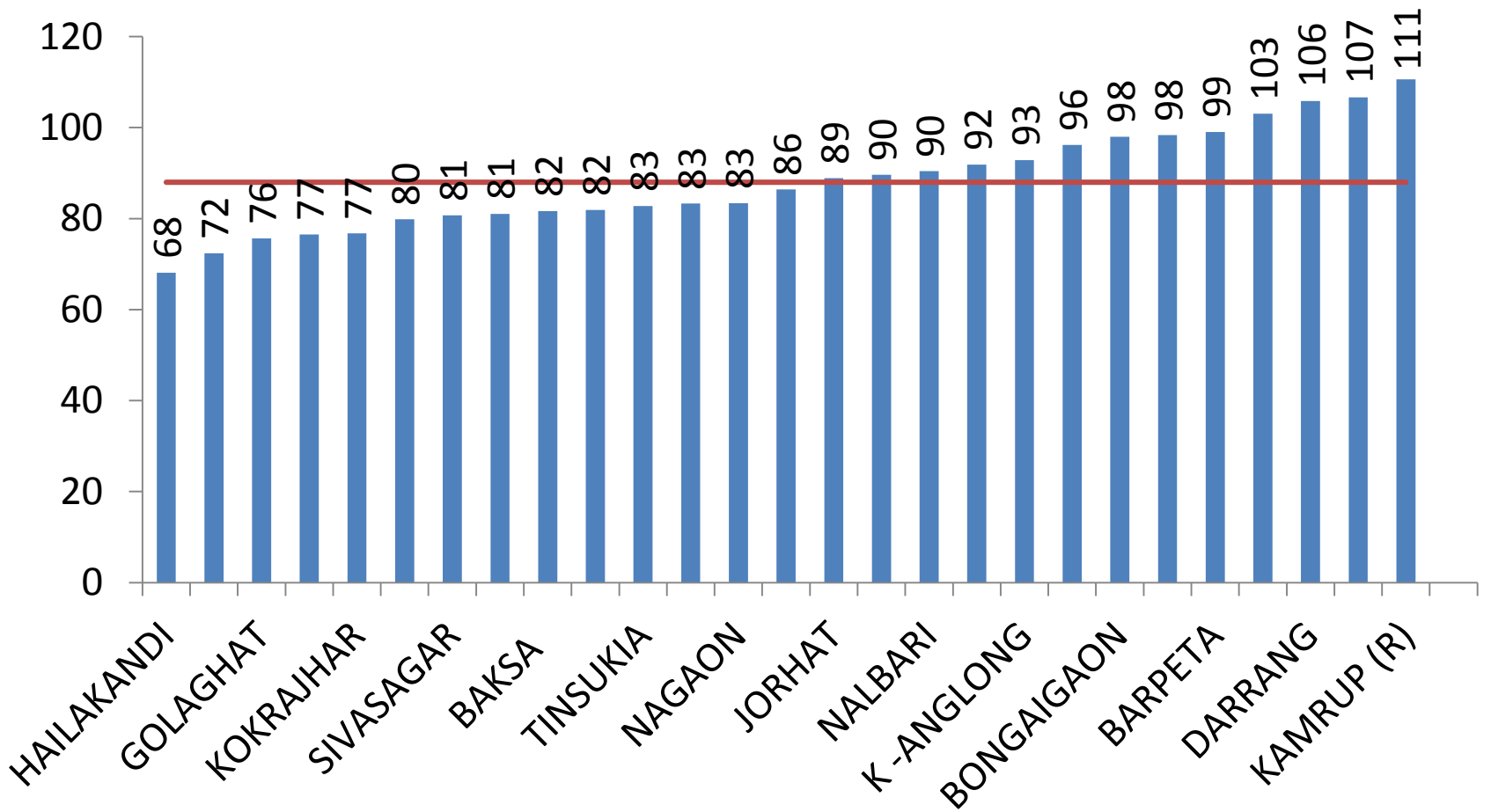
District wise Full Imm. Coverage (2015-16)

Assam 87.83

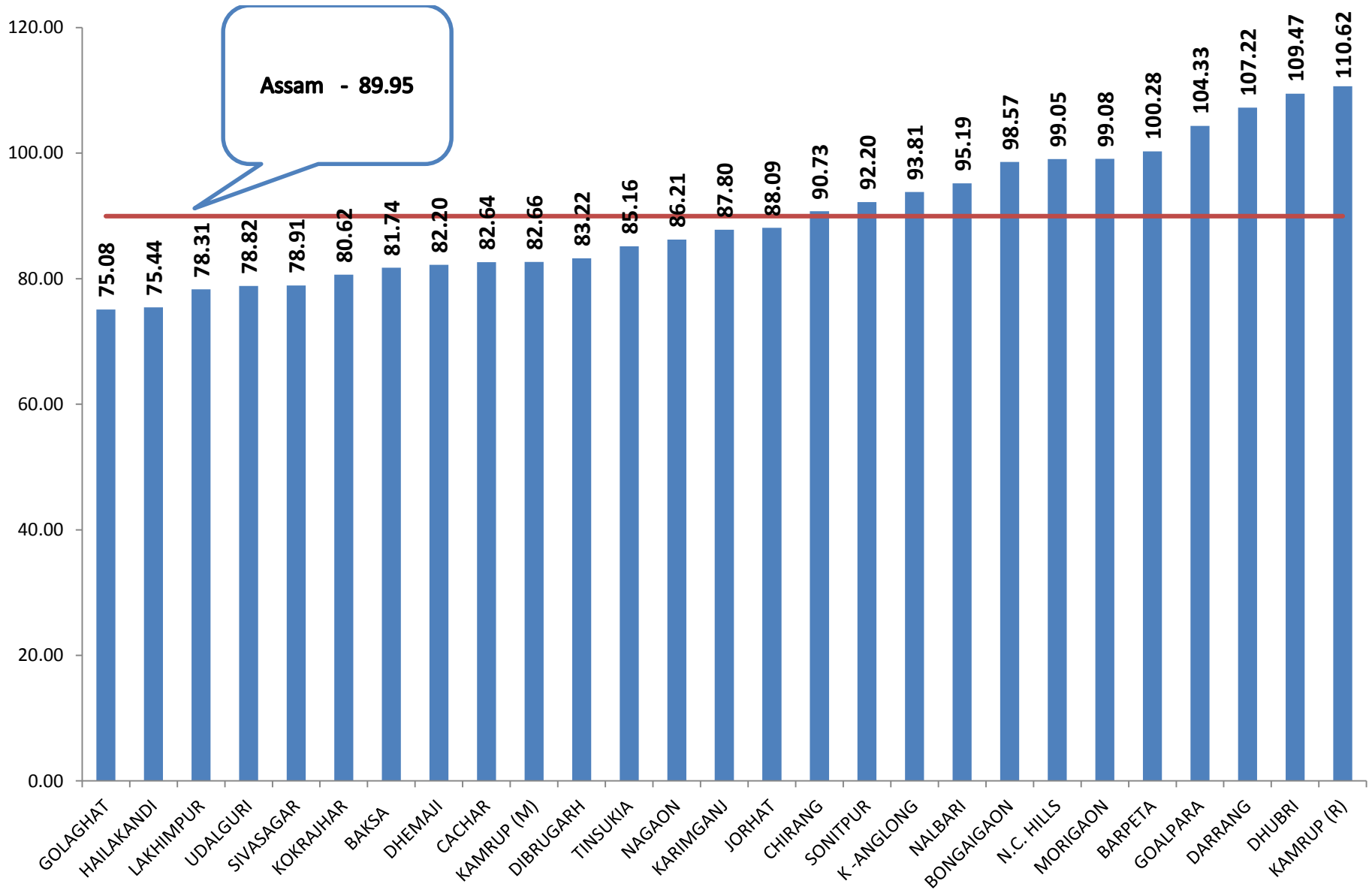


District Wise Fully Imm. Coverage for the Year 2016-17 (April'16 to June'16)

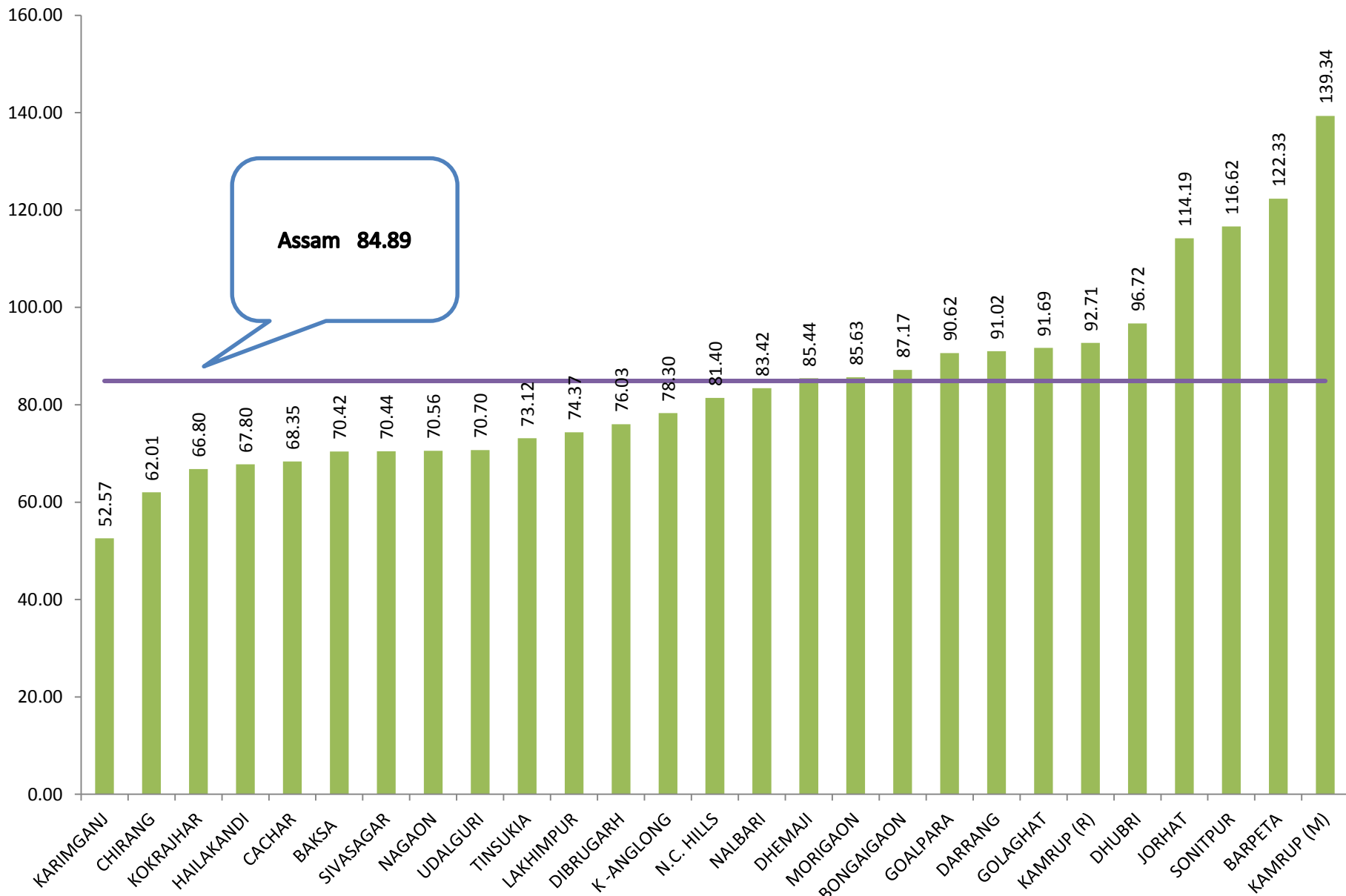




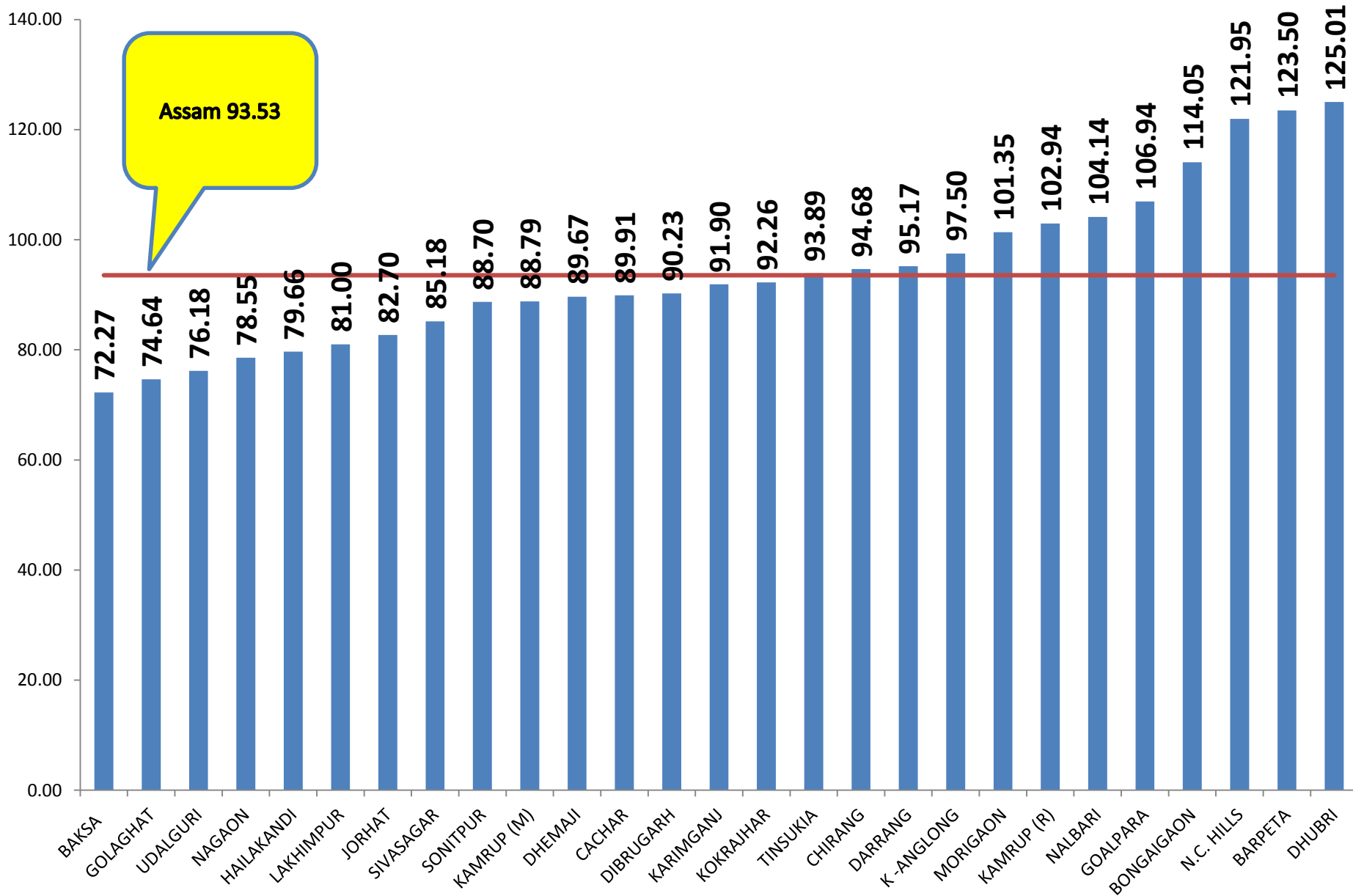
District Wise Measles Performance for the Year 2015-16



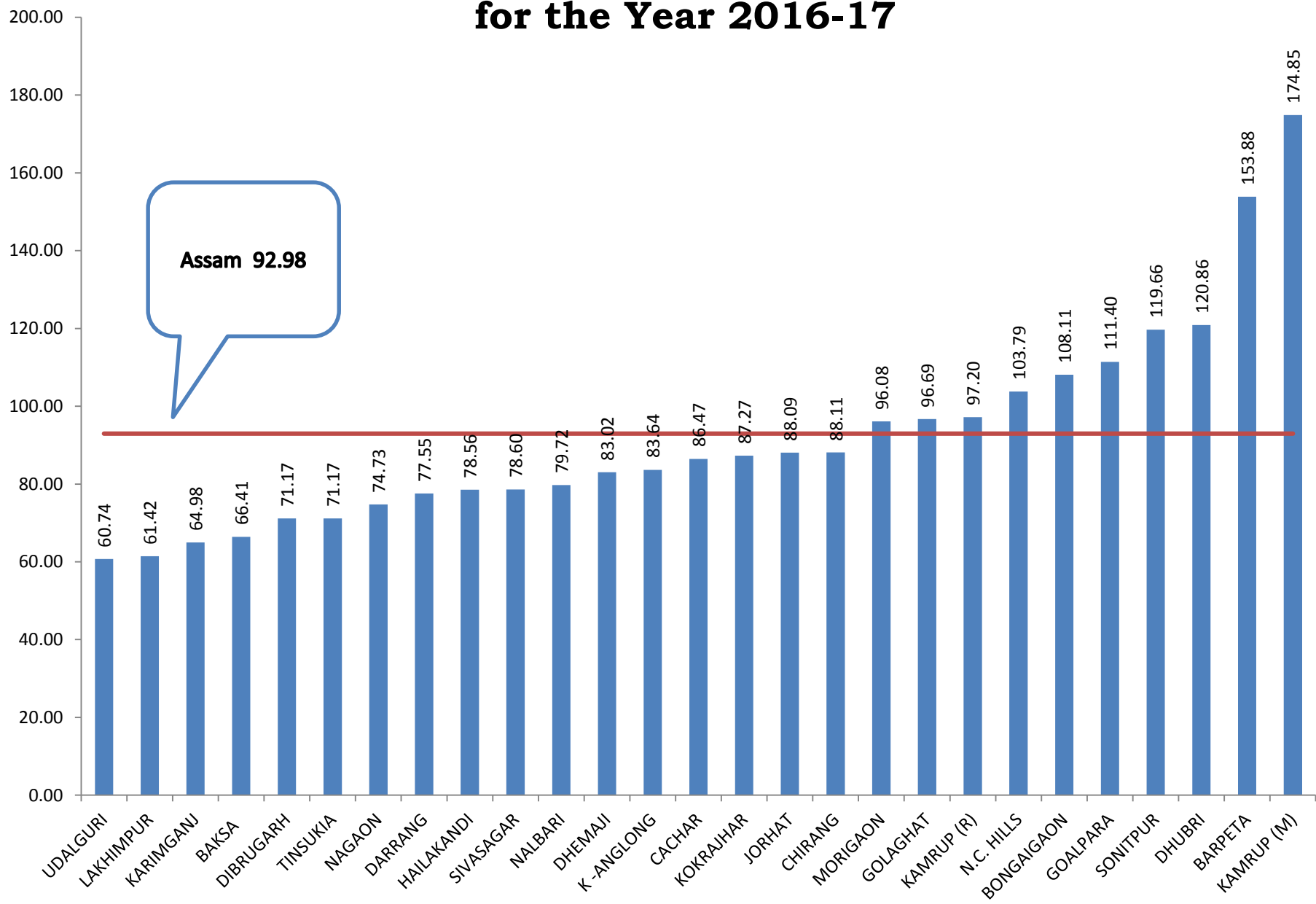
District Wise Measles Performance from April'2016 to June'2016 for the Year 2016-17



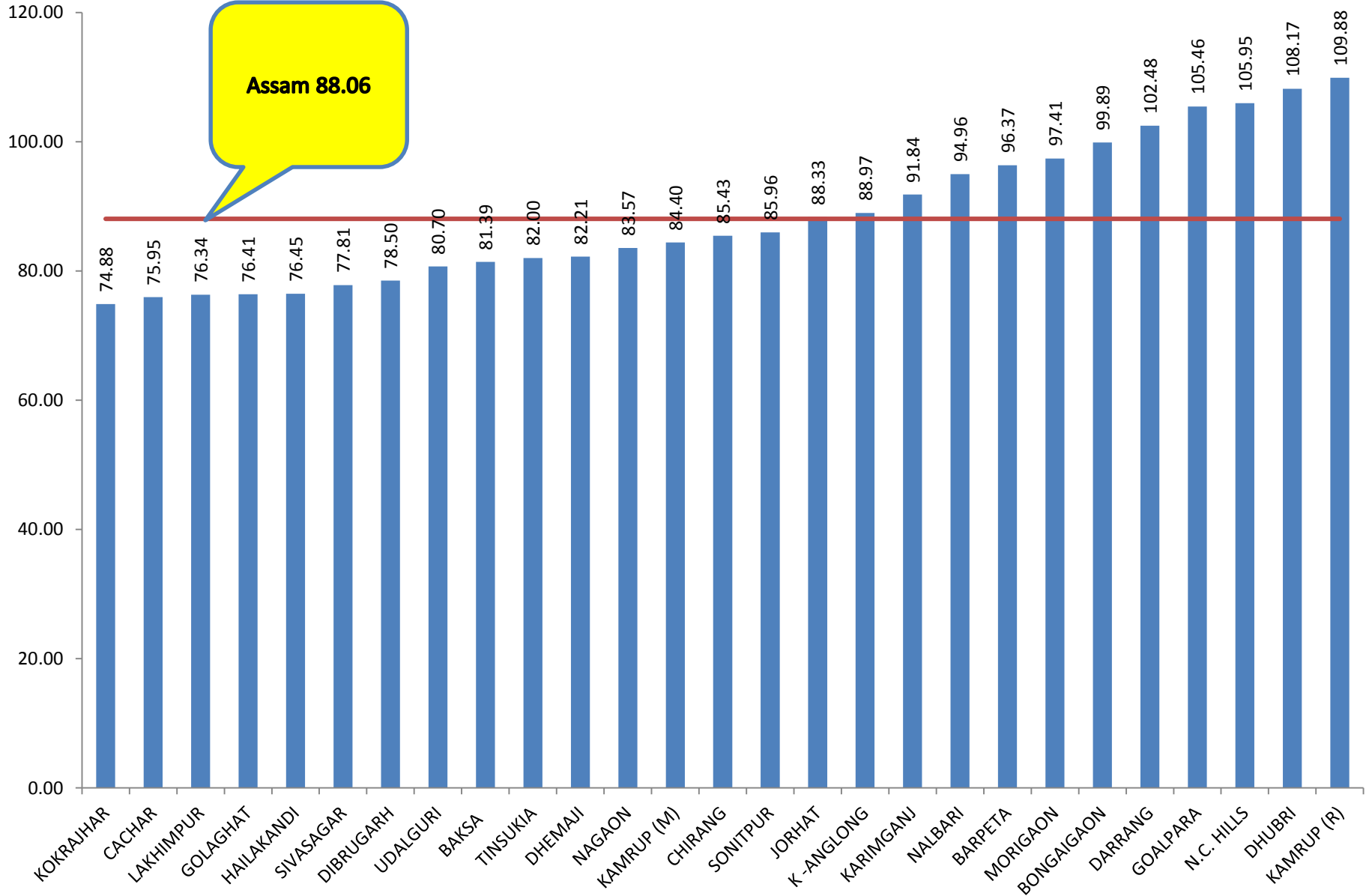
District wise BCG Coverage (2015-16)



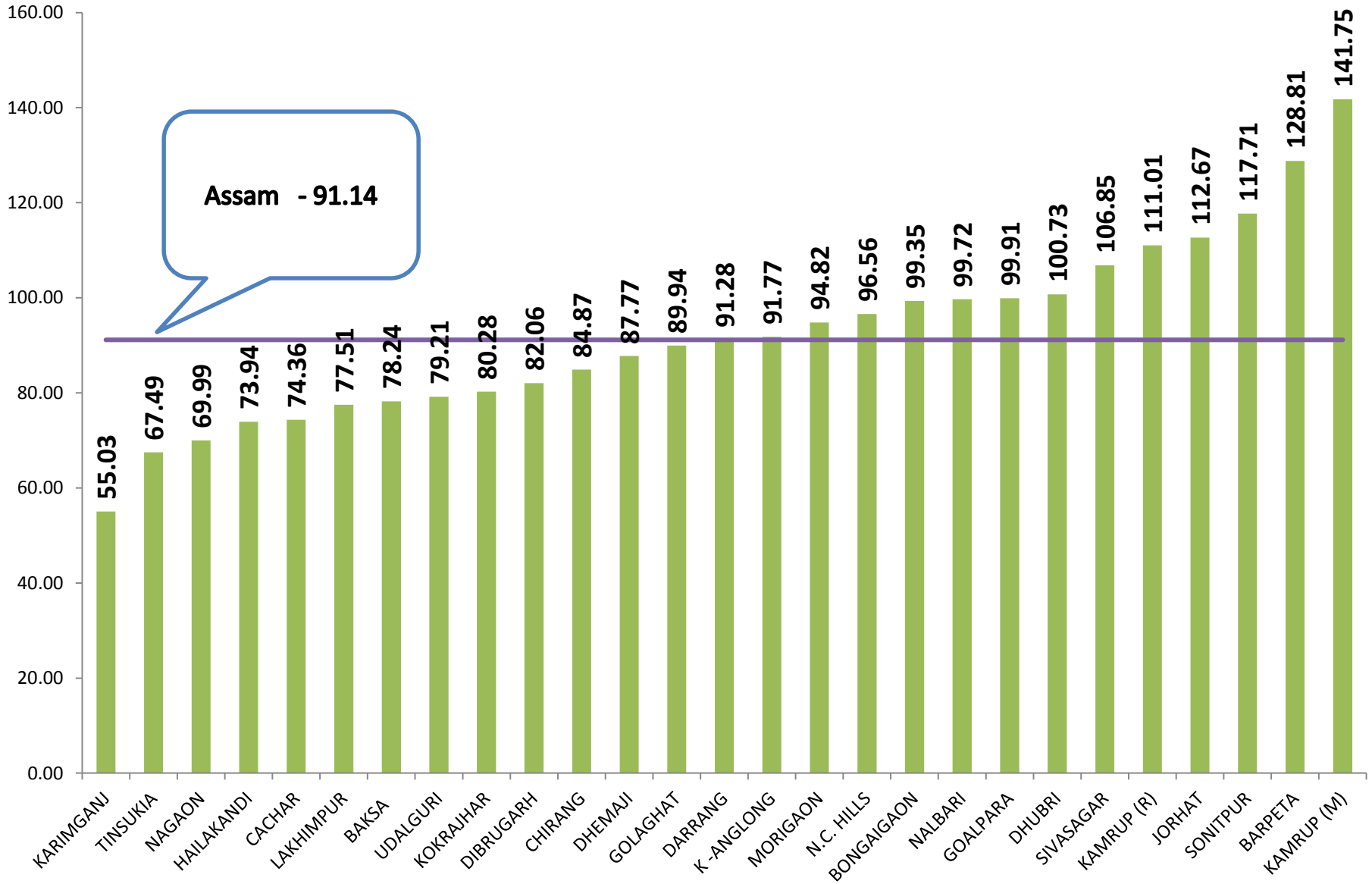
District Wise BCG Performance from April'2016 to June'2016 for the Year 2016-17



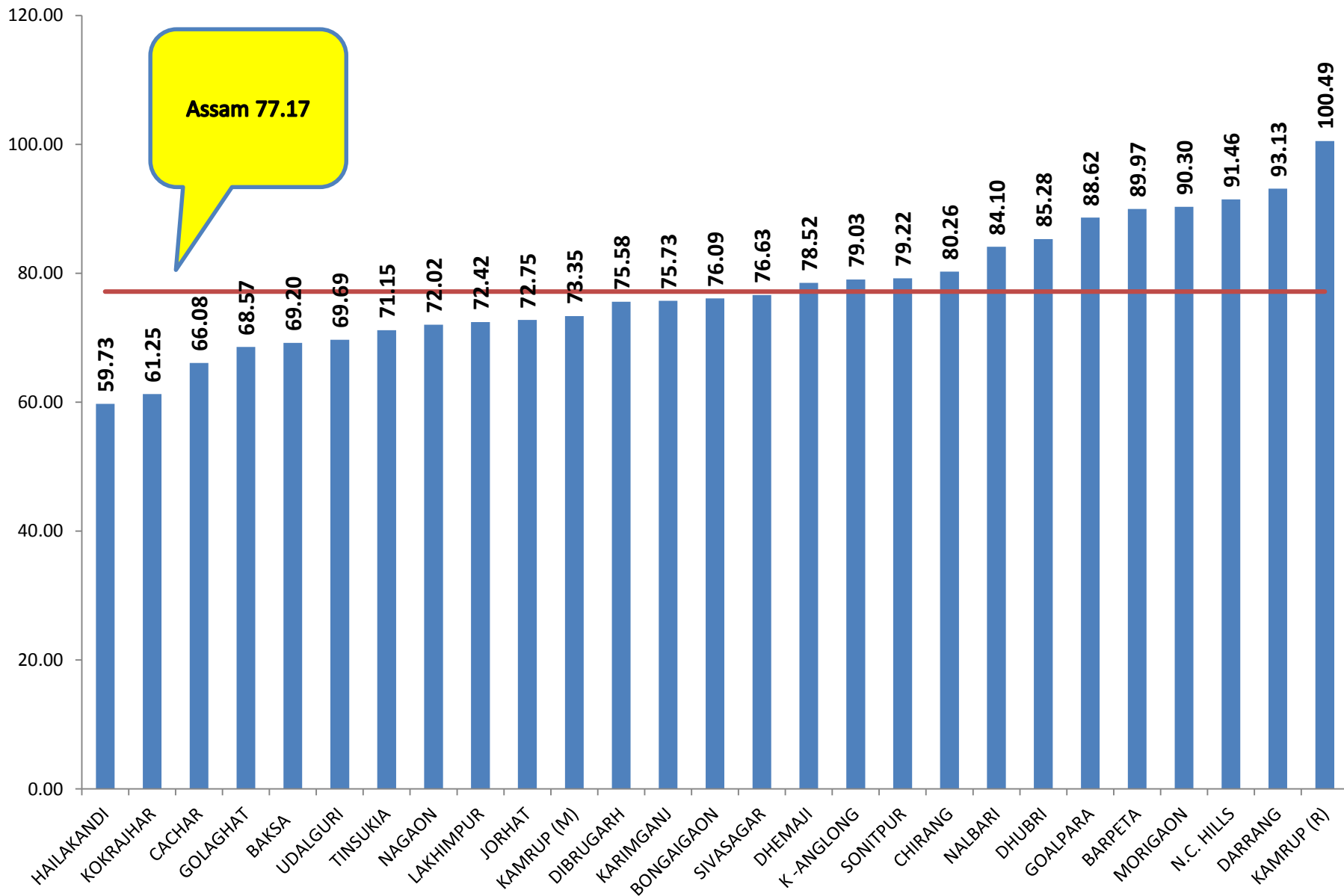
District Wise OPV-3 Performance from for the Year 2015-16



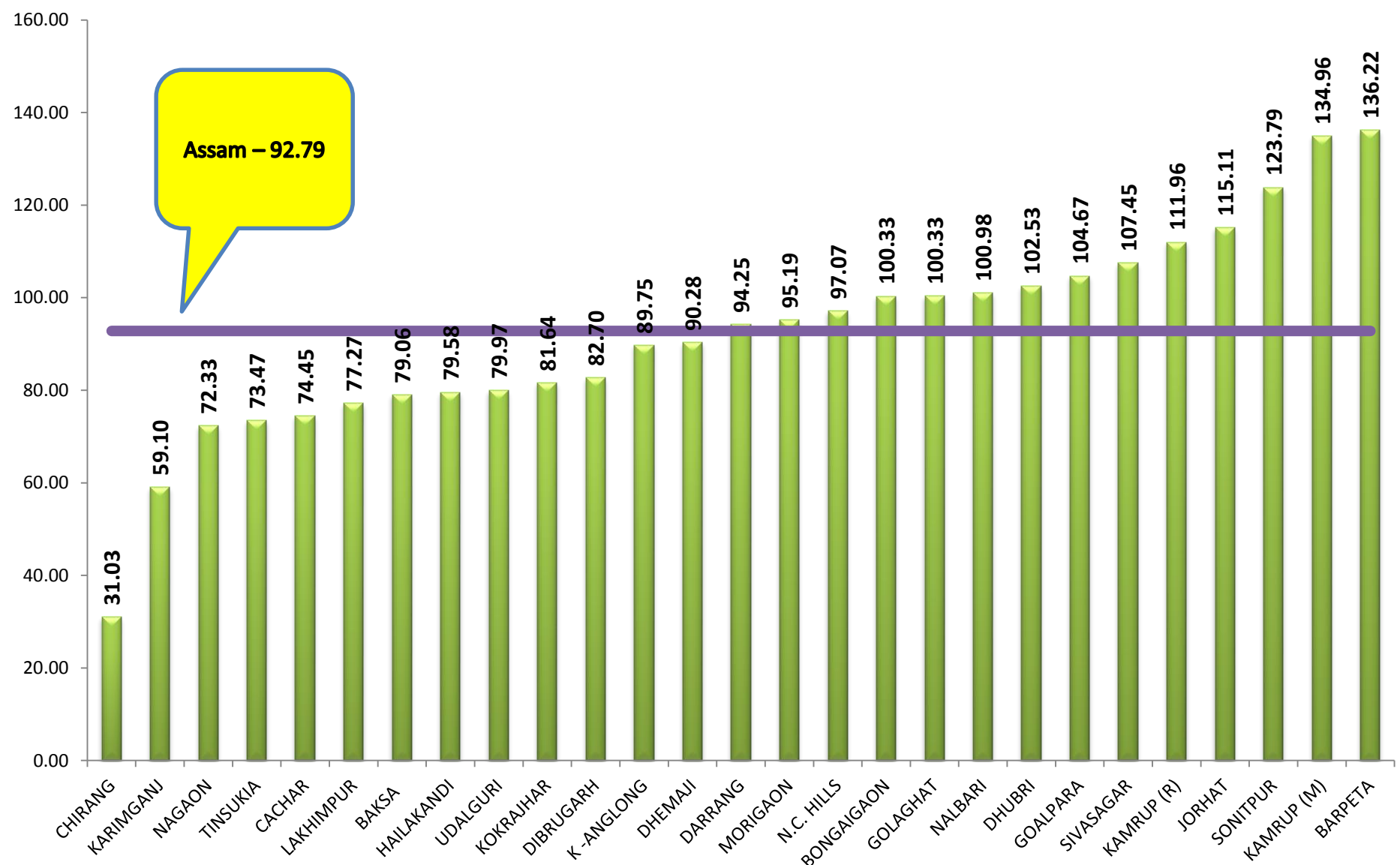
District Wise OPV-3 Performance from for the Year 2016-17 (April'16 to June'16)



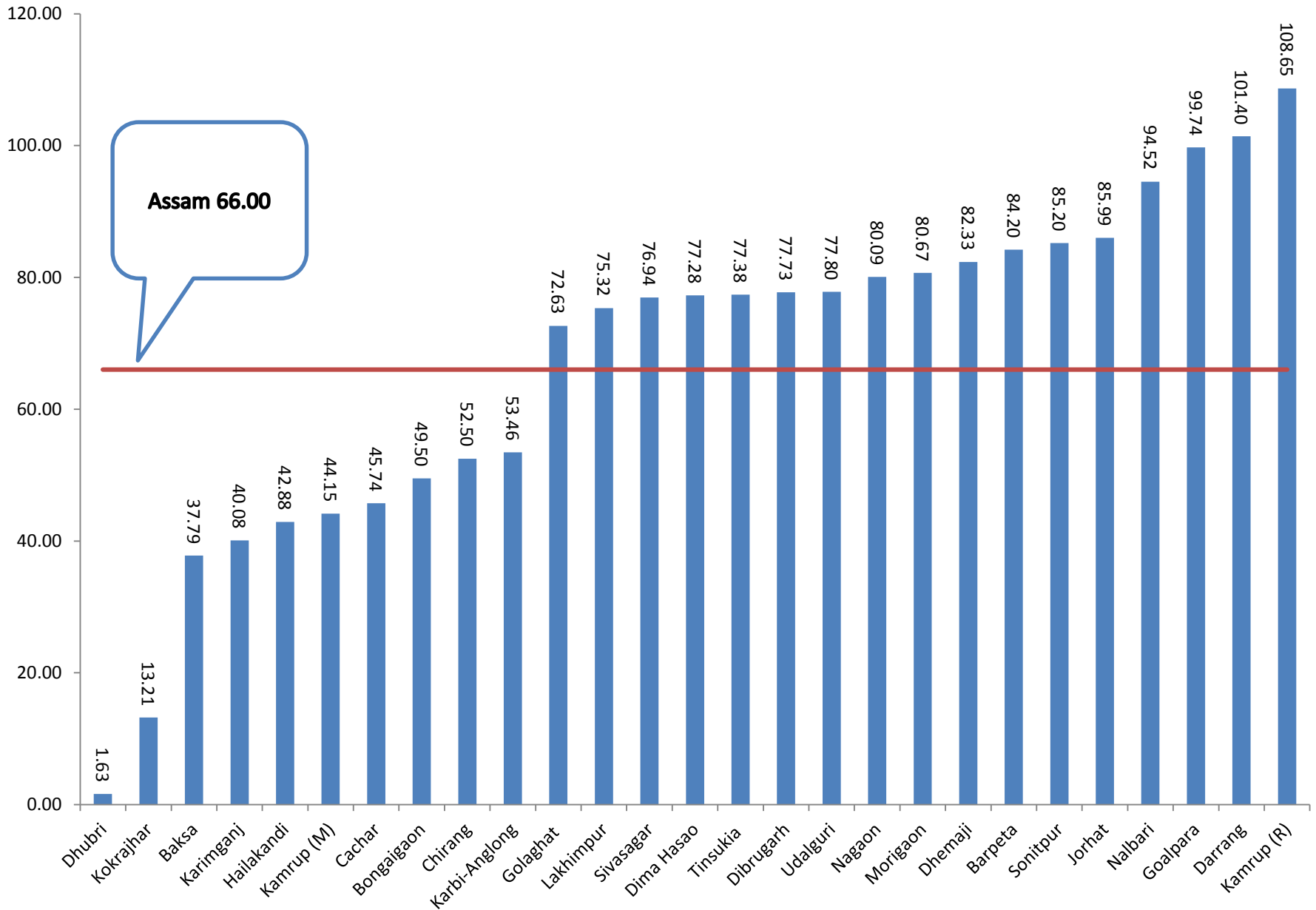
District Wise Penta-3 for the Year 2015-16



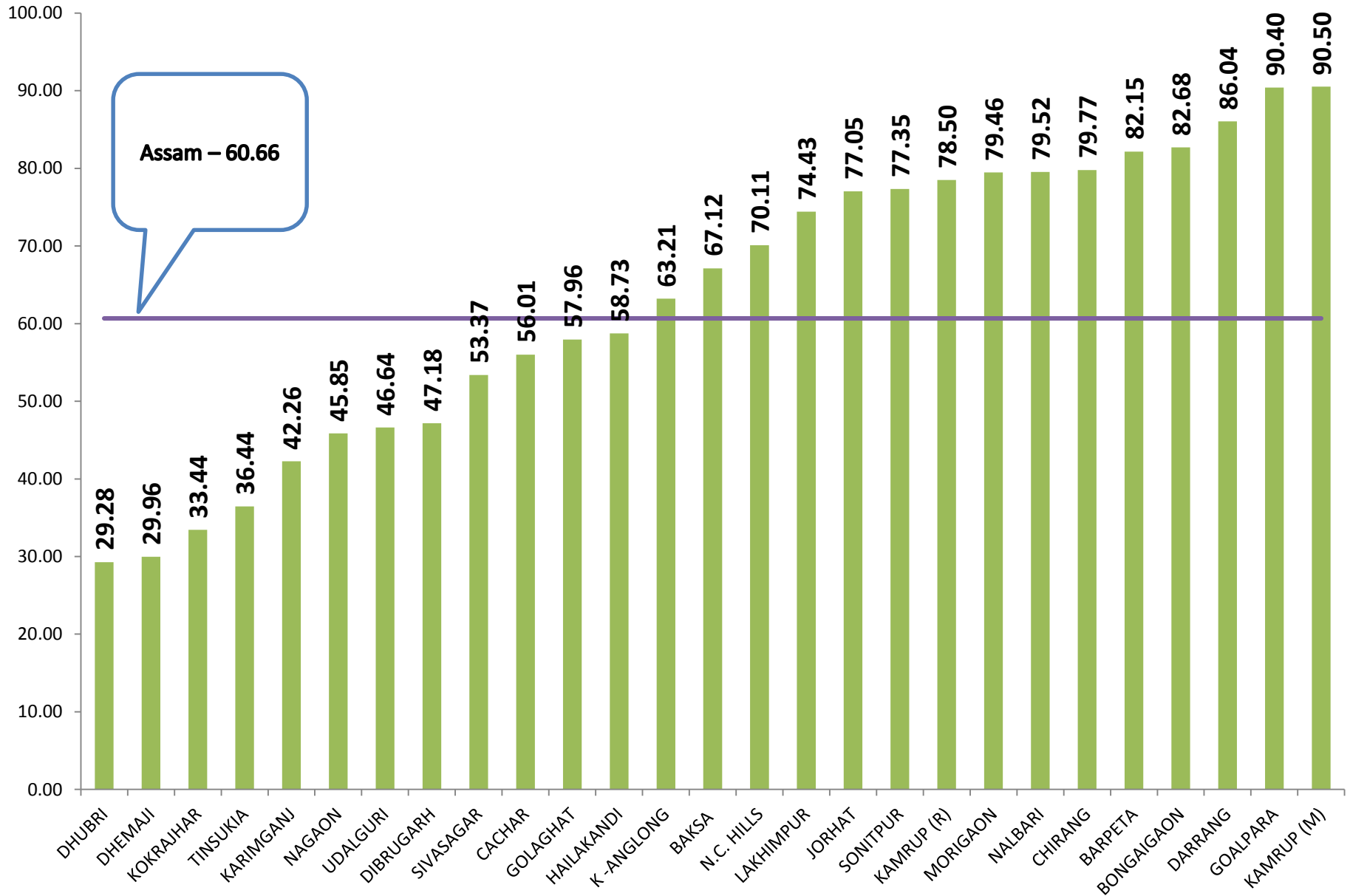
District Wise Penta-3 Performance from April'2016 to June'2016 for the Year 2016-17



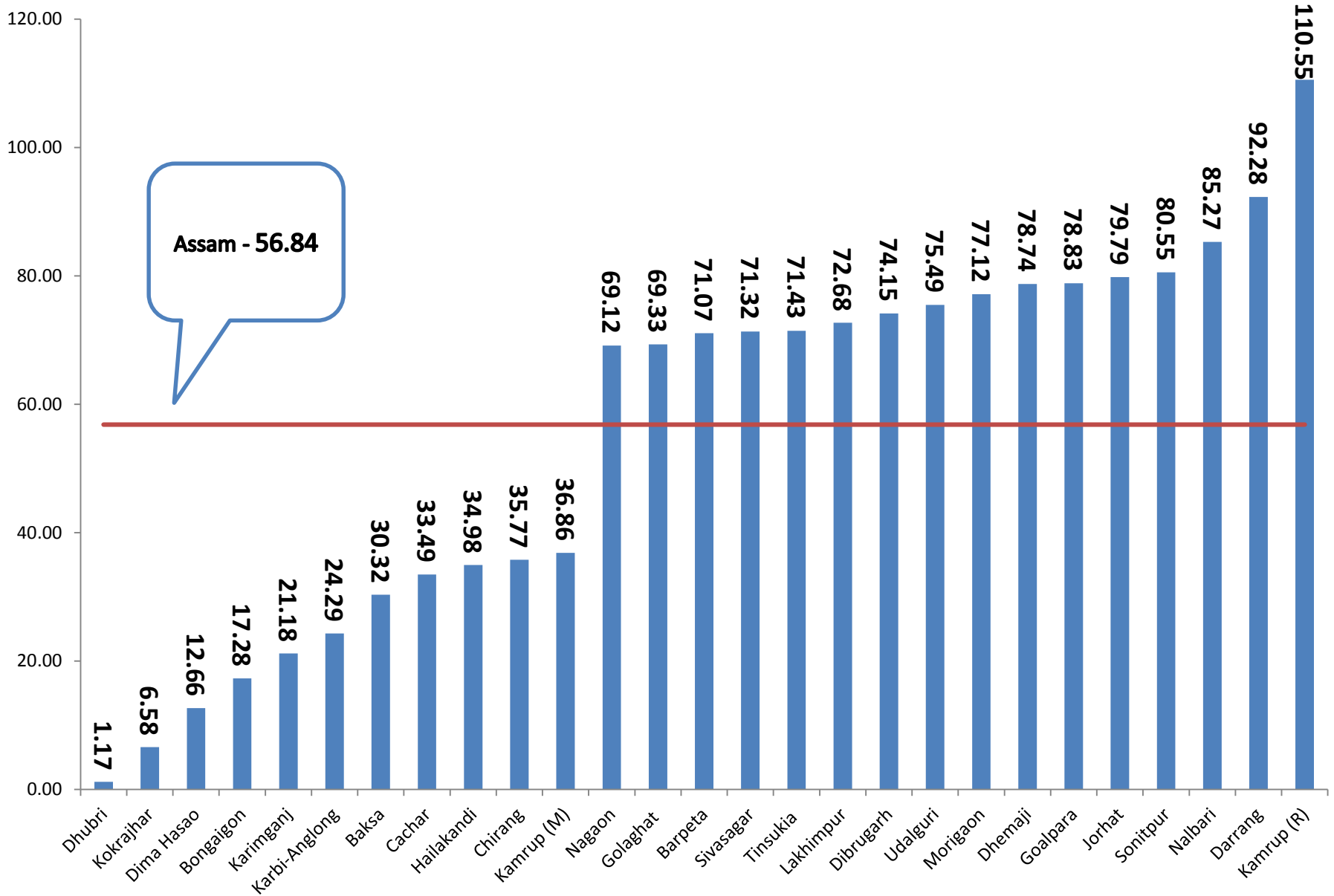
JE 1st Dose in RI for the Year 2015-16



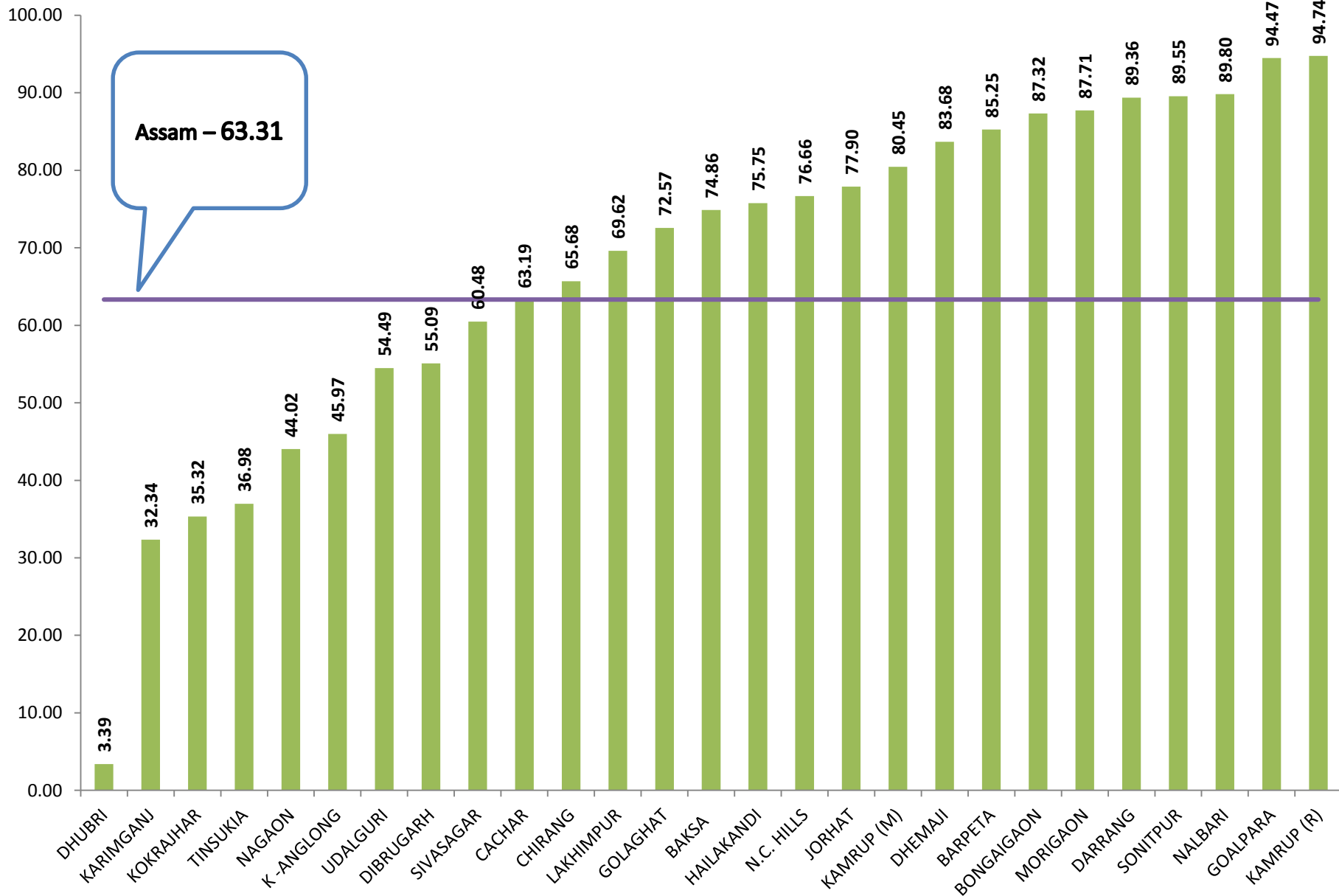
District Wise JE-1st Dose in RI, April'16 to June'16



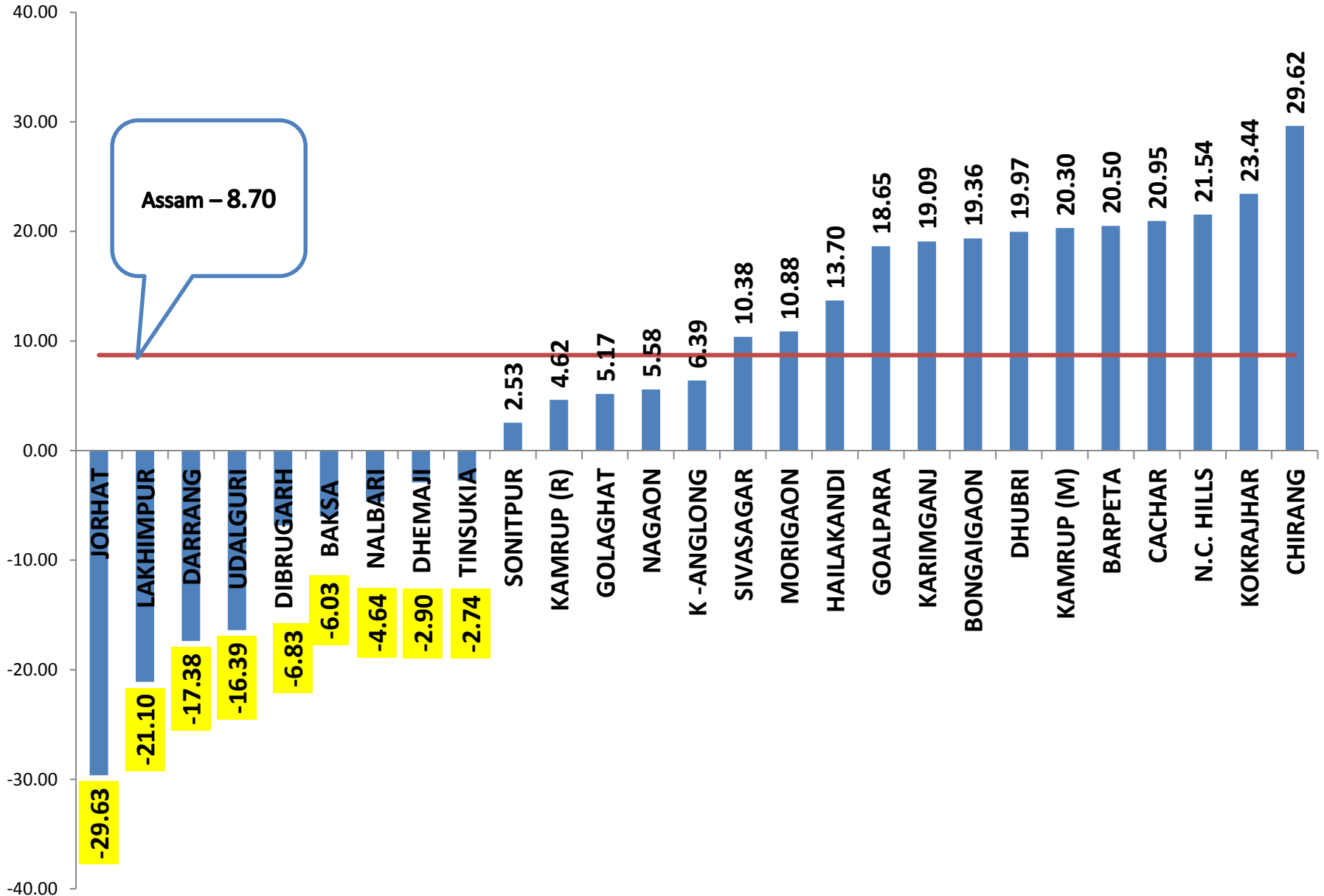
JE 2nd Dose in RI for the Year 2015-16



JE 2nd Dose in RI for the Year 2016-17



DROPOUT BCG to Measles



JE Vaccine Campaign (1-15 yrs)

Starting from 2006-07, we have completed Children vaccination campaign of age group 1-15 yrs in all the 27 districts of Assam and vaccinated more than **87 lakhs of children**. For the age group 0-1 yrs and 1-2 yrs the Routine Vaccine is being carried out in all the districts of Assam.

Adult JE vaccination Campaign (15-65 yrs)

During 2013-14, we have completed Adult JE vaccination Campaign of age group 15-65 yrs in Lakhimpur, Dibrugarh, Sivasagar, Tinsukia, Jorhat, Dhemaji, Golaghat, Kamrup (R), Sonapur Block of Kamrup (M) , And during 2015-16 Adult JE vaccination campaign was implemented in Darrang , Nagaon, Sonitpur, Barpeta, Udalguri. **In above 13 districts about 64 lakhs Adult beneficiaries were vaccinated.**

During current year 2016-17 it is proposed for Adult JE vaccination in Cachar (Case-9, Death-0), Morigaon (Case-9 , Death-2), Nalbari (Case-10, Death-5), Bongaigaon (Case-5, Death-1) and Block wise target beneficiaries (**Total 23 lakhs**) which is to be vaccinated is already communicated to GOI for release for Vaccine and syringes and also for related fund through ROP (C.1.u 2016-17).

Pulse Polio Immunization Programme :

Thereafter , PPI (Pulse Polio Immunization) was introduced in 1995 and yearly two rounds of Pulse Polio Immunization are launching till now through NID & IPPI programme against Polio Myelitis . Now, India is not having Polio Myelitis case since 13th Jan'2011 till to-day and WHO has declared "Polio- Free - India" on March'2014.

Major Achievement of the Programme :

- Pentavalent Vaccine (Including Hib) introduced in all the District of Assam introduced on 18th Feb'2015.
- IPV (Inactivated Polio Virus Vaccine) introduced in six states of India . Assam is one of tem introduced on 16th Dec'2015.
- Neo Natal Tetanus eliminated from the State of Assam.
- Polio Free Certificate (Polio Type-2) obtained from WHO , including South East Asia Region.
- Initiatd for Global switch activity from trivalent OPV (type 1,2,3) to bivalent OPV (type 1,3).
- Children JE Vaccination (1 to 15 yrs) completed in all the 27 districts of Assam and incorporated in RI.
- Effective Vaccine Management study was being carried out by Various medical colleges with the support of UNICEF.
- Adult JE Campaign Completed in 14 districts of State **and this year Four New district i.e. Cachar Bongaigaon , Nalbari and Morigaon is being planned .**
- To create felt need on Immunization among the marginalized society DHS(FW), Esstt. SBCC cell to roll out RI communication strategy. Till date 14 nos. of district level and 29 block level SBCC training on RI already completed .
- From this Month onwards fact for life (FFL) video show will be carried out low RI coverage Tea garden and hilly terrain area in 15 districts .

Coverage Report of JE Vaccine under JE Camapign (Children and Adult)

Year	Name of the District	Target	Achievement	%
	Children - (1-15 Yrs)			
2006-07	Dibrugarh	409611	370653	90.49
	Sivasagar	386228	264591	68.51
	Golaghat	196304	135924	69.24
	Jorhat	206095	186118	90.31
		1198238	957286	79.89
2008-09	Tinsukia	419964	387608	92.30
	Dhemaji	212236	187772	88.47
		632200	575380	91.01
2009-10	Lakhimpur	380710	315731	82.93
	Sonitpur	650156	431387	66.35
	Kamrup(R)	501318	351040	70.02
		1532184	1098158	71.67
2010-11	Nagaon	859192	795429	92.58
	Sivasagar	437427	369659	84.51
	Dibrugarh	431690	400989	92.89
	Udalguri	281792	199878	70.93
		2010101	1765955	87.85
2013-14	Barpeta	558753	420151	75.19
	Darrang	304764	273591	89.77
	Goalpara	331584	257720	77.72
		1195101	951462	79.61
2014 -15	Morigaon	331997	200574	60.41
	Nalbari	272601	203915	74.80
	Sonapur Block of Kamrup(M)	65442	41193	62.95
		670040	445682	66.52

Coverage Report of JE Vaccine under JE Camapign (Children and Adult)

Year	Name of the District	Target	Achievement	%
	Children - (1-15 Yrs)			
2015 -16	Bongaigaon	256267	211570	82.56
	Baksa	331365	226423	68.33
	Cachar	608414	511484	84.07
	Chirang	164451	74943	45.57
	Dhubri	676405	548344	81.07
	Dima Hasao	73357	60128	81.97
	Hailakandi	231824	197121	85.03
	Kamrup (Metro)	374661	202787	54.13
	Karimganj	420825	381653	90.69
	Karbi-Anglong	336650	273568	81.26
	Kokrajhar	307621	171263	55.67
		3781840	2859284	75.61
2013-14	Adult - (15-65 Yrs)			
	Lakhimpur	581331	482668	83.03
	Dibrugarh	734295	683138	93.03
	Sivasagar	197886	135131	68.29
	Tinsukia	731925	467697	63.90
	Jorhat	600192	538667	89.75
	Dhemaji	386800	303038	78.34
	Golaghat	585371	473485	80.89
	Kamrup-Sonapur	104030	74264	71.39
	Kamrup®	845217	561455	66.43
		4767047	3719543	78.03
2015-16	Darrang	479006	400814	83.68
	Nagaon	1538946	710330	46.16
	Sonitpur	1051593	748133	71.14
		3069545	1859277	60.57
	Barpeta	920160	408602	44.41
	Udalguri	437321	199530	45.63
		1357481	608132	44.80

Mission Indradhanush Ph-I&II- Assam

8

- Districts Covered (Darrang, Bongaigaon, Nagaon, Goalpara, Kokrajhar, Dhubri, Hailakandi, Karimganj)

11732

- Sessions conducted (96.6%)

193025

- Targeted Children

127049

- Children Vaccinated (65.82%)

32041

- Children fully immunized

18662

Children completely immunized

44091

Pregnant women immunized

18

- Medium focus districts except Phase 1 district and Karbi- Anglong

15850

- Sessions conducted (96.6%)

229000

- Targeted Children

133430

- Children Vaccinated (58.27%)

56016

- Children fully immunized

34281

Children completely immunized

25333

Pregnant women immunized

Mission Indradhanush Ph-III- Assam

12

- Districts Covered (Barpeta ,Darrang, Bongaigaon, Morigaon , Nagaon, Goalpara, Goalghat, Kokrajhar, Dhubri, Hailakandi, Karimganj, Sonitpur.)

4625

- Sessions conducted (96.6%)

72707

- Targeted Children

48141

- Children Vaccinated (66.21%)

11539

- Children fully immunized

7434

Children completely immunized

6599

Pregnant women immunized

The Achievement of Last Five years Fully Immunization Coverage for infant

Year	%
2011-2012	77.37 %
2012-2013	83.80 %
2013-2014	87.57 %
2014-2015	86.15 %
2015-2016	88.18 %
2016-2017 (Up to June'2016) Against proporsonate Target	75.56 %

Brief Note on UIP

Immunization Programme (UIP)

At present all infants and children upto the age of 16yrs of the State are getting vaccination against the vaccine preventable diseases. In the beginning, vaccination was done against the diseases of poliomyelitis, Tuberculosis, Diphtheria, Pertusis (Whooping Cough), Tetanus and Typhoid. Moreover, 2 doses of TT were given to Pregnant Women.

Thereafter, the Govt. of India introduced the Programme of vaccination under “ Universal Immunization Programme” since 1985. The vaccines administered are the 2 doses of T.T for Pregnant Women and for infant & Children one dose of BCG at birth/ at the age of 6 weeks of the infant; and OPV, DPT at the age of 6 weeks, 10 week, 14 weeks for infant and measles at the age of completed 9th month of infants. 1st booster dose of OPV and DPT at the age of 16th to 23rd month of age, 2nd booster dose of DT at 5 to 6 yrs, TT dose at 10 yrs and 16 yrs. of the children. Moreover, 2 doses of TT were given to the pregnant women at the interval of 4 to 6 weeks. Under UIP the Typhoid vaccine was excluded and Measles vaccine was included.

In the year 1990, along with the six vaccines against six VPD (Vaccine Preventable Diseases) Vit-A solution by Half Yearly had been introduced under UIP starting from 9th completed months upto 5 yrs. Total 9 doses are given at the interval of 6 months.

Brief Note on UIP Continued...

Thereafter, PPI (**Pulse Polio Immunization**) was introduced in 1995 and yearly two rounds of Pulse Polio Immunization are launching till now through NID & IPPI programme against Polio Myelitis. Now, India is not having Polio Myelitis case since 13th Jan'2011 till to-day the 6/08/2013 and WHO has declared "Polio – Free - India" on March'2014.

In the year 2006, **Hep-B** was introduced in the districts of Jorhat and Sivasagar. Then from 16th Nov'2011 the Govt. of Assam introduced Hep-B in all districts in Routine Immunization Schedule under UIP starting at birth and along with DPT 1st, 2nd & 3rd doses.

The Govt. of Assam has also introduced **Measles 2nd dose** to children at the age of 16th to 24th months of children along with DPT & OPV booster dose.

The Govt. of Assam also introduced **JE -1st Dose** Vaccine in 16 (Sixteen) high JE prevalent districts of Assam since 2006 in phase manner. (Dibrugarh, Lakhimpur, Sivasagar, Golaghat, Tinsukia, Jorhat, Dhemaji, Kamrup®, Sonitpur, Nagaon & Udalguri) and Barpeta, Darrang, Goalpara, Nalbari & Morigaon is being included in Routine Immunization. As per the incentive of the Govt. of India, **JE-2nd Dose** is introduced in Routine Immunization from 1st April'13 in the 16(Sixteen) districts.

Brief Note on UIP continued....

With initiative of Govt. of Assam, the Adult JE Vaccination Campaign was conducted in 9 (nine) upper Assam district during Feb'2014.

As being proposed by the Govt. of Assam for the **Adult JE Vaccination** Campaign along with Child JE Vaccination in left out district of Assam. The Govt. of India has initiated to go for the Adult JE Vaccination Campaign for the age group (15 – 65 yrs) in 5 district of (Barpeta, Nagaon, Udalguri, Darrang, Sonitpur) and Children JE Vaccination Campaign for the age group of (1 – 15 yrs) in 11 districts of (Bongaigaon, Baksa, Cachar, Chirang, Dhubri, Hailakandi, Kamrup(M), K- Anglong, Karimganj, Kokrajhar, Dima Hasao) during the year 2015- 16 in phase manner.

India has attained the milestone with the introduction of Haemophilus influenzae type b (Hib) vaccine into the UIP as a **Pentavalent vaccine** (containing Diphtheria – Pertussis - Tetanus [DPT], Hepatitis B and Hib antigens). The introduction of Pentavalent vaccine will reduce the number of injections required for vaccinating children at 6, 10 and 14 weeks of age. Thus, the Govt. of India is going to introduce the Pentavalent Vaccine in 11 states of India including Assam for which all the preparatory work would be completed by Dec'14 and so the **Pentavalent Vaccine** has been introduced in Routine Immunization Programme in all the district of Assam on 18th Feb'2015 by Govt. of Assam.

IPV (Inactivated Polio Virus Vaccine) introduced in Routine Immunization during the month of Nov – Dec'15.

For strengthening Routine Immunization Mission Indradhanush Strategy was introduced from 7th April'2015 in 8 districts and continue in moderate 18 districts from 7th Oct' 2015 for 4 Rounds and again 12 districts from 7th April'2016.

Programme milestones

1979 Expanded Programme of Immunization (EPI) launched.

2011

1998 Universal Immunization Programme (UIP) launched in 31 districts with country wide expansion

Pentavalent Vaccine Introduced

1999 became part of Child Survival and safe Motherhood (CSSM) programme

2014

1999 National Immunization Technical Advisory Group (NITAG) established for eradication.

India certified Polio Free

1999 became part of National Child Health (RCH) program. National Immunization Surveillance Programme (NIS) initiated in collaboration with WHO and Govt. of India

2005 UIP became part of RCH program. JE vaccine introduced

2015

2010 measles second dose introduced. Hep B universalized

Introduction of IPV, MR and Rotavirus vaccines

2011 Last wild polio virus case reported from India. Open Vial Policy was implemented for select vaccines

2012 Declared as Year of 'Intensification of Routine Immunization'. WHO removed India from the list of polio endemic countries.

Introduction of New Vaccine

- **IPV (Inactivated Polio Virus Vaccine)** introduced in State on 23rd Nov'2015 and at District Level on 16th Dec'2015
- Last year (Dec'2015) we have been successfully initiated IPV as pre-requisite of switch activity from trivalent OPV (type 1,2,3) to bivalent OPV (type 1,3) 17th Feb'2016.
- All 27 districts has completed successfully National tOPV to bOPV Switch Programme on 25th April

Key Note :

- **As discussed in earlier meetings Immunization Campaigns to be conducted among poor performing identified 1022 SCs the breakup of facilities is as followed**
 - **Out of 1022 there are 278 NSCs where the performance will be low as these are at HQ of Health Institution**
 - **Also there are total 559 SCs in which 544 are only SCs & 15 are Medical SCs & among the 544 SCs 60 are vacant SCs**
 - **So the major focus may be given to 60 vacant SCs & remaining 484 poor performing SCs where ANM is present**
- **To do the campaigns following could be the strategic plan**
 - **Immunization sessions will be conducted in the last week of every month for 3 months from October to December except on Wednesday/RI session day**
 - **ANM will conduct sessions in her respective poor performing areas along with AWWs, the involvement of AWWs is needed to achieve the target**
 - **To conduct such activity the main prerequisites of campaign are :**
 - **Proper micro plan & due beneficiaries list on the basis of head count.**
 - **Ensure the proper Alternate Vaccine Delivery Plan is in place for vaccine transportation in recommended temp.**
 - **To increase the incentive from Rs.- 75/- to Rs.-100/-.**
 - **Session site wastage disposed as per CPCB norms.**
 - **Timely release of funds/ incentive to the ASHAs for smooth functioning of the programme.**
 - **ASHA shall mobilise the beneficiaries - a reasonable incentive may be fixed to ASHAs for mobilising the beneficiaries a per NHM norms**
 - **Rational deployment of ANMs to vacant SCs for campaigns - a reasonable incentive may be fixed to ANMs for conducting sessions as per NHM norms**
 - **For above said all the activities monetary fund shall be allotted taking into consideration as the need of the campaign**

Key Note continued

- **Other Major Programmatic Points to be focused & strategies to scale up -**
 - One time stand by road permit may be issued for the immunization vaccine, logistic, Cold Chain equipments and vehicles related to immunization programme by Tax Department, Govt. of Assam to DHS (FW), Assam for the free transportation of these items received from Govt. of India.
 - Six District Immunization Officer post to be created at Hailakandi, Dhemaji, Bongaigaon, Tinsukia, Morigaon, Golaghat.
 - Four Addl. Chief Medical & Health Officer (FW) to be created at Chirang, Baksa, Udalguri and Kamrup(M)
 - Fill the vacant posts of HR at all level (MOs, Specialists, ANMs, etc.) at least among the most poor performing areas
 - Space to be provided to respective State & Regional vaccine stores wherever necessary to maintain the cold chain equipment
 - Vaccine Vans available with 25 districts and two districts (Jorhat, Kamrup -M) not having vaccine Van in place hence facing difficulties for transportation of vaccine.
 - About 300 pairs of ILR and Deep Freezers are more than 10 yrs age which needs replacement within 2 - 4 months, CSR (Corporate Social Responsibility) fund generation is key to resolve such demand in favour of public welfare, MoU with CSR enlisted agencies will be a sustainable example
 - IEC - poster on updated Routine Immunization Schedule, 4 key messages at cold chain points/public health facilities
 - Demand generation among Tea gardens, Char areas, etc. by doing BCC activities
 - Ensure the proper AVD plan is executed from starting point to return to respective CCP within the stipulated time at all CCPs in State
 - Review/Bottleneck analysis of poor performing district initially one or two districts may be done by conducting visit from State Team of Experts to identify the gaps & corrective actions to bridge the gaps identified at the District level itself

Minute of Desk Review Meeting on JE outbreak & performance of District Nagaon, Udalguri

Venue: Joint Director, Health Services (UIP) Chamber, Swasthya Bhawan , Hengrabari, Guwahati

Date: 8-8-2016

Meeting Chaired by Dr. Ruplal Nunisa, Jnt. Director Health Services - UIP, Assam

The Key discussion & strategies agreed upon as -

- Dr. Ruplal Nunisa Jt. Director Health Services - UIP mentioned that as we are having frequent JE cases in Districts like Nagaon, Udalguri and many other Districts of Assam which have reported clinically confirm cases of JE to prevent this we may implement a strategy to JE vaccination campaign, which was commonly accepted by the officials
- Both DIOs from respective Districts shared their experience & current situation of JE cases as well as the strategies to overcome the JE.
- The Nagaon& Udalguri District Officials shared about the activities to overcome JE they have done as IEC, BCC activities, utilised the forum of VHSNCs, fogging done but lack of fund for fogging is an issue raised by them, involvement of IMA, Private practitioners, regarding JE awareness was done
- Dr. Arup Deka asked District officials to review your micro plan & prepare an action plan for the said activity & also suggested to conduct the JE campaigns at Kamrup Metro
- Improve the microplan, Cold Chain, & regular Supervision is key to achieve the JE target suggested by State SMO
- Dr. Manisha Chawla suggested that arrange the JE campaigns to address all the age groups instead of targeting only Adult as we have evidence of having JE positive cases below 15yrs of Age also, the JE cases
- Dr. Manisha Chawla also suggested about media briefing by Govt. Officials regarding JE vaccine availability & brief plan on conducting the JE campaigns free of cost
- Er. B K Chouduary State CCO suggested to identify the high risk area, the pockets & review the micro plan along with requirement of JE vaccine block wise
- State CCO also suggested to do strong IEC campaign to address the demand generation & schedule the JE campaigns at the most suitable areas for the respective age groups e.g., Schools, Public Forums, etc.
- State SMO also suggested about a request to Nagaland State Govt. needs to put for arranging the JE campaigns in border areas as deaths occurred among that area

Continued.....

➤ **At the end Jt. Director Health Services - UIP suggested following immediate action taken points as**

- **Districts are requested to review micro plan properly so that no one should not miss to be vaccinated amongst all age groups comprises of**
- **Prepare the micro plan & submit proposal to State about the requirement of Vaccine & Syringe each block level as per the actual head count**
- **Continue the JE vaccination & schedule JE Campaigns to cover all age group**
- **State shall request GoI for the vaccine supply based on District requirement**
- **District requested to regularly update on the activities towards the JE Vaccination to State**

Members Present -

- **State Officials:**

- Dr. Ruplal Nunisa, Joint Director Health Services (UIP), Assam
- Er. B.K.Chouduary, State CCO, Assam
- Dr. Arup Deka State SMO Assam
- Dr. Manisha Chawla, Health Specialist, UNICEF
- State RI Consultant UNICEF Supported

- **District Officials:**

- Dr. Jayanta Das , District Immunization Officer , Nagaon.
- Dr. Tangkeswar Baruah , CM &HO (CD), Nagaon.
- Dr. Ganesh Barman , District Immunization Officer , Udalguri.
- Dr. Syam Pramod Raj Meadki , SDM & HO , Udalguri.
-

STRATEGY FOR JE

A. For District Nagaon, Udalguri ASHA to be entrusted for due beneficiary list of JE vaccination for the Age group - 9 months to <24months and 2Yrs to 15Yrs

- Place indent for additional vaccine & syringes for the age group 2 Yrs to 15 Yrs
- Prepare micro-plan for additional activity of JE vaccination (2Yrs to 15Yrs) through Routine Immunization for injection load <75
- If the injection load of JE increases to 75 to 150 beneficiaries then identify Day other than RI & venue possibly would be School/AWC

B. For Adult JE vaccination in Udalguri, Nagaon & Kamrup (M) following strategy to be undertaken

- Udalguri : Through ASHA survey to be done or the remaining 47% of non-vaccinated (JE) 15 -65 Yrs target population
- Nagaon: Similarly 54% of non-vaccinated (JE) 15-65 Yrs target population to be identified
- Kamrup (M): Except the Sonapur BPHC all the remaining BPHC to be proposed for Adult JE vaccination of age group 15-65 Yrs. (population*51%)
- NOTE- Proposal to be submitted by the District within 1st September, 2016

Initiatives to strengthen Immunization in Assam

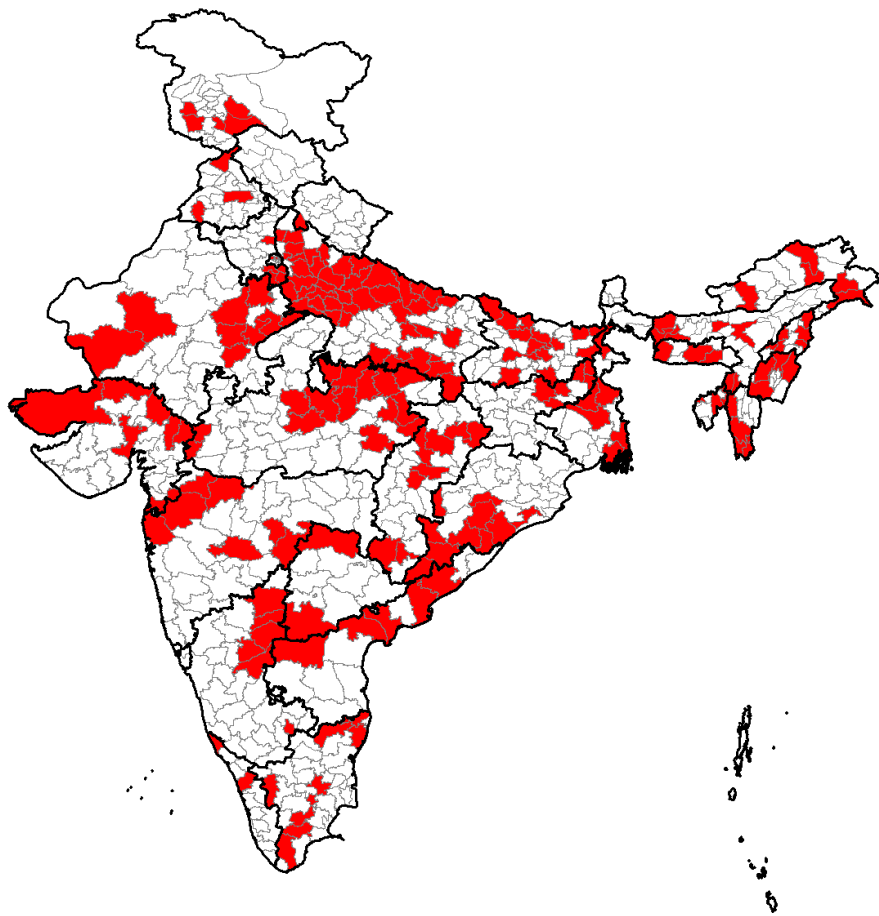


Be Wise!

**Get your child
fully immunized**

Mission Indradhanush

Mission Indradhanush: Closing the immunization gap



 High Priority districts

- Focus on 201 high focus districts with largest number of partially vaccinated & left-out children
- Active engagement of state governments & partner agencies – WHO, UNICEF & Rotary



Indradhanush = Rainbow → 7 colours → 7 vaccine-preventable diseases

- **Diphtheria**
- **Pertussis** (whooping cough)
- **Tetanus** (**TT**: Tetanus Toxoid)
- **Hepatitis B**
- **Measles**
- **Tuberculosis**
- **Polio** (in the form of **OPV**: Oral Polio Vaccine)

Other vaccination:
Japanese encephalitis,
Hib (Pentavalent vaccine)
Nutritional supplement-
Vitamin A

All vaccines are available free of cost under the Universal Immunization Programme.

Areas to be targeted



- **Areas with sub-centers vacant** for more than three months.
 - 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.

Strategy for Mission Indradhanush

- **Number of rounds:** four rounds have been conducted from April to July 2015 during Phase- 1 covering 8 districts , **4 rounds** are being conducted from October 2015 to January 2016 during Phase -2 covering 18 districts and last 4 rounds are being conducted from April 2016 to July' 2016 during Phase -3 covering 12 districts.
- **Duration of each round:** upto **seven days** in a month (based on need)
- **Targeted beneficiaries: Children under two years of age and pregnant women**
 - Children above two years of age seeking vaccination at any Indradhanush session will not be denied due vaccines
- **Mechanism**
 - Fixed or **outreach sessions**
 - Mobile sessions



Role of partners



- **WHO:** Technical support for effective planning and implementation, capacity building, preparedness and performance monitoring at district/block level
- **UNICEF:** Support communication strategy for social mobilization activities to generate adequate demand for vaccination
- **UNDP :** Technical support for real time temperature Monitoring and Vaccine Logistic under Immunization Programme .

Mission Indradhanush, Assam

- Completed 4 rounds of Mission Indradhanush in **eight high** focus districts of the State to improve immunization coverage
- It was conducted in three phase the first phase covering 8 high focus districts, the second phase covering 18 high focus districts, and the third phase covering the 12 high focus district that account for nearly 50 per cent of all partially vaccinated or unvaccinated children in the State.
- The objective of this campaign was to reach out to the unreached children and pregnant women through targeted interventions.
- The campaign started in April 2015 and covered high-risk areas like urban, peri-urban slums, brick kilns, construction sites, nomadic sites, areas with measles and diphtheria outbreaks and other areas with weak RI coverage.

Frontline Workers: 3A's (who drive the Mission Indradhanush Rounds)

- **ANM:** Auxiliary Nurse Midwife
- **ASHA:** Accredited Social Health Activist
- **AWW:** Anganwadi Worker

- **How it works:** ANMs do the micro planning for holding immunization sessions with the help of ASHAs and AWWs—by tallying the names of all mothers and children in the area (mapping the sub-centre's villages and hamlets).
- ASHAs and AWWs are chosen from among the residents of the village.
- ANMs further take help from the Panchayat, school teachers and village elders to motivate families to attend the immunization drives.

Adult JE Vaccination campaign

In the year 2015 -16 the campaign was held in 3 districts: Darrang, Nagaon & Sonitpur in first Phase:

- Estimated target: **30,69,545**
- Total vaccinated: **18,59,277 (60.57%)**

In the 2nd Phase: Barpeta & Udalguri

- Estimated target: **1368328**
- Total vaccinated: **841243 (61.48%)**

In the year 2016 -17 the campaign was been planned in four districts: Nalbari, Morigaon, Cachar, Bongaigaon for which proposal submitted through PIP – 2016 - 17

Children JE Vaccination campaign

In the year 2015 -16 the campaign was held in 11 districts (Bongaigaon/ Baksa/ Cachar/ Chirang/ Dhubri / Dima-Hasao/ Hailakndi/ Kamrup(M)/ Karimganj/ Karbi-Anglong/ Kokrajhar)

Estimated target: **37,81,840**

Children vaccinated: **28,59,284 (75.61 %)**

Pulse Polio Imm. Programme

During the year 2015 – 2016 (0 – 5 yrs)

	<u>Target</u>	<u>Achv.</u>	<u>%</u>
NID 1 st Round	4725543	4730917	100.11
NID 2 nd Round	4808406	4700750	97.76

NID – National Immunization Day

Achievement for the year 2015-16

- **Pentavalent Vaccine (including Hib)** introduced in all the District of Assam introduced on 18th Feb'2015 .
- **IPV (Inactivated Polio Virus Vaccine)** introduced in six states of India. Assam is one of them introduced on 16th Dec'2015.
- Neo Natal tetanus eliminated from the State of Assam .
- **Polio Free Certificate** (Polio Type - 2) obtained from WHO, including South East Asia Region.
- Initiated for Global **switch activity** from trivalent OPV (type 1,2,3) to bivalent OPV (type 1,3)
- **Children JE Vaccination (1 to 15 yrs)** completed in all the 27 districts of Assam and incorporated in RI.
- Effective Vaccine Management study was being carried out by Various medical colleges with the support of UNICEF.

Improving Routine Immunization

- **Thirteen posts of Refrigerator mechanics** have been filled up during July'2015 to improve the cold chain system in the State and in turn improve immunization programme overall.
- **Five Regional Vaccine Store Managers** have been appointed at each Region to operationalize the 5 Regional Vaccine Stores which will improve the vaccine and logistics management system in the State and will reduce shortage and stock outs of vaccine
- **Vaccinators Diary** has been printed by the State for each vaccinator. This will educate the vaccinator regarding immunization programme, improve the vaccine and logistics management, and will help in tracking of the left outs and drop outs.
- Initiative taken to update the performance of the **Tea Garden areas along with the High to Risk areas and Hilly areas** through Social Behavior Change Communication and planned to use the Education-Entertainment approach as outlined in the State RI communication Strategy on immunization in the 15 low performing districts, where routine immunization coverage is affected due to improper communication like inadequate messages, limited community awareness, low level of health seeking behaviour and geographical constraints.
- **Partnership with RED FM to raise awareness on Immunization Established SBCC cell to roll out State RI Strategy**

Effective Vaccine Management Assessment

EVM assessment was done in Aug- Sep 2014 (UNICEF supported) in all 27 districts of Assam at:

- State Vaccine Store (SVS)
- Four Regional vaccine stores (RVS)
- 27 District Vaccine stores (DVS)
- Sub-district Level:
 - ✓ 54 cold chain points



Assessment was done in real time using mobile devices
Data available at www.evmindia.org.in

EVM Assessment was done to improve:

- vaccine and supplies management
- quality and layout of sites and buildings
- physical capacity of storage and transport
- quality of fixed equipment and vehicles
- preventive maintenance mechanism for equipments and buildings

EVM improvement plan has been developed and submitted to GOI

Partnership with RED FM to raise awareness on Immunization



THANKS