Was the routine immunization session held at site on time? Did the ANM (auxiliary nurse and midwife) have the list of all the children eligible to be vaccinated in the area? Were the cold-chain logistics maintained? Did the ANM inform parents that the child may develop mild fever after the vaccination? Were the banners and posters displayed properly?

Vandana Singh’s work is like that of a military general precision-planning every detail of a campaign. Every morning, she starts out early, with a check-list. “We go to the site earmarked in our monitoring plan. And then start ticking off each of the items, one by one,” says the World Health Organization Surveillance Medical Officer posted at Barabanki in Uttar Pradesh, India, a high-focus district in a state trailing in routine immunization. There are over twenty questions in Singh’s check-list.

The work does not end there. There are house to house visits in high-risk settlements and traditionally under-served areas to check if any child has been missed out by the routine
immunization sessions. Singh’s day usually ends with a meeting at the district headquarters with the Chief medical Officer reviewing the programme. Any lapses are immediately tackled. A phone call, a warning, usually work.

Singh, who was part of the WHO’s polio team and has worked in Barabanki for four years, is hugely excited about her work. “I am immensely proud of the fact that I was part of the collective effort to make India polio-free. Now we are using the same structures and skills to ramp up routine immunization through Mission Indradhanush.”

Singh is not the only one. These are exciting times for all the 2000-odd medical doctors and field monitors working with the WHO who are now part of the special nationwide initiative in India to vaccinate all unvaccinated and partially vaccinated children under the Universal Immunization Programme, by 2020.

“India’s victory against polio was a phenomenal feat. Now, we are leveraging the knowledge and infrastructure built during the polio campaign to step up routine immunization. This campaign, called Mission Indradhanush, is an inspiring reflection of the seven colours of the rainbow, and aims to protect all children in this country from the seven vaccine-preventable diseases: diphtheria, whooping cough, tetanus, polio, tuberculosis, measles and Hepatitis B,” says Mr. Jagat Prakash Nadda, India’s Minister for Health and Family Welfare.

“The Government of India, in partnership with the World Health Organization, UNICEF and other agencies, is leaving no stone unturned to ensure that there are no children who remain unvaccinated, or partially vaccinated against these seven vaccine preventable diseases. We hope to achieve this by 2020. The World Health Organization, one of our key partners in the polio eradication campaign, is assisting us with risk-analysis – identifying children in under-served areas who have not been fully immunized and the underlying reasons, to strengthen our efforts. The WHO is also providing us valuable technical support in micro-planning, training and monitoring the work on the ground,” adds the Minister.

The recently launched Mission focuses on interventions to expand full immunization coverage in India from 65% in 2013 to at least 90% children in the next five years. India’s Health Ministry, with help from the WHO, has identified 201 high-focus districts across the country that have nearly 50% of all unvaccinated or partially vaccinated children in the country. Of these, 82 districts are in just four states – Uttar Pradesh, Bihar, Madhya Pradesh and Rajasthan.

These districts are now the focus of intensive efforts to improve the routine immunization coverage in the country.

There are several reasons why India has so many unimmunised and partly immunised children – vast pools of illiteracy, lack of awareness about the benefits of immunization and lack of access to healthcare facilities.

Reaching every child who missed out on immunization is not an easy task. The vulnerable are not just in the rural hinterland. Many live on the margins of urban India, like four-year-old Pooja. The girl lives with her family in a shanty made of corrugated iron at a construction site on the outskirts of Kolkata in eastern India, where Pooja’s father has been working for the past few months. The settlement is crowded with temporary workers and their families living in sheds and slum dwellings in and around the buildings that are under construction. They don’t have access to toilets or safe drinking water. The tenure of Pooja’s father’s work is uncertain. Once
the construction at this site is completed, he and his family will pack up their few possessions and move on, setting up home wherever he can find work.

It is children of migrant workers like Pooja who often miss out on routine and supplementary immunization. Others at equal risk include those belonging to populations that are nomadic, living around brick kilns, urban slums, fishermen’s villages, living in riverine areas with shifting populations and other traditionally underserved and hard-to-reach groups like tribal communities and those living in forested areas. Those at risk also include populations which have a health facility exists but lack health workers.

**Why is routine immunization so critical for India and the South-East Asia Region?**

Strengthening routine immunization will ensure a decrease in the incidence of deaths due to the seven vaccine preventable diseases for which vaccines are being provided under the immunization programme.

Also, achieving high routine immunization coverage of children in the first year of life with the requisite three doses of oral polio vaccine is one of the pillars for polio eradication. The high population immunity against polio will help maintain polio-free status of the South East Asia Region. Without achieving this, pockets of non-immunized children could build up, reviving the threat of outbreaks of the poliovirus.

“The virus does not understand the SEA Region has been certified polio-free and it can cross over at any time from polio hot-spots to any of the polio-free countries in the Region and the world. So we have to be alert and vigilant. After polio-eradication, the National Polio Surveillance Project of WHO has transitioned into supporting routine immunization, elimination of measles and control of other vaccine-preventable diseases. The polio legacy that has been built up is being used for broader public health goals. The lessons and the resources that were used to fight polio are now being used to improve routine immunization,” says Dr Sunil Bahl, Medical Officer, Polio Eradication, Immunization and Vaccine Development at WHO’s Regional office.

WHO is assisting the Government of India in four key ways –risk-analysis which means mapping the high-risk pockets and settlements for inclusion in micro-plans, capacity-building and training key personnel, monitoring routine immunization activities and finally in building an accountability framework.

At the heart of the ongoing Mission Indradhanush is the meticulous risk-mapping, microplanning and monitoring that led to South-East Asia’s victory over polio.

Dr Bahl adds, “We not only know where the high-risk children are but also why they missed out on the routine immunization sessions. Polio monitors who went door to door checking if any children missed out on the polio drops are now doing same for routine immunization. On many occasions, we find that children are partially vaccinated because parents are not fully aware of the benefits of full immunization and also because sometimes they are scared about adverse effects following immunization. No one told them that slight pain or fever are routine symptoms after any vaccination. So training of health workers is also being ramped up. Frontline workers are being trained on how to build rapport with the community and to convince parents about the need to vaccinate their children and also to remove any irrational fears that families may have about the vaccines.