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L.19017/89/2016-NUHM  
Ministry of Health & Family Welfare  
Government of India  
(NUHM Section)

देशकीय विभाग	Nirman Bhawan, New Delhi
आवक क्र. ११०	Dated the January, 2017
दिनांक: १८/१/१७	
लिपिक	

To

The Principal Secretaries  
All States & UTs.

Subject: Constitution of District /City Task Force for Urban Immunization-TOR

As you are aware that NUHM was launched in May 2013 to effectively address the health concerns of urban population particularly the urban poor. Rapid growth, high population density and increased vulnerability of children to vaccine preventable diseases calls for growing emphasis on immunization coverage for vulnerable urban poor where spread of infection is faster.

It may be noted that only 65% of the infants in India are fully immunized (RSOC 2013-14). The urban poor comprise about one-third of India's 377 million urban population. Based on NFHS-4 survey data urban full immunization coverage in 11/18 states/union territories has been found to be less than that of rural immunization coverage. The main challenges are inadequate micro-planning and lack of coordination between various agencies involved in providing immunization services in urban areas.

3. In efforts to strengthen the reach and services of immunization programme under National Urban Health Mission it has been decided to establish a District/ City Task Force in metro cities and towns where NUHM implementation is through the ULBs on Urban Immunization. Having a separate task force on Urban Immunization is envisioned to bring in greater focus on improving immunization and thereby reducing morbidity and mortality related to vaccine preventable diseases especially in marginalized sections of society, in urban poor such as slums etc.

4. In this regard it is proposed that a Task force may be set up in each District/City to critically review the current status of routine immunization, identify gaps and decide strategic actions to improve the coverage of Universal Immunization Programme (UIP).

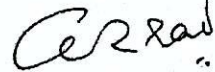
5. The terms of reference (TOR) for constitution of District/City Task force for Urban Immunization is enclosed.

Ashish - Pl follow-up

7/2/17

6. You are requested to take further action in setting up this institutional mechanism for improving and delivering high quality immunization coverage in urban areas. Action taken may please be intimated.

Yours sincerely,



(Dr. K. Rajeswara Rao)  
Joint Secretary (UH)

CC:

1. Mission Directors
2. State Immunization Officers
3. State Nodal Officers, NUHM
4. WHO Representative to India
5. NICEF Representative
6. JS (RCH)
7. DC (Imm), MoHFW
8. PPS to AS & MD



## District Task Force on Urban Immunization DTFUI

In efforts to strengthen the reach and services of immunization program under National Urban Health Mission it has been decided to establish a District Task Force Urban-Immunization. Having a separate task force on Urban Immunization is envisioned to bring in greater focus on improving immunization and thereby reducing morbidity and mortality related to vaccine preventable diseases especially in marginalized sections of society, in urban poor such as slums etc.

DTFU (I) should be constituted in every district with the objective of reviewing the processes leading to planning and implementation of Immunization in Urban area. This includes area demarcation, review of immunization program performance, identification of operational constraints and ensure corrective operational steps to improve routine immunization coverage in the urban settings with a focus on urban poor.

DTFU (I) will ensure preparation of program implementation plans (PIPs) based on the urban needs of the districts. This should be developed as part of the program implementation plans (PIPs) under National Health Mission. DTFU (I) will provide oversight in terms of realistic goal settings, planning, budgeting and measuring progress through process and outcome indicators.

The compilation and terms of reference (TORs) for the district Task Force for urban immunization are given below.

### Members in District Task Force for urban (Immunization)

- District Magistrate (DM) **Chairperson**
- Municipal Commissioner/Commissioners
- District immunization officer
- District Coordinator/Nodal Officer NUHM
- Medical Superintendents from District Hospital
- District Development officer
- District Education Officer
- District Project Officer ICDS
- District Public Relations Officer
- Municipal Health Officer
- Representative from WHO India (NPSP)(if available)
- Representative from UNICEF(if available)
- Others –as per need (Annexure I)
- District Medical and Health Officer(**Member secretary**)



## City Task Force on Urban Immunization CTFUI

For Metro Cities and Cities where Urban Local Bodies are the implementing authority for NUHM

In efforts to strengthen the reach and services of immunization program under National Urban Health Mission it has been decided to establish a City Task Force Urban-Immunization. Having a separate task force on Urban Immunization is envisioned to bring in greater focus on improving immunization and thereby reducing morbidity and mortality related to vaccine preventable diseases especially in marginalized sections of society, in urban poor such as slums etc.

CTFU (I) should be constituted in every city with the objective of reviewing the processes leading to planning and implementation of Immunization in Urban area. This includes area demarcation, review of immunization program performance, identification of operational constraints and ensure corrective operational steps to improve routine immunization coverage in the urban settings with a focus on urban poor.

CTFU (I) will ensure preparation of program implementation plans (PIPs) based on the urban needs of the cities. This should be developed as part of the program implementation plans (PIPs) under National Health Mission. CTFU (I) will provide oversight in terms of realistic goal settings, planning, budgeting and measuring progress through process and outcome indicators.

The compilation and terms of reference (TORs) for the City Task Force for urban immunization are given below.

### Members in City Task Force for Urban (Immunization)

- Mayor (Chairperson)
- Municipal Commissioner
- Chief Medical and Health Officer District immunization officer
- District Immunization Officer
- Medical Superintendent from District Hospital
- District Development officer
- District Coordinator/Nodal Officer NUHM
- District project officer ICDS
- District Education officer
- Project Director DRDA
- District Public Relations Officer
- Representative from WHO India (NPSP) (if available)
- Representative from UNICEF (if available)
- Others –as per need (Annexure I)
- Municipal Health officer (Member Secretary)



### Terms of reference -District Task Force urban (Immunization)

- Assess the Routine Immunization (RI) program performance through a detailed review of monitoring data, coverage data (HMIS and MCTS) and occurrence of Vaccine Preventable Diseases (VPOs) in Urban & slum areas
- Review the quality of Routine Immunization micro-plans, tracking and mobilization efforts, contingency plan for ward level & slum level immunization, training status and vaccine chain logistics etc, with a specific focus on the high risk areas;
- Review district /city plans for IEC for demand generation and community participation in Routine Immunization and assess their impact
- To decide specific, appropriate and time bound actions, based on Routine Immunization (RI) monitoring feedback to improve immunization coverage and quality;
- Involve all non- health, departments to ensure their support for routine immunization coverage improvement;
- Review the action taken report on the actions decided in the previous meetings.

#### Please Note:

- The DTFU-I should meet once in two months. The CMHO and DIO should however meet / liaise with other key departments every month to brief and seek support as part of follow up efforts in strengthening urban immunization efforts.
- The agenda for the meeting of the DTFU-I should be circulated along with the meeting notice
- The CMO/CS/CMHO should submit the DTFU-I minutes to the STFI within a week after the meeting



## Annexure I

Other Members who can be a part of Task Force as per States need

- Chief officer Zila Parishad
- ADM City
- Representative Urban development authorities
- Representative District ESI Officer
- District program manager NHM
- District Accounts officer NHM
- MO Incharges UPHC / CPHC / other planning unit (where required)
- Ward inspectors of high priority wards
- District Public Health Nursing Officer
- District ASHA coordinator
- District surveillance officer IDSP
- District officer AYUSH
- Nodal officer Urban planning and development (eg district urban development authority)
- Representatives of professional bodies such as IAP, IMA
- Principal Medical Colleges (government and private)
- Prominent NGOs, Rotary International, Lions club, Nehru Yuva Kendras, others.
- Invite representative that could support initiatives as part of Corporate Social responsibility
- District Entertainment Officer.
- Minority community leaders in districts with high density of minority population.
- Representatives of prominent private schools (for addressing reach and acceptance)
- Representatives of civil society organizations and religious body
- Others representatives from line departments as per need.



## Detailed TOR

1. Review Human resource allocations and take appropriate steps to fill vacant posts in health department as per norms. Set timelines and fix accountability of officials.
2. Based on risk prioritization identify the wards and UPHCs needing attention and interventions. Refer to polio micro plans for risk prioritization.
3. Review the planning in periurban areas as well and accordingly engage the officials to develop the comprehensive plan to reach the unreached.
4. Reviewing the processes leading to planning and implementation of immunization program including existing micro plans ( head count of under two and pregnant women , ward wise mapping , UPHC wise planning , field validation and area demarcation) immunization program performance, identifying operational constraints and ensuring corrective operational steps to improve routine immunization coverage in the urban settings with a focus on urban poor.
5. Assess the routine immunization program performance through a detailed review of monitoring data coverage data (HMIS/ MCTS) and occurrence of vaccine preventable diseases.
6. Assign senior district level officials to high priority wards / areas needing immediate intervention.
7. Ensure Health department prepares program implementation plans (PIPs) based on the urban health needs of the districts. This should be developed as part of the program implementation plans (PIPs) under National Health Mission. DTFU (I) will provide oversight in terms realistic goal settings, planning, budgeting, measuring progress through process and outcome indicators.
8. Review optimal utilization of funds available for urban in PIPs (training of staff , Alternate vaccine delivery, hiring of vaccinators for urban slums/poor), mobilization , incentives to ASHA (micro planning, household survey, updating of due lists, full immunization, complete immunization, mobilization on session day).
9. Ensure supervision and monitoring mechanisms are well established in urban settings and the information well shared with DTFU-I and at other platforms.
10. Ensure the health department develops a focused communication plan targeting the unreached under NHM (PIPs).
11. Establish contingency plan for vacant sub centers, training status and vaccine chain logistics etc with specific focus on the high risk area.
12. Ensure any disease outbreak is timely detected, investigated and reported.
13. Decide specific appropriate and time bound action, based on monitoring feedback to improve immunization coverage and quality.
14. Involve all non-health departments to ensure their support for improving coverage and equity.
15. Create a platform for coordination with all stakeholders and develop innovative solutions to identified obstacles in urban RI implementation. The DTFU-I should ensure that any initiatives undertaken by the district should be well documented and supported with narrative, pictures, data and should be shared with State and National level. At National/ State level appropriate authorities will examine the same and will acknowledge the efforts of the concerned districts before expanding the initiative to other districts / state.
16. Review the impact of the efforts for demand generation and community participation in Routine Immunization.
17. To engage the media on progress made in improving immunization coverage both through routine immunization and through campaign held from time to time.



18. Ensure preparation and use of ward wise, UPHC wise, Vaccinator wise simple monitoring tools such as coverage monitoring chart, supervision checklist, tracking bags etc.
19. The member secretary must ensure the proceedings of the DTFU-I: Document Attendance, minutes and agenda. Forward the minutes to key participants with a copy to state task force on immunization.

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CTFUI (I) will ensure preparation of program implementation plans (PIPs) based on the urban needs of the cities. This should be developed as part of the program implementation plans (PIPs) under National Health Mission. CTFUI (I) will provide oversight in terms of realistic goal settings, planning, budgeting and measuring progress through process and outcome indicators.

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- District Public Relations Officer
- Representative from WHO India (NPSP) (if available)
- Representative from UNICEF (if available)
- Others –as per need (Annexure I)
- Municipal Health officer (Member Secretary)



## West Region

### Goa (4 cities)

S.No.	Urban city approved under NUHM	Separate Urban Task Force constituted Yes/No	If no, provide reasons for non constitution of urban task force	If yes, first meeting of Urban Task Force held Yes/No
1	Panaji			
2	Margao			
3	Vasco			
4	Mapusa			

### Maharashtra (95 cities)

S.No.	Urban city approved under NUHM	Separate Urban Task Force constituted Yes/No	If no, provide reasons for non constitution of urban task force	If yes, first meeting of Urban Task Force held Yes/No
4	Thane			
6	Vasai Virar City			
8	Kalyan Dombiwali			
10	Navi Mumbai			
12	Mira Bhaindar			
13	Bhivandi Nijampur			
18	Ulhasnagar			
27	Kharghar			
30	Ambarnath			
33	Panvel			
34	Badlapur			
66	Khopoli			
68	Palghar			
94	Dahanu			
95	Alibaug			