

Strategic plan to achieve and sustain 100% Full Immunization for the Year 2022-23

A blueprint to commit for 100% Full Immunization

Government of India is continuously striving towards reducing morbidity and mortality due to vaccine preventable diseases. The Universal Immunization Programme is one of the largest programmes of its kind in the world and has contributed significantly in increasing immunization coverage in the country.

To reach each and every child and pregnant woman of the state, intensive efforts are undertaken. Considering the intensive efforts, now we follow a strategic direction, make use of available resources towards our goal of 100% Full Immunization coverage in every district/ facility and thus achieve equity in Immunization Coverage across the state.

(A) Goal :

This document tries to address the steps to achieve and maintain 100% Full Immunization coverage and Td vaccination in the state. Thus protect every child and adolescent in the state from the vaccine preventable diseases which are part of the Extended Program of Immunization.

(B) Objectives:

- 1) To achieve 100% Full Immunization by March 2023.
- 2) To achieve 100% birth doses by March 2023.
- 3) To achieve 100% BCG Coverage by March 2023.
- 4) To achieve 100% Td10 and Td16 Coverage by March 2023.

(C) Special Interventions:

- a) **Birth dose Plan :** To ensure 100% birth doses of Hep B and OPV birth doses along with BCG by:
 - Making sure the MPV/ANM available has access to the vaccine doses to be given to the new born kids.
 - Keeping the vaccine in a domestic refrigerator near labour room/ post labour ward while the CCP is closed for ease of access to birth dose vaccines.
- b) **BCG special drive plan:** To plan special BCG drive in order to coordinate adjacent PHC/SC to mobilise beneficiaries to a certain PHC/SC/Session site to make sure every child has assured access to BCG vaccine.
- c) **Td10 and Td16 vaccination:** Involvement of RBSK team for vaccination of adolescent in schools and strengthen RI session, VHSND and UHSND to improve the Td10 and Td16 vaccination


- d) **Catch-up campaigns on last two RI days of every month:** To plan Catch up campaigns every month after assessing the maximum left out/ drop outs in the whole month and plan session accordingly.
- e) **VPD Surveillance to assess the quality of vaccination:** Reporting regularly from PHC level and above all the suspected VPD cases to make sure there is an active surveillance system to triangulate the quality of immunisation program.


(D) Strategies:

- 1) Identify the districts and facility level FI Coverage and birth dose coverage to categorise the same in to two categories between 50%-90% and above 90%
- 2) State level review with the districts to assess the improvement monthly.
- 3) Monthly DTF reviews along with district level Self gap assessment.
- 4) Demand generation and Communication plans to address both the specific refusal areas and in general population.
- 5) Data Quality Assessment (DWR etc.) and monitoring plans (for both medical officers and district level staffs including IFVs) for the district to be shared with states monthly.
- 6) Step by step plan for districts/ Facilities having FI coverage between 50%-90%:
 - a) Catch up campaigns like Intensified Mission Indradhanush to increase the coverage as soon as possible.
 - b) Increase the number of fixed, outreach and mobile session sites as per need.
 - c) Making quality due list including LODORs(Left out Drop out and Refusals)
 - d) Proper microplanning effective to cover every child in the catchment areas.
 - e) Building Vaccine confidence and community engagement
 - f) Intersectoral coordination and intensive monitoring by all stakeholders including District administration, ICDS, Health department etc.
 - g) Prioritising and focussing on pockets of poor performances and bring in measures like appointing a nodal officer specifically for such pockets.
 - h) Conduct a gap assessment to assess the bottlenecks in keyprocess like microplanning, preparation of due list, HR management, Logistics, Monitoring and feedback mechanisms and help districts to solve the same.
 - i) ICDS may support in preparation of due list with the help of Poshan tracker application
- 7) Step by step plans for districts/ facilities having coverage above 90%:
 - a) Sustain the gains achieved till date and make sure to maintain the same will be the first priority.
 - b) Intersectoral coordination and intensive monitoring by all stakeholders including District administration, ICDS, Health department etc.
 - c) Prioritising and focussing on pockets of poor performances and bring in measures like appointing a nodal officer specifically for such pockets.
 - d) Conduct a gap assessment to assess the bottlenecks in keyprocess like microplanning, preparation of due list, HR management, Logistics, Monitoring and feedback mechanisms and help districts to solve the same.
 - e) Incorporating any MI areas or specific catch-up campaigns session sites into RI micro-plan to reduce the LODORs.

- f) Improve the HMIS data quality to make sure the vaccination is clearly on the go by ensuring the use of new technologies like ANMOL tablets.
 - g) ICDS may support in preparation of due list with the help of Poshan tracker application
- 8) Focus on adolescent vaccination and ensure the Td10 and Td16 vaccination in the state through RBSK team and utilizing the service delivery platforms

≈ ENSURING THAT NO ONE IS LEFT ≈


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