

Cost of implementing the Intensified Mission Indradhanush Programme

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BACKGROUND

Despite being operational over 30 years, only 65% children in India receive complete immunization during their first year of life through India's Universal Immunization Programme (UIP). Intensified Mission Indradhanush (IMI) programme was a government of India initiative to reach each and every child up to two years of age and all those pregnant women who have been left uncovered under UIP.

IMI was implemented in 173 low coverage districts in 24 states for 7 days every month between October 2017 and January 2018.

The basic strategy of IMI involved

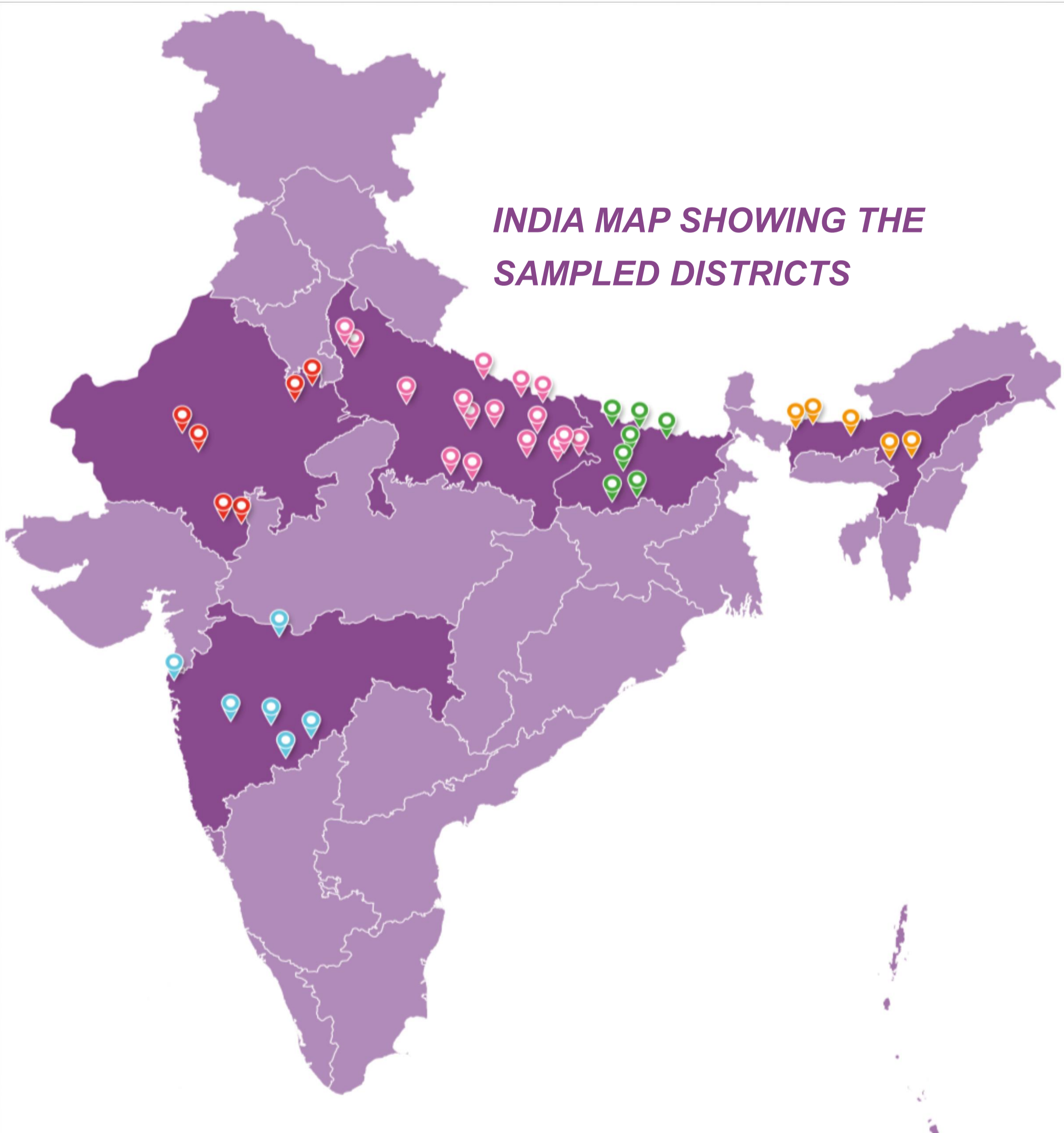
- A process of head count survey to identify children with missing doses
- Prepare a due list with missed children
- Prepare a microplan accordingly to identify areas for outreach sessions
- Deliver immunization at identified temporary vaccination sites during one week of each month for four consecutive months.

OBJECTIVE

Estimate financial costs of implementing IMI programme

METHODS

Sampling: Five states: Assam, Bihar, Maharashtra, Rajasthan and Uttar Pradesh having high concentration of IMI activity were purposefully selected for this study. Within these five states, 40 districts including six urban districts, 91 blocks and 281 sub-centres were randomly selected.



Intensified Mission Indradhanush programme was a government of India initiative to reach each and every child who have been left uncovered under the Universal Immunization Programme

Unit costs (cost per dose, cost per child) of implementing the Programme varied widely across the study states

Increasing unit cost from lower baseline immunization coverage states to better coverage states probably indicates increasing marginal cost of improving immunization coverage in a given population

Higher unit costs in Assam indicates the increasing costs of reaching the unreached in geographical hard to reach areas



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Data collection: A five member team were responsible for data collection during the period of July 2018 to January 2019. Data were collected from administrative records, financial records as well as interviewing different categories of staff involved in IMI.

Financial Cost components: Vaccines, Syringes, Vaccine transport, Communication, Training, Meeting, Mobility support, Payment for alternate vaccine delivery (AVD), Incentives for Accredited Social Health Activists (ASHAs), Printing, Waste management, Supervision, Microplanning, Mobile team, Line listing, Travel expenses to session sites.

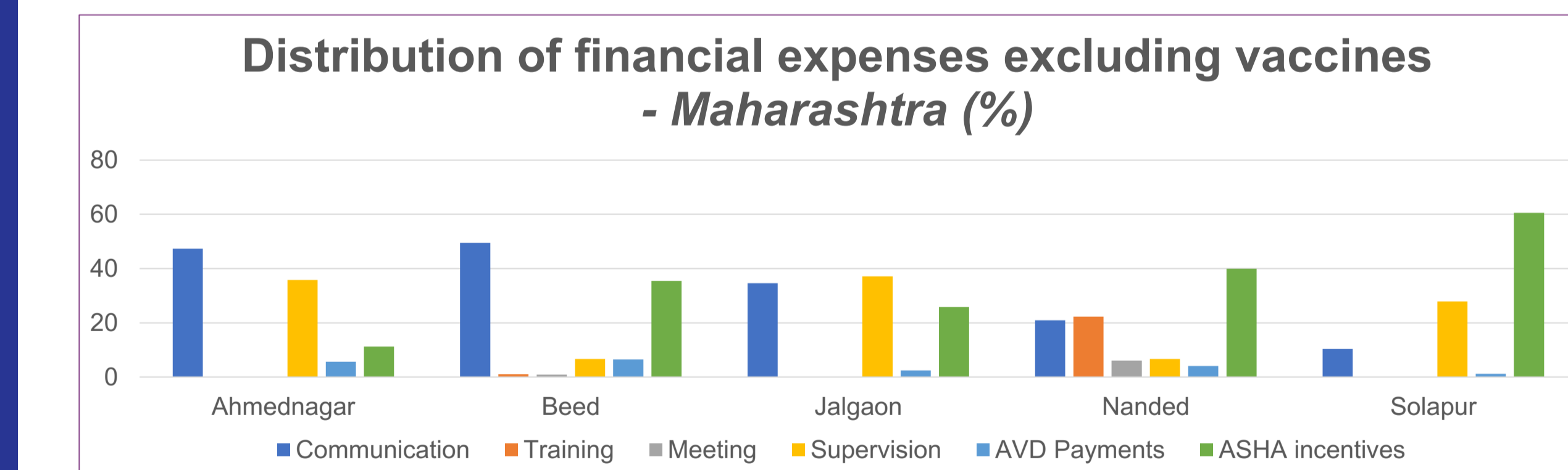
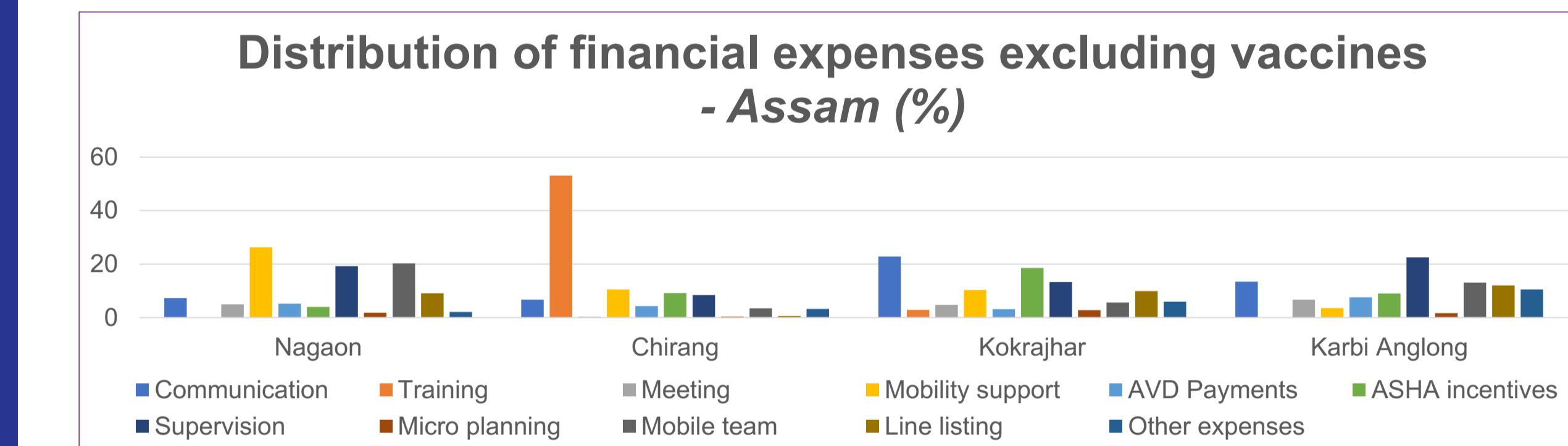
District wise additional financial costs were calculated to understand the incremental resource requirements for IMI

RESULTS

Average financial expenditure in IMI (US\$)

States	Vaccines	Syringes	Other financial expenses
Assam	8117 (2038 - 15053)	295 (65 - 648)	18702 (8103 - 29745)
Bihar	28398 (10494 - 61905)	1083 (367 - 2003)	22023 (12701 - 33068)
Maharashtra	5475 (2611 - 8987)	339 (179 - 507)	20935 (11426 - 39676)
Rajasthan	11876 (4606 - 26400)	366 (128 - 842)	2151 (1423 - 3627)
Uttar Pradesh	111259 (27894 - 335813)	4854 (1360 - 11135)	45228 (12146 - 99585)

Note: Figures in parentheses indicate range



Average unit cost (financial) including vaccines (US\$)

States	Cost per dose	Cost per child
Assam	2.27 (1.16 - 3.05)	8.25 (4.81 - 10.78)
Bihar	0.95 (0.89 - 1.02)	2.46 (2.25 - 2.69)
Maharashtra	1.71 (1.34 - 2.17)	3.97 (3.48 - 4.81)
Rajasthan	0.76 (0.69 - 0.82)	2.40 (2.14 - 2.54)
Uttar Pradesh	0.78 (0.63 - 1.02)	2.15 (1.63 - 3.06)

Note: Figures in parentheses indicate range

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