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# Standard Operating Procedures for engaging with youth institutions (NCC, NSS, NYKS) and Rotary for social mobilization for Intensified Mission Indradhanush (IMI) and Routine Immunization - 2018

## Objective

Intensified Mission Indradhanush (IMI) has been launched by Ministry of Health & Family Welfare (MoHFW) with an aim to increase the Full Immunization Coverage to 90% by December 2018. This mission is being implemented in 173 districts and 17 urban areas across 24 states where the progress in immunization coverage has been slow in the past. Intensified Mission Indradhanush aims to give momentum to these districts and urban areas so that uniform strengthening of routine immunization is undertaken across the country to achieve the target of 90% full immunization coverage across all the districts of the country.

To achieve this target of reaching every child with life-saving vaccines, MoHFW is being supported by 11 other ministries, along with partner agencies, NGOs, CSOs, faith based leaders etc. to mobilize children for vaccination services. Amongst the most important stakeholders who have agreed to support this initiative are youth organizations namely National Cadet Corps (NCC), Nehru Yuva Kendra Sangathan (NYKS) and National Service Scheme (NSS). Another important organization supporting Routine Immunization and Intensified Mission Indradhanush is Rotary International which in past has been actively involved in the country's efforts towards Polio eradication.

These Standard Operating Procedures (SOPs) have been prepared to enable the Routine Immunization Programme Managers at national, state and district levels, including multiple other stakeholders, to understand and optimize the value of effective partnerships with above mentioned voluntary youth institutions and civil society organizations. Four partnerships are specially mentioned in this document, which are with:

1. National Cadet Corps (NCC)
2. National Service Scheme (NSS)
3. Nehru Yuva Kendra Sangathan (NYKS)
4. Rotary International, India (Rotary)

The primary objectives of these SOPs for this partnership are outlined below.

1. Improve understanding of the potential of partnership with NCC, NSS, NYKS and Rotary International, India.
2. Outline the process of engagement through the partnership period, including documentation (Sample reporting format from NYKS attached at Annexure-3)
3. Provide an indicative list of key areas of support under the partnership as agreed nationally
4. Advise on possible budgeting source
5. Provide the necessary supporting documents specifically from these and other partners towards the commitment (see attached as various Annexures)





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## The potential of partnership with NCC, NSS, NYKS and Rotary

Members of youth institutions such as the National Cadet Corps (NCC), the National Service Scheme (NSS), and the Nehru Yuva Kendra Sangathan (NYKS) have been recognized as key “youth” partners with immense potential to support in achieving the FIC goal. Very importantly, these organizations are part of a nation-wide network of youth volunteers, present in every state and district, and are driven by the spirit of contributing to national development and people welfare by working closely with the communities and especially mobilizing the youth. The NCC is an institution of the Ministry of Defense, while both NSS and NYKS are with the Ministry of Youth Affairs, Government of India, having state chapters, annual activity plans with clear milestones.

Similarly, the Rotary International (India), has a very clear mandate to “educate and equip communities to stop the spread of life-threatening diseases.” Rotary is one of the most-well-recognized and active non-governmental organizations in India. For over 30 years and in various ways, Rotary has also put major resources to support the polio eradication efforts across the world, including in India. Recently, a MoU has been signed between MoHFW and Rotary International, India, to formalize the support sought from Rotary in Immunization.

Recognizing this combined strength, the IMI Operational Guidelines has emphasized working closely with the NCC, NSS, NYKS, and Rotary along with 11 other ministries and departments of the Government of India for mobilizing the beneficiaries to the immunization sites for vaccination. These institutions have already committed their full support, and issued advice to their state chapters (see Annexures). Similarly, Rotary International (India) has also signed a Memorandum of Understanding with MOHFW, outlining a number of key areas where it has committed to provide support. See Annexure-4.

As a supplement to the Operational Guidelines, the SOPs for partnering with NCC, NSS, NYKS and Rotary are outlined in the following pages.





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## Areas of Support by National Cadet Corps (NCC)

### Focus areas of support from NCC

NCC is led by a Lt. Col. Rank officer. At district level it is the responsibility of the DIO to liaise with the respective NCC coordinator and ensure the following activities before an IMI round:

1. **Involvement in training:** NCC cadres are trained by their officers at regular intervals. Confirm the dates and assign an official from the Health department to provide relevant information on IMI/Routine Immunization and communication tools.
2. **Involvement in district task force meetings and review meetings:** As co-convenor of the DTFI, DIO must ensure participation of NCC district officials in district level planning and review meeting. This will give ownership to the NCC. *Wherever possible, NCC officers should be invited to district/block/village health committee meetings.*
3. **Micro-planning:** Joint planning is a key process in the role of NCC in support of IMI activities. On the basis of plans, the name and number of immunization sessions are finalized where NCC support is needed. **NCC will provide the name of cadets for each transit point/immunization session's catchment area and it should be accordingly incorporated in the micro plan.** It is accordingly shared with all stakeholders. SEPIOs/DIOs will provide list of HRAs to the State and District level officials.
4. **Regular coordination:** Hold coordination meetings at all levels.
5. **Joint Inauguration:** Jointly inaugurate the IMI round at different places in the state.
6. **Monitoring by NCC officials:** Apart from the regular monitoring by government and partners, engage NCC officials in monitoring of immunization sessions and community to document

As per the area allotted to the NCC cadets according to the micro-plan, these may be involved in the following activities:

#### Pre-campaign (planning activities) by NCC cadres: (10 days before IMI rounds)

1. Work closely with local influencers/ASHAs and AWWs to visit the homes of drop-outs and left-outs and other resistant families and mobilize them for vaccination.
2. Ensure families of missed and left-out children know about vaccination date and venue.
3. Undertake mobilization activities in their respective areas along with local influencers for ensuring full immunization of all due children (urban areas/neighborhoods/societies/village mohallas)
4. Organize rallies in the community.
5. Hold group plays/skits/ musical shows in local malls, neighborhood clubs and village club areas on immunization.





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6. Develop and use innovative and self-produced “handmade” IEC materials on immunization for use during home visits and in session sites (after approval and in consultation with coordinator).
7. Support in facilitating head-count survey.
8. Document and regularly disseminate information through organization’s website, newsletters, journals, Twitter Handles, Facebook and YouTube about immunization and IMI.
9. Participate in bi-annual district advisory meetings chaired by the District Magistrate.

### During Campaign (During sessions)

1. Ensure good coordination between the district health functionaries and other youth volunteers.
2. Facilitate a festive atmosphere at the immunization session site by decorating it.
3. Support the district/block-level IEC staff to distribute and put up IMI IEC materials at and around the session site.
4. Distribute leaflets to beneficiaries at the site.
5. Keep track of children in the due list.
6. Along with local influencer, visit homes in the session site area to facilitate beneficiaries are able to attend the session.
7. At the end of the session, coordinate with ANMs and ASHAs for further planning to reach missed out and refusal families/children.

### Post campaign

1. Identify the families from the due list which missed out on the day’s session and make plans to visit them.
2. Make visits to MO I/c’s office and continue to coordinate with ANMs/ASHAs for providing any support.
3. Continue to plan and organize events on immunization to sustain the interest in immunization in the community.





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## Areas of Support by National Service Scheme (NSS)

The office-bearers of NSS should be contacted at both state and district level by the State Immunization Officer and District Immunization Officers. The volunteers along with their supervising officers who have committed support to the Intensified Mission Indradhanush/Routine Immunization activity should be enlisted. These should be allocated areas having need for support in social mobilization and their names should be included in micro-plans.

### Pre-campaign (planning activities) by NSS Cells: 10 days before IMI rounds

1. Ministry of Youth Affairs would issue directives to NSS Regional Centres to support the IMI campaign. The NSS Regional Centres in turn will share the SOPs with the NSS State Cells.
2. SEPIO/DIO will coordinate with NSS State Cells and get the list of key persons in the cells responsible for supporting, coordinating, supervising IMI activities.
3. SEPIO and development partners based at the state will coordinate with NSS State Cells for planning out IMI activities.
4. Representatives of NSS Regional Centres/State Cells to attend State Task Force meetings on Immunization (STFI)/District Task Force meetings on Immunization (DTFI) to participate in the preparatory activities.
5. Under Special Camping Programme with outreach camps of 10 days, ensure that camps are held in the areas which are identified as high-risk areas (HRA). The SEPIO/DIO will provide a list of Sessions/HRA to NSS State Cells.
6. SEPIO's office will organize an orientation on IMI for the NSS State Cell members/coordinators for IMI.
7. NSS University Cells in the states will coordinate with College Cells and NSS Programme Coordinators to orient team leaders of **National Service Volunteers (NSVs)** on the Immunization programme and the IMI campaign. The state/district/block-level immunization officials, to the extent possible support and present sessions over immunization in the meetings/workshops.
8. SEPIO/DIO will provide list of session sites to NSS state/district Cells.
9. NSVs would coordinate with MO I/c of their respective areas/blocks to prepare list of mobilization activities during the campaign.
10. Three days before the Campaign, NSVs, in coordination with the local Rotary/Red Cross, will organize district/block-level mobilization activities such as rallies (on foot, cycle, bikes), marathons, painting, music competitions, cultural shows in the universities and schools to generate awareness about the IMI campaign.
11. The College units of the NSS would support the DIO in facilitating head-count survey.
12. NSVs would undertake joint area visits/home visits with ASHAs of the urban areas/urban slums/brick kilns.
13. A day before the campaign, NSVs would review Due Lists with the ASHAs through house-to-house visit.
14. With influencers and ASHAs, visit homes of drop-outs and left-outs and other resistant families and mobilize them for vaccination.
15. Prepare some short videos and power point presentations for engaging community.





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16. NSVs, Programme Coordinators will disseminate the date/location of session site through their social media networks.
17. NSVs will regularly disseminate information about immunization and IMI through their organization's website, college and university level newsletters, journals, magazines and Twitter, Facebook and YouTube.

### During campaign support by NSS (During sessions)

1. NSVs would facilitate a positive environment at the session sites. With the support of the local SHGs, NGO/CBO member, community leaders and influencers, ensure seating arrangements, drinking water, waste bins and other logistics are present at the campaign sites.
2. Support the block level team in putting up IEC materials at and around the session site.
3. Be present at the session site and speak to beneficiaries' parents about IMI, the benefit of vaccines and also emphasize on the importance of bringing the MCP along.
4. Distribute IMI leaflets to the parents.
5. Keep track of children in the due list.
6. At the end of the session, coordinate with ANMs and ASHAs for further planning to reach missed out and refusal families/children.

### Post campaign support by NSS

1. Identify the families from the due list which had missed out on the day's session and make a plan to visit them.
2. Make visit to MOICs office and continue to coordinate with ANMs/ASHAs for providing any support.
3. Continue to plan and organize events on immunization to sustain the interest in immunization in the community.



World's Largest Youth Network

### Areas of Support by Nehru Yuva Kendra Sangathan (NYKS)

The office-bearers of NYKS should be contacted at both state and district level by the State Immunization Officer and District Immunization Officers. The volunteers along with their supervising officers who have committed support to the Intensified Mission Indradhanush/Routine Immunization activity should be enlisted. These should be allocated areas having need for support in social mobilization and their names should be included in micro-plans.

### Pre-campaign: (planning preparations): 10 days before IMI rounds

The SEPIO/DIO will orient the State/District level NYKS officials/Youth Coordinators on the immunization programme and IMI.

1. Youth clubs would undertake mobilization activities in their respective areas along with local influencers for ensuring full immunization of all due children.
2. Youth club members would work closely with the local Influencers/ASHAs and AWWs to visit the homes of drop-outs and left-outs and other resistant families and mobilize them for vaccination.
3. Home visits would be undertaken by the Youth club members to mobilize families.







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4. District Youth Coordinators in coordination with Rotary club, Lions Club, Red Cross, local NGOs/CBOs would organize events using local celebrities as a run-up to the campaign start date.
5. Youth Parliamentarians would identify IMI/Immunization champions in their respective areas who would be responsible for certain number of houses.
6. Members of the Youth clubs in coordination with local influencers and mobilisers would undertake home visits in the urban areas/neighborhoods/Societies/village *mohallas* for mobilizing parents and community for vaccination.
7. Nehru Yuva Volunteers (NYVs) would organize group plays/skits/musical shows at local malls, neighborhood clubs and in the village club areas on immunization.
8. NYVs and youth club members would develop innovative handmade IEC materials on immunization for use during home visits and at session sites.
9. NYVs would support the DIO/MOs in facilitating the survey of the community for the head count survey.
10. SEPIOs/DIOs would provide list of HRAs to the State and District level NYKS Coordinators. Groups of NYVs and youth club members would make regular visits to the high-risk areas (HRAs) in rural and urban areas for mobilization.
11. The NYVs, Coordinators, Youth members and Youth Parliamentarians will disseminate the date/location of the session site through their social media networks.
12. They will regularly disseminate information through their organization's website, newsletters, journals, Twitter Handles, Facebook and YouTube about immunization and IMI.
13. NYVs/Youth club members should also be invited to the bi-annual district advisory meeting that is chaired by the District Magistrate.
14. ANMs/ASHAs should be aware that the NYVs/Youth club members will be part of the activity and they should be prepared to assign work and responsibility to them.
15. Under the supervision of NYKS officials/youth coordinator, the NYVs will coordinate the social mobilization efforts of NGOs, CBOs, Rotary etc. and plan for need based support in their efforts, especially in resistance pockets and areas where no mobilizer (ASHA, AWW) has been assigned.

### During Campaign support by NYKS (During sessions)

1. District health functionaries and NYVs must closely coordinate all activities.
2. NYVs would support the SEPIO/DIO/ Senior Medical Officer/Medical Officers in preparing the session site, and facilitate a festive atmosphere at the site by cleaning the site and decorating it.
3. NYKS should be invited and participate in the district health committee meetings. Since the NYVs are field local residents they should be strategically encouraged to reach out to families that are known to display vaccine avoidance behavior.
4. Wherever possible, NYVs/Youth club members should also be invited to district/block/ village health committee meetings.
5. Support the district/block level IEC staff to distribute and put up IMI IEC materials around the session site and at the session site.
6. Distribute leaflets to the beneficiaries at the site.
7. Keep track of the children in the due list.
8. Along with local influencer visit homes in the session site area to facilitate beneficiaries for the session/beneficiaries unable to attend the session.
9. At the end of the session, support the ANMs and ASHAs in reviewing the day's activities.





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### Post-campaign support by NYKS

1. Identify the families from the due list which had missed out on the day's session and make a plan to visit them.
2. Make visit to MOIC's office and continue to coordinate with ANMs/ASHAs for providing any support.
3. Continue to plan and organize events on immunization to sustain the interest in immunization in the community.

### Indicative List of Activities by NYK and NSS volunteers for mobilization

1. Organize/plan cultural shows in community.
2. Plan small skits in the colleges, schools, community areas/halls about immunization.
3. Organize talk shows in universities and colleges on immunization/IMI.
4. Organize musical shows for children attended by parents where messages of immunization are given out.
5. Hold Video shows on immunization.
6. Promote Poster making competitions in the colleges/universities and in the local clubs.
7. Prepare innovative handmade IEC materials and distribute to parents and children.
8. Coordinate with RWAs/local business houses/clubs/NGOs/corporates to seek their support for immunization activities.







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## Areas of Support by Rotary

As a key civil society organization partner, Rotary will bring in its own human and financial resources to support the Government of India in achieving the targeted goal of 90% FIC by December 2018. With this objective, it has agreed with a Memorandum of Understanding with the MOHFW to carry out the following indicative activities based on the state-specific needs and prevailing local context. SEPIO and the head of the State Rotary Chapters will coordinate with each other in the effective and efficient utilization of the following support activities:

1. **Social mobilization of beneficiaries, especially in urban slums and undeserved areas having no mobilizers,**
  - 1.1. Coordinate communication, social mobilization interventions with Government and partners including UNICEF, WHO, Professional bodies (IAP/IMA etc) for synergistic support.
  - 1.2. Support mobilization of children in schools for MR campaigns and for school age vaccination program by working with school associations, principals and teachers
  - 1.3. Social mobilization of beneficiaries, especially in urban slums and underserved areas having no mobilizers, in the urban are Rotary can play the following role in social mobilization:
  - 1.4. Develop a partnership with local urban bodies and NGOs /CBOs and enhance communication and social mobilization activities through FLWs and MAS (Mahila Arogya Samiti).
  - 1.5. Support state and districts health departments for the implementation of communication plans and implementation planned activities through their volunteers or NGO/CBOs
  - 1.6. Capacity building or follow-up through NGO/ CBO partnering on IPC to tackle left out draft out issues and their awareness regarding RI and different campaigns
  - 1.7. Engage private doctors (syndicates and associations) and schools especially private schools to generate awareness before campaign rounds. Organizing advocacy events for private doctors and publishing their supportive statements in local cable and newspapers.
  - 1.8. Support in development/printing/deployment/translation of communication materials
2. **Support to the members of NCC, NYK, NSS etc. in their efforts of community mobilization through incentives like refreshments/mementos during the sessions**
  - 2.1. Coordinate with relevant stakeholders especially NCC, NYK, NSS to support routine immunization sessions, IMI sessions and MR campaign mobilization
  - 2.2. In hard to reach districts, promote engagement of local NGO/CBO for communication activities (for RI, IMI and MR campaign).
  - 2.3. Rotary to support in community engagement activities providing incentives like refreshments/mementos and certificates by respective DMs and chief medical officers during and after the sessions.
  - 2.4. Provide need based logistics and mobility support to youth volunteers from NCC, NYKS, NSS etc. including but not limited to transport, IEC materials, support for street plays and rallies, refreshments etc.





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### 3. Advocacy and generating awareness through innovative approaches and involving private practitioners and local leaders for Polio, Measles & Rubella

- 3.1. Organize state-level advocacy meetings and events involving key stakeholders (political, religious, trade leaders, etc.) to support generating positive public opinion on RI and especially during campaign
- 3.2. Providing visibility platforms including social media platforms for presence of influential leaders in support of RI
- 3.3. Engaging local celebrities for endorsing the RI and campaign (MR/IMI/Polio)
- 3.4. Engage media: organize media workshops in the district, urban areas, hard to reach for generating attention from media houses periodically
- 3.5. Media coverage ( local media both electronic and print media ) for the local and state level
- 3.6. Motivational events like providing certificate and huge gathering for FLWs for their motivation like they organized in Polio program.
- 3.7. Engage faith-based networks with key religious leaders and associate with the urban health system to support in RI and campaigns.

### Financial Resources:

The mobilization activities conducted by these youth organizations may be supported through a mix of the following:

- Innovative ideas by state to use the funds already available under PIP.
- Commodity Support from Rotary International, NGOs and CSOs.
- Corporate Social Responsibility to be explored.



**Support from other Ministries for Intensified Mission Indradhanush**

S. No.	Ministry/Department	Expected Areas of Support
1	Ministry of Defence	<ul style="list-style-type: none"> <li>• Support in provision of immunization services in cantonment areas.</li> <li>• Support in border districts for delivery of vaccines in hard to reach areas.</li> <li>• Involvement of NCC for: <ul style="list-style-type: none"> <li>○ Thematic focus on immunization in identified districts/urban areas.</li> <li>○ Generate awareness on immunization.</li> <li>○ Support in social mobilization.</li> <li>○ Mobilize families resistant/reluctant for vaccination.</li> </ul> </li> </ul>
2	Ministry of Home Affairs	<ul style="list-style-type: none"> <li>• Support and facilitation of Immunization sessions in the residential areas of the Central Police Organizations and Central Armed Police Force.</li> <li>• Support in border districts for delivery of vaccines in hard to reach areas.</li> </ul>
3	Ministry of Housing & Urban Poverty Alleviation	<ul style="list-style-type: none"> <li>• Active involvement of Self Help groups under National Urban Livelihood Mission to increase awareness on importance of immunization in urban areas.</li> </ul>
4	Ministry of Information & Broadcasting	<ul style="list-style-type: none"> <li>• Involvement of MoI&amp;B in the development of communication strategies</li> <li>• Support in wide dissemination of IEC material pertaining to immunization</li> <li>• Coordination with Indian Broadcasting Federation, Private Radio channels and explore areas of support including CSR for private FM channels</li> </ul>
5	Ministry of Labour & Employment	<ul style="list-style-type: none"> <li>• Support in identification of unvaccinated and partially vaccinated children among the registered beneficiaries of ESIC.</li> <li>• Provision of immunization services through ESIC hospitals and dispensaries.</li> <li>• Support in mapping of health facilities under Labour ministry in the identified districts/urban areas.</li> </ul>
6	Ministry of Minority Affairs	<ul style="list-style-type: none"> <li>• Generating awareness on immunization in minority communities and their mobilization to ensure full coverage of all children.</li> <li>• Inclusion of immunization details in the pre-matric scholarship forms.</li> </ul>
7	Ministry of Panchayati Raj	<ul style="list-style-type: none"> <li>• Conduct community meetings for awareness on importance of immunization</li> <li>• Proactive involvement in communication strategies for the area</li> </ul>





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		<ul style="list-style-type: none"> <li>• Co-ordination and supporting health department in mobilization of beneficiaries and influencing the resistant families.</li> <li>• Review of RI activities in the area during meetings of Gram Sabha &amp; Zila Parishads</li> </ul>
8	Ministry of Railways	<ul style="list-style-type: none"> <li>• Utilization of spots on trains &amp; railway stations; railway stationary like tickets etc., for immunization branding.</li> <li>• Provision of immunization services through railway hospitals and dispensaries in areas of railway colonies and adjoining areas.</li> </ul>
9	Ministry of Urban Development	<ul style="list-style-type: none"> <li>• Complete involvement of urban local bodies to support immunization.</li> <li>• Ownership by Municipal Commissioners of the Intensified Mission Indradhanush.</li> <li>• Specific directions to big municipal corporations for involvement in campaign.</li> <li>• Identification of nodal persons from urban local bodies for convergence with health department for immunization.</li> <li>• Involvement of Zila Preraks under Swachh Bharat Mission for generating awareness on immunization.</li> <li>• Identifying and encouraging involvement of local CSOs</li> <li>• Regular review by the District /City Task Force for Urban Immunization.</li> </ul>
10	Ministry of Women & Child Development	<ul style="list-style-type: none"> <li>• Sharing of data on beneficiaries with ANM/ASHA</li> <li>• AWW to support conducting head count surveys and assist in micro-plan development</li> <li>• Extra support needed from AWW in urban or other areas with no ASHAs</li> <li>• IPC with pregnant women for TT vaccination and infant vaccination</li> <li>• Monitoring of AWWs by CDPOs and DPOs.</li> </ul>
11	Ministry of Youth Affairs and Sports	<ul style="list-style-type: none"> <li>• Involvement of Nehru Yuva Kendra (NYK) and National Service Scheme (NSS) for generating awareness and mobilization of beneficiaries.</li> <li>• Support in social mobilization.</li> <li>• Mobilize families resistant/reluctant for vaccination.</li> </ul>



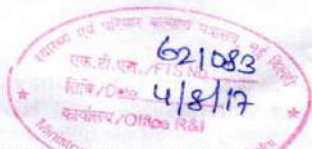




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### Letter of support communicated to NCC

Tele: 2309328  
41187/ 2(V)/ DGAFMS/DG-3A


31 Jul 2017

**MINISTRY OF DEFENCE  
OFFICE OF THE DGAFMS/DG-3A**

**INTENSIFIED MISSION INDRADHANUSH (IMI)**

1. Universal Immunization Programme (UIP) is one of the largest Public Health Programmes that targets around 2.7 crore infants and 3 crore pregnant women annually for vaccination. Despite being functional for more than 30 years, UIP has been able to achieve full immunization coverage of around 65%. To rapidly increase full immunization coverage to more than 90% by 2020, Mission Indradhanush (MI) was launched in December 2014 by Ministry of Health & Family Welfare (MoHFW). Mission Indradhanush (MI) focused on unvaccinated and partially vaccinated children in high risk areas and pockets of low immunization coverage.
2. During the review of MI, PRAGATI held on 26th April 2017, the Prime Minister directed all stake-holders to achieve the target of 90% immunization coverage by 2018.
3. To take this mandate ahead, MoHFW will be conducting Intensified Mission Indradhanush (IMI) drives from 7th October 2017, details of the same are as under:
  - (a) Aim of the above is to achieve the target of 90% full immunization coverage by 2018.
  - (b) Drives will be conducted in 118 districts, 17 urban areas and 52 districts of NE states (List enclosed)
  - (c) In these drives, 7 working days from 7th day of every month for four consecutive months excluding Sunday, holidays and RI days will be utilized for IMI sessions.
4. The Cabinet Secretary and Health Secretary reviewed MI on 22 May 2017 and 26 July 2017 respectively. Directions were issued to 17 relevant ministries to take suitable steps to make the programme a success, as per the directions of the Hon'ble PM.
5. The following actions are to be taken in this regard:-
  - (a) Undertake immunisation drives on the specified days.
  - (b) Close liaison/ co-ordination with local health authorities.
  - (c) Facilitation of immunisation services in cantonment areas.
  - (d) Support in border districts for delivery of vaccines in hard to reach areas.
  - (e) All possible assistance to civil health authorities at remote and field areas.

6/8/17  
 AS/MS  
 11/18





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6. It is requested that all NCC units may be directed to extend full support to the community/administration/ health authorities for this national cause.
7. A feedback may please be forwarded to this Dte Gen.

(RK Gupta)  
Col  
Dir AFMS (Health)

**Enclosure: As above**

**Dte Gen NCC**

**Copy To:**

**Min of Health & Family Welfare / Joint Secy (RCH)**








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## Letter of support communicated to NYKS



नेहरु युवा केन्द्र संगठन

नेहरु युवा केन्द्र संगठन  
Nehru Yuva Kendra Sangathan

स्वायत्तशासी संस्था An Autonomous Body under the  
युवा कार्यक्रम एवं खेल मंत्रालय Ministry of Youth Affairs and Sports  
भारत सरकार Government of India



Together  
Towards Tomorrow...

Ref.No.NYKS/PROG:Indradhnush/2017/51 Date: 7<sup>th</sup> July, 2017


**All State Directors**  
Nehru Yuva Kendra Sangathan

**Subject: Implementation of Indradhnush Programme for vaccination - regarding**

Sir/ Madam,

1. As you are aware that Indradhnush Programme for vaccination is one of the key areas of Govt of India and recently review of the programme was done at the level of Cabinet Secretary.
2. Secretary (Youth Affairs), MoYAS has asked NYKS to pay more attention and play vital role to make this programme – a complete success.
3. In this regard, it may be noted that the members of the Youth Clubs have already been taking the lead to make Indradhnush Programme for vaccination – a complete success. They had undertaken this programme in initial mode. This act provided them the feeling of joy of saving a life.
4. For implementation of Indradhnush Programme for vaccination in an effective manner, following action should be ensured :
  - a) Indradhnush Programme for vaccination should be the **focus area**.
  - b) Each of National Youth Volunteers (NYV) should motivate and facilitate the process to get a minimum of **200 Children (0-5 yrs)** immunized.
  - c) Members of the Youth Clubs be motivated to play a key role for vaccination of children (0-5 years) and pregnant mothers under Indradhnush vaccination programme.
  - d) During conduct of NYKS programmes & activities including Neighbourhood Youth Parliament (NYP), subject experts should be invited to deliver lectures and interact with the members of Youth Clubs on different health related issues.
  - e) **One** of the Neighbourhood Youth Parliament (NYP) at Block and Village level **should be to promote Indradhnush Programme**.
  - f) Skill Upgradation Training Programme (SUTP) for young men and women be made aware and motivate to participate.
  - g) Other NYKS awareness programmes, messages to promote and facilitate Indradhnush be disseminated among youth and motivate them to participate.

Contd...2



द्वितीय तल, कोर-IV, स्कोप मीनार, लक्ष्मी नगर जिला केन्द्र, विकास मार्ग, दिल्ली- 110092  
2nd Floor, Core-IV, Scope Minar, Laxmi Nagar District Centre, Vikas Marg, Delhi-110092  
Tel : 011-224402800, 22446070 Fax : 011-22446069 email : feedback@nyks.org

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:: 2 ::

5. All the State Directors are required to ensure that all the above mentioned actions are done in a mission mode. Close monitoring of the progress should be made on regular intervals. Monthly as well as cumulative progress report in the prescribed proforma be sent to NYKS Hqr: [mpsharmanyak@yahoo.co.in](mailto:mpsharmanyak@yahoo.co.in) latest by 29<sup>th</sup> of every month.

●Thanking you,

Yours sincerely,

(Dr. M.P. Gupta)  
Joint Director (Programme)

Encl: As above.

CC :

- PS to all Hon'ble VCs and Members of BOG, NYKS
- PS to Director General, NYKS
- PS to Executive Director, NYKS





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Report for the Month: .....

**Indradhanush Programme on Vaccination**  
**(Targets for each Program are as given in AAP 2017-18.)**

Name of State: ..... Name of State Director.....

No. of Kendras in the State .....

Report Based on No. of Kendras in the State .....

No. of NY Volunteers involved: .....

S.NO	No. of Children (0-5 yrs) immunized	Name of Department/Agencies Coordinated

Signature

State Director with Office Stamp

Prepared by Dealing Hand: Name & Signature .....

Date .....





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## Example of support sought from NCC in Madhya Pradesh

Sent through E.mail to all units

Telephone: 0731-2711013  
Fax No. 0731-2711014  
E-mail : nccgphqind @ymail.com.

NCC Group Headquarter  
125, Radio Colony  
Indore -452001

IND/1040/TRG/SS

04 Oct 2017

1 MP Air sqn NCC, Indore  
9 MP BN NCC, Indore  
2 MP Armd Sqn NCC, Indore  
1 MP Girls Bn NCC, Indore

### PLAN INDRADHANUSH FROM 9 AM TO 4 PM FROM 08<sup>TH</sup> -16<sup>TH</sup> OF EACH MONTH

1. Based on plan Indradhanush, Dr. Praveen Jadai, (Dist Immunization Offr Mob No. 9425454388) has requested for about 350 cdts in uniforms from 08 -16 in Oct, Nov, Dec 2017 & Jan 2018. (Mrs Kirti Khurasia in the node Offr, Indore Mob No. 9425064273) The cdts will be dply by the Deptt of Public health from the nominated location and returned to the same loc. **The loc are Sanyugitaganj, Hukum Chand, Malhar Ganj and Nandanagar.**
2. The basic task of the cdts will be to promote Immunization and those not having completed immunization to make them complete the same. The cdts from the para (i) loc will be taken alongwith the medical students **in uniform** for the campaigning daily for 7 days every month on the fixed dates i.e 08<sup>th</sup> -16<sup>th</sup> (excluding Tuesday s & Fridays).
3. Two clusters will be made one of 400 x cdts of 9 MP BN NCC (cluster A) and another from 2 MP Armd and 1 MP Air consisting of 200 xcdts each (cluster B). On alternate date clusters will send cdts to the four location at para 1 above. Everymonth on 8<sup>th</sup>, 9 MP BN will start the campain. Please note on Tuesday and Friday no immunization will take place hence the cluster scheduled on that day will do the task the next day and rotation will be maintained.
4. Since on Tue & Friday no immunization will be done if 8<sup>th</sup> is any of those week days i.e Tue /Friday the next day immunization will be undertaken.
5. 1 MP Girls Bn to send 50x cdts in rotation in uniform on all the days as lady medical students will be there alongwith the Nursing girls of Indore medical college.

(R K Chanda)  
Col  
Trg Offr  
For Gp Cdr







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## Memorandum of Understanding between MoHFW and Rotary International



### MEMORANDUM OF UNDERSTANDING (MoU)

This MoU is made and executed on 6<sup>th</sup> day of December month and 2017 year (Two Thousand Seventeen) at New Delhi, India

#### BETWEEN

Ministry of Health and Family Welfare (MoHFW), New Delhi, having its registered office at Nirman Bhawan, Maulana Azad Road, New Delhi - 110011 [hereinafter referred to as MoHFW] of the First Party

#### AND

Rotary International India National PolioPlus Committee having its registered office at Rotary International's India National PolioPlus Committee, B-3/17, Ground Floor, Safdarjung Enclave, New Delhi - 110029 [hereinafter referred to as Rotary India] of the Second Party.

#### WHEREAS:

The MoHFW is pleased to have partnership from Rotary India who would provide support and accelerate its efforts to be made under **Polio Eradication Programme, Routine Immunization including Mission Indradhanush, Intensified Mission Indradhanush and Measles-Rubella**. The role of MoHFW shall be to overall review and monitor the initiative to achieve the target of >90% coverage for full immunization. The Rotary India would support the efforts of MoHFW in **India**.

The key areas where Rotary India support is requested are:

1. Social mobilization of beneficiaries, especially in urban slums and undeserved areas having no mobilizers.
2. Support to the members of NCC, NYK, NSS etc. in their efforts of community mobilization through incentives like refreshments/mementoes during the sessions





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3. Advocacy and generating awareness through innovative approaches and involving private practitioners and local leaders for **Polio Eradication Programme, Routine Immunization including Mission Indradhanush, Intensified Mission Indradhanush and Measles-Rubella.**

NOW THEREFORE in consideration of the foregoing and the respective agreements set forth, the sufficiency and adequacy of which is hereby acknowledged, and intending to be legally bound hereby, the Parties agree as follows:

1. **SCOPE OF THE PROJECT:** The scope of the project shall mean and include following features during the project period:
  - i. Collaborative Effort: This project is a collaboration between Rotary International India National PolioPlus Committee in India and Ministry of Health & Family Welfare, New Delhi. The Rotary India would be supporting the efforts of the states and the districts for advocacy and community mobilization for Polio Eradication Programme, Routine Immunization including Mission Indradhanush, Intensified Mission Indradhanush and Measles-Rubella.
  - ii. **Time Period: Till 31 December 2020**
  - iii. **Intervention Plan: The Project will be implemented Pan India.**
2. **FINANCIAL IMPLICATION:** Rotary India will support the activities as mentioned above from its own funds.
3. **LIABILITY TO THIRD PARTIES:** The parties of this MoU will not assume any liability for any claims against the damages, deaths, injuries, losses or debts arising out of the activities connected with employees, agents or third parties involved under this MoU.
4. **COORDINATION:** For the purpose of this MoU, the First Party will be coordinating with the second party.
5. **FORCE MAJEURE:** Except for the failure to complete any activity that has become pending, to pay any sum that has become due, to provide any information that has become required, neither party shall bear responsibility for the complete or partial non- fulfillment of any of its obligation in the case of







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force majeure, defined in the MoU to mean acts of God, strikes, acts of war, riots, civil commotions, natural disasters, or acts of government, or other circumstances beyond any party's control.

6. **TERMINATION:** Any one of the parties to the MoU may terminate this MoU in accordance/conformity with the following:
- In the event of any breach of this MoU by the Second Party, and in the event that despite notice of such breach in writing by the First Party to the Second Party to remedy such breach within fifteen (15) days of the receipt of notice, if the Second Party fails to remedy the breach, then First Party may by a fifteen (15) days written notice to the Second Party terminate the present MoU.
  - If First Party commits any breach of this MoU and despite notice of such breach in writing by the Service Provider to First Party, if First Party fails to remedy such breach within fifteen (15) days then the Service Provider may terminate this MoU by giving fifteen (15) days notice in writing to First Party. In such event the Service Provider shall handover to First Party the Work executed till that date and account for the expenditure incurred thereon.
  - Termination of this MoU shall not prejudice or affect the accrued rights or claims or liabilities of either party.
  - On termination of this MoU, all materials, equipment and information supplied by the First Party and other deeds, documents and writings, which are in possession of the Second Party, shall be returned and delivered forthwith, by the Second Party to the First Party within 15 days of termination of MoU.
  - Either party may terminate the MoU on minimum one month's notice without assigning any reason therefore.**
7. **GOVERNING LAW:** This agreement shall be construed and enforced in accordance with, and governed by the laws of India.
8. **ARBITRATION:** Any dispute arising with regard to any aspect of this MoU shall be settled through mutual consultations and agreements by both the





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parties. If there is disagreement by any party, the appeal may be made to the Additional Secretary and Mission Director, MoHFW, Government of India and his/her decision shall be binding on both the parties. If any further dispute arises between the parties, the same shall be settled through negotiations and as last resort through courts under the territorial jurisdiction of Hon'ble High Court New Delhi.

First Party: Signature and Seal	Second Party: Signature and Seal
<p>Name and signature of authorized representative</p>  <p><b>Vandana Gurnani</b> Joint Secretary (RCH) Room no. 158-A, Nirman Bhawan Maulana Azad Road Ministry of Health and Family Welfare New Delhi-110011 Dated: 6<sup>th</sup> December, 2017</p>	<p>Name and signature of authorized representative</p>  <p><b>Deepak Kapur</b> Chairman Rotary International India National PolioPlus Committee B-3/17, Ground Floor, Safdarjung Enclave New Delhi-110029 Dated: 6<sup>th</sup> December, 2017</p>
<p><b>Witness 1</b></p> <p>Signature: </p> <p>Name of witness 1... <u>Mr Poo Deep Halda</u> Address: <u>105D, Nirman Bhawan</u> <u>NKA Delhi</u> ..... Phone..... Email..... Dated: 6<sup>th</sup> December, 2017 Place: New Delhi</p>	<p><b>Witness 2</b></p> <p>Signature: </p> <p>Name of witness 2... <u>R. K. Saboo</u> Address... <u>Kamla Centre</u> <u>SCO 88-89, Sector 8C</u> <u>Chandigarh</u> ..... Phone..... Email..... Dated: 6<sup>th</sup> December, 2017 Place: New Delhi</p>

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