



## Intensified Mission Indradhanush

Coverage Evaluation Survey 2018

Findings for 190 IMI districts





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### List of Acronyms

BCG	Bacillus Calmette–Guérin
CES	Coverage Evaluation Survey
DEFF	Design Effect
DPT	Diphtheria, Pertussis and Tetanus
ESS	Effective Sample Size
FIC	Full Immunization Coverage
GAVI	The Global Alliance for Vaccines and Immunizations
Gol	Government of India
нн	Households
HoD	Head of the Department
HSS	Health System Strengthening
IMI	Intensified Mission Indradhanush
INCHIS	Integrated Child Health and Immunization Survey
МСР	Mother and Child Protection
MCV	Measles Containing Vaccine
МІ	Mission Indradhanush
MoHFW	Ministry of Health & Family Welfare
NAT GRID	National Intelligence Grid
NFHS	National Family Health Survey
OPV	Oral Polio Vaccine
Penta	Pentavalent
PPS	Probability Proportionate to Size
PSUs	Primary Sampling Units
RI	Routine Immunization
RMNCH+A	Reproductive, Maternal, Newborn, Child, and Adolescent Health
SOPs	Standard Operating Procedures
ТАС	Technical Advisory Committee
TAG	Technical Advisory Group
UIP	Universal Immunization Programme
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Emergency Fund
WHO	World Health Organization





# CHAPTER ONE

# Introduction

Immunization is a proven cost effective and the most powerful public health intervention to prevent mortality and morbidity for Vaccine Preventable Diseases. Government of India (Gol) launched the Universal Immunization Programme (UIP) in 1985, one of the largest health programs of its kind in the world, to cater to a birth cohort of 2.6 crore infants, and around 2.9 crore pregnant women every year. However, despite being operational for over 30 years, UIP has been able to fully immunize only 62% children (NFHS-4 2015-16) in the first year of their life. Moreover, immunization coverage among children aged 12-23 months in the country has remained unimproved in the last seven years (from 61% in 2009 as per CES to 62% in 2015-16 as per NFHS-4).

To address this slow progress in immunization coverage and to achieve 90% full immunization coverage (FIC) by 2020, the Ministry of Health & Family Welfare (MoHFW), GoI, demonstrated highest political commitment to this cause and launched a massive routine immunization (RI) intensification campaign called Mission Indradhanush (MI) in December 2014. The first two phases of Mission Indradhanush contributed to an increase in full immunization coverage by 6.7 percentage points per year, as evidenced by Integrated Child Health and Immunization Survey (INCHIS).

While acknowledging the impact of Mission Indradhanush, Hon'ble Prime Minister through PRAGATI platform, emphasized the need of a supplemental aggressive action plan for the country to achieve 90% FIC by December 2018 through Intensified Mission Indradhanush (IMI). In October 2017, a total of 121 districts, 17 urban areas and 52 districts of North-East states were targeted under IMI.

Under IMI evaluation plan, a district level Coverage Evaluation Survey (CES) was planned to assess the impact of the IMI strategy. For operational purposes, in 120 districts and urban areas of six states (Assam, Bihar, Madhya Pradesh, Maharashtra, Rajasthan and Uttar Pradesh), CES was undertaken by UNDP and in the remaining 70 districts, the survey was conducted by WHO.

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# CHAPTER **TWO**

## **Aim and Objectives**

The aim of the survey was to assess the impact of intensified immunization activities on the full immunization coverage in 190 Intensified Mission Indradhanush districts of India. The specific objectives of the survey were as follows:

- To assess full immunization coverage in children aged 12-23 months in 190 Intensified Mission Indradhanush districts
- 2. To assess the change in immunization coverage rates from existing baseline levels (NFHS-4) to post IMI rounds
- 3. To analyze change in drop-out and leftout rates between existing baseline levels and post IMI rounds



## CHAPTER **THREE**

### **Methodology** Coverage Evaluation Survey by UNDP

The survey design for UNDP was based on a multi-stage cluster sampling method based on WHO Vaccination Coverage Cluster Survey technique. Sample size was calculated by defining the number of clusters per district & number of households (HH) per cluster. The effective sample size (ESS) for each district was calculated to meet the number of survey respondents required for the inferential goal i.e. household with 12-23 month child and 15-49 years old mother. The ESS was based on the table given in WHO Vaccination Coverage manual and took into consideration latest available proportion of picking a fully immunized child based on latest NFHS-4 data for each district with 5% precision for 95% Cl. The design effect (DEFF) is also calculated to inflate the ESS to achieve the precision for a cluster sample. The number of households that must be visited to find at least one eligible child was estimated using district wise data from Annual Health Survey for five states - Assam, Bihar, Madhya Pradesh, Rajasthan and Uttar Pradesh. For Maharashtra, as district level data was not available, so state level data was used for each district. A non-response of 10% was considered for calculating the final sample size. The final number of children planned for the survey was 64,407 out of which 22% children were from urban areas and the rest were from rural areas.

### **Coverage Evaluation Survey by WHO**

The survey was designed as a cross-sectional multi-stage household cluster survey for estimating full immunization coverage (FIC) among children 12-23 months of age, undertaken in the cluster of households identified through randomized cluster sampling. All the enumerated villages and the wards/named urban areas in the IMI districts as per the 2011 national census were considered for the sampling frame for the survey. The primary sampling units (PSUs) were selected through Probability Proportionate to Size (PPS) sampling method. If a PSU had smaller number of households (HH) than the cluster size, it was combined with a geographically contiguous neighboring census village/urban area so that they formed a single entry in the sampling frame. Any PSU with a large number of households than the cluster size was further divided into segments. A segment was randomly chosen from all such segments in the PSU to become the 'survey cluster.'

The entire IMI district was treated as a single stratum. The survey was designed for a precision of 10% at 95% CI (WHO latest survey guidelines). This gave a total sample size of 17,703 children, with a range of 155-206 children in different districts. To achieve this sample size, the number of clusters in each survey district generally ranged from 30 to 40 and cluster size of 60 to100 households.

### Quality Control and Monitoring Plan for the Coverage Evaluation Survey

Ensuring the quality of the collected data - that is reliable and valid, is a key concern of any survey. In evaluating the impact of IMI, the quality checks were placed over all the key-activities of the project through Technical Advisory Group (TAG) and UNDP & WHO National and State Teams.

Individuals who were qualified and experienced in monitoring immunization

activities were selected as surveyors. Standard operating procedures (SOPs) were developed for the survey activities. The survey staff were trained on the survey methodology and SOPs by UNDP & WHO immunization programme experts.

Monitoring during data collection followed the protocol/process and thoroughly embedded back check mechanisms were present at two levels. At the team level, the team's supervisor undertook spot checks/back checks daily by using a pre-defined format on CAPI. At an aggregate level, UNDP's & WHO's respective State Program Officers and national team members were assigned to each state to undertake independent back checks for five percent of the total sample.

#### **Technical Advisory Group**

A Technical Advisory Committee (TAC) was set up to guide the implementation of IMI Coverage Evaluation Survey done by UNDP in 120 districts.

The composition of the Technical Advisory Committee was as under:

- Dr Kanchan Dyuti Maiti, Planning, Monitoring and Evaluation Specialist, UNICEF India- Senior Technical Advisor
- Dr. Rohit Bhardwaj, Director, NAT GRID -TAG Chairman
- Prof. Pushpanjali Swain, HOD, Department of Statistic and Demography, National Institute of Health and Family Welfare- Member
- Prof. Rajesh Kumar, Maulana Azad Medical College, Delhi- Member
- Dr Manish Pant, Chief, Health and Development, UNDP India- Member
- Dr. Rajeev Gera, Chief of Party, RMNCH+A Project, IPE Global- Member

The terms of reference and scope of work of the

Technical Advisory Committee were as follows:

- To finalize the list of indicators and standardize the meta information;
- to finalize the sample design, determine sample size, the estimation procedure, and the state and district wise allocation of the sample;
- to develop the technical base paper on the survey;

- to finalize the survey tools including training and field manuals;
- to set up the edit rules including quality control in data capture and processing;
- to approve the tabulation and output (report) formats; and
- to guide and approve the analysis of data based on agreed indicators.





# CHAPTER FOUR

## Results

#### **Full Immunization Coverage Before and After IMI**

To evaluate the changes in FIC after IMI in 190 districts of the country, a comparison has been made between NFHS-4 and CES (IMI) in Figure 1. Overall, FIC has increased by 18.5 percentage points (from 50.5% to 69%) between NFHS-4

and CES (IMI), in 190 IMI districts. In 120 districts of high priority states (CES, UNDP) coverage has improved from 50% to 67%, while in remaining IMI districts spread across the country FIC has improved from 51.2% to 76.4%.



#### Figure 1: Comparison of FIC in NFHS-4 and CES (IMI) in 190 IMI districts (in percent)

#### Figure 2: District wise FIC in NFHS-4 and CES (IMI)



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In 190 IMI districts, almost 2.8% children were unvaccinated (1.9% in UNDP:CES and 4.1% in WHO:CES). Seven districts had  $\geq$ 10% children who were unvaccinated (Churachandpur, East Kameng, Longding, Mewat, Mon, Upper Subansiri, and Wokha). In 34 IMI districts, there was not a single unvaccinated child (10 districts from Uttar Pradesh, 6 from Maharashtra, 3 from Madhya Pradesh, 2 each from Karnataka, Meghalaya, Odisha, Sikkim and 1 each from Arunachal Pradesh, Andra Pradesh, Jammu and Kashmir, Assam, Tripura, Delhi and West Bengal).

The intervention of IMI has shown

remarkable increase in FIC in IMI districts. Most of the IMI districts have achieved or are very close to achieving the target of 90% FIC (Table 1). With the sustained efforts of the health workers, 16 IMI districts have achieved more than 90% FIC, compared with no district out of 190 IMI districts in NFHS-4. The districts of Jammu, North 24 Parganas and West district (Sikkim) recorded the highest FIC of 96%. The other districts which have achieved ≥90% FIC are Bagalkot, Bangalore (U), Belgaum, East Godavari, East Jaintia Hills, Ganjam, Kalburgi, Khurda/Bhubaneshwar, Nellore, Shahdara, South-East, Tripura South, and Tripura West.

Table 1	I: Distribution	of 190 IMI	districts in	four FIC	categories	in NFHS-4	and in CES	(IMI)

Percentage FIC	Number of districts in NFHS -4	Number of districts in CES (IMI)
≥ <b>90.0</b>	0	16
70.0-89.9	14	84
50.0-69.9	77	75
<50.0	99	15

Total 84 IMI districts achieved FIC between 70%-89.9%, as compared with only 14 districts out of 190 IMI districts during NFHS-4. Uttar Pradesh had the highest of 23 IMI districts with more than 70% FIC followed by Madhya Pradesh and Bihar with eight IMI districts in each. The states where all the IMI districts recorded more than 70% FIC were Delhi, Gujarat, Karnataka, Kerala, Meghalaya, Odisha, Sikkim, Tripura, Uttarakhand and West Bengal. After IMI, only 15 districts had FIC below 50% in comparison with 99 districts in NFHS-4, amongst 190 IMI districts.

#### Improvement in FIC (in percentage points)

Of the 190 IMI districts, 186 districts recorded an improvement in FIC from their past performance in NFHS-4 (Figure – 3). Fifty-six districts had a whopping increase in FIC of more than 30 percentage points and FIC of 34 districts increased between 20%-29.9%. Kurung Kumey and Gurgaon districts registered the highest increase of 67.2% and 60.2% respectively in FIC. Uttar Pradesh had 18 districts with more than 20% increase followed by Madhya Pradesh with 11 districts. Kasganj recorded no increase in FIC while only four districts recorded slight decrease in FIC.

#### Figure 3: The net difference in FIC of NFHS-4 and CES (IMI) (in percentage points)



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Percentage increase in FIC after IMI	Number of districts
≥30.0	56
20% - 29.9	34
10% - 19.9	49
0.1% -10.0	46
≤ <b>0.0</b>	5

#### Table 2: Number of districts by percentage point increase in FIC, CES (IMI) 2018

Figure 4 presents number of districts selected for IMI and the number of districts which achieved  $\geq$ 20% increase in FIC by each of the state. In Uttar Pradesh, 18 out of 60 IMI districts acheived  $\geq$ 20% increase in FIC. In Madhya Pradesh, 11 out of 14 IMI districts acheived  $\geq$ 20% increase in FIC.

In Andra Pradesh, Delhi, Gujarat, Haryana, Jammu & Kashmir, Mizoram, and Uttrakhand, all the districts selected for IMI acheived  $\geq$ 20% increase in FIC.





The list of 90 districts which has achieved  $\geq$ 20 percentage point increase in FIC in CES (IMI), 2018 are presented in Table 3.

State	Districts
Andhra Pradesh	East Godavari, Nellore
Arunachal Pradesh	East Kameng, East Siang, Kra Daadi, Kurung Kumey , Lohit, Papumpare, Upper Siang
Assam	Chirang, Dhubri, KarbiAnglong, Nagaon
Bihar	Champaran East, Champaran West, Kishanganj, Sheikhpura,
Delhi	North, Shahdara, South-East
Gujarat	Banaskantha, Bhavnagar, Kutch
Haryana	Faridabad, Gurgaon, Mewat, Palwal,
Jammu & Kashmir	Jammu
Karnataka	Bangalore (U), Belgaum, Kalburgi
Manipur	Chandel
Meghalaya	East Jaintia Hills, North Garo Hills, South West Garo Hills, West Garo Hills, West Jaintia Hills,
Maharashtra	Ahmednagar, Nanded, Nandurbar
Mizoram	Lawngtlai, Lunglei, Mamit
Madhya Pradesh	Alirajpur, Jhabua, Panna, Rewa, Sagar, Shadol, Sheopur, Sidhi, Singrauli, Tikamgarh, Vidisha
Nagaland	Dimapur, Kiphire, Kohima, Longleng, Mokokchung, Mon, Phek, Tuensang, Wokha, Zunheboto
Odisha	Ganjam
Rajasthan	Jalor
Tripura	Dhalai, Tripura North, Tripura South, Tripura West, Unakoti,
Uttar Pradesh	Badohi/ Sant Ravidas Nagar, Bahraich, Ballia, Balrampur, Banda, Bareilly, Ghazipur, Gorakhpur, Hapur, Hardoi, Jaunpur, Maharajganj, Mathura, Mau, Moradabad, SantKabir Nagar, Siddharthnagar, Srawasti
Uttarakhand	Haridwar

#### Table 3: Districts with ≥20 percentage point increase in FIC out of 190 IMI districts

#### **Average Improvement in Major States**

The Figure 5 presents coverage, achievement after IMI and the net difference in FIC by states. As depicted, in high priority states, the highest increase in coverage was reported in Assam with 31 percentage point, which was closely followed

by Madhya Pradesh with 26.4 percentage point increase. The North-Eastern states other than Assam also showed an impressive increase of 23.9 percentage points compared with their performance in NFHS-4.



#### Figure 5: Comparison of improvement in FIC between NFHS-4 & IMI-CES in 190 IMI districts

Note: n represents number of districts selected for IMI in a state.

#### **Antigen Wise Improvement in Coverage**

The antigen wise coverage as per IMI-CES is given in Figure 6 below. For BCG, the highest coverage was recorded in Maharashtra, for Penta/DPT-1, the highest coverage was recorded in Bihar, for OPV-3 the highest coverage recorded was for Assam and for MCV-1 the highest coverage was in Maharashtra.





**Note:** n represents number of districts selected for IMI in a state.



#### Figure 7: Key antigen wise coverage by districts, CES (IMI) 2018

#### **BCG to MCV-1 drop-out**

The drop-out of BCG to MCV-1 varies from as low as no drop-out in East district (Sikkim) to as high as 44.9% in Upper Subansiri (Arunachal Pradesh) across 188 districts. Amongst 190 IMI districts, two districts (Ambedkar Nagar and Nagaon) had higher coverage of MCV-1 as compared with BCG coverage. The 190 IMI districts are categorized into five groups: a negative drop-out i.e. <0%; drop-out between 0 to 5%; from 5 to 10%; 10 to 15%; and  $\geq$ 15%. A district wise map of India is presented in Figure 8. The break-up of number of districts with BCG to MCV-1 drop-out, in five said categories, has been provided in Figure 9.

Figure 8: District wise BCG to MCV-1 drop-out, CES (IMI) 2018



A drop-out of 0 to 5% from BCG to MCV-1 was observed in 32 districts, and in 36 districts the drop-out was between 5 to 10%. In 36 districts, the drop-out was between 10 to 15%, however 84 districts observed a drop-out of  $\geq$ 15%.

Out of total 118 districts in CES by UNDP, 0 to 5% drop-out from BCG to MCV-1 was observed in 11 districts, and in 24 districts the drop-out was between 5 to 10%. Amongst the total 70 districts monitored by WHO, 0 to 5% drop-out was observed in 21 districts, and in 12 districts the drop-out was between 5 to 10%.

Figure 9: Number of districts with BCG to MCV-1 drop-out



As per IMI-CES, the average drop-outs of BCG to MCV-1 in the North East states ranges from 0.3% to 21.8% (Figure 10). The maximum

average drop-out was observed in the districts of Manipur with 21.8% and minimum average drop-out was observed in Sikkim with 0.3%.



#### Figure 10: North East states with average drop-out of BCG to MCV-1

SK: Sikkim; TR: Tripura; ML: Meghalaya; MZ: Mizoram; NL: Nagaland; AR: Arunachal Pradesh; AS: Assam; MN: Manipur.

### Pentavalent-1 to Pentavalent-3 Drop-out

As per IMI-CES the drop-out of Pentavalent-1 to Pentavalent-3 ranges from 0.4% in Belgaum and

### Figure 11: District wise Penta-1 to Penta-3 drop-out, CES (IMI) 2018



North 24 Parganas to 34.7% in Kaushambi. The districts are categorized into four groups: dropout between 0 to 5%; from 5 to 10%; 10 to 15%; and  $\geq$ 15%. To see the location of districts, a map is given in Figure 11. The break-up of number of districts with Pentavalent-1 to Pentavalent-3 drop-out is provided in Figure 12.

Amongst the total 190 IMI districts, 0 to 5% drop-out from Pentavalent-1 to Pentavalent-3 was observed in 77 districts, and in 57 districts the drop-out was between 5 to 10%. In 38 districts, the drop-out was between 10 to 15%, however 18 districts were observed with drop-out  $\ge$ 15%.

Out of total 120 districts surveyed by UNDP, 0 to 5% drop-out from Pentavalent-1 to Pentavalent-3 was observed in 52 districts, and in 36 districts the drop-out was between 5 to 10%. Amongst the total 70 districts monitored by WHO, 0 to 5% drop-out was observed in 25 districts, and in 21 districts the drop-out was between 5 to 10%.



#### Figure 12: District wise Penta-1 to Penta-3 drop-out, CES (IMI) 2018

As per IMI-CES, the average drop-outs of Penta1 to Penta3 in the North East states ranges from 4.2% to 12.1% (Figure 13). The maximum average drop-out was observed in the districts of Manipur with 12.1% and minimum average drop-out was observed in Sikkim with 4.2%.





**Note:** n represents number of districts selected for IMI in NE state. SK: Sikkim; ML: Meghalaya; AS: Assam; TR: Tripura; MZ: Mizoram; AR: Arunachal Pradesh; NL: Nagaland; MN: Manipur.

### **Coverage in 17 IMI Urban Areas:**

Table 4 presents FIC (Total and urban) from NFHS-4 and CES (IMI), and the change in FIC after IMI campaign in 17 urban areas. **In those districts having 17 IMI urban areas, the total** 

FIC increased by 16.7 percentage points which is 1.8 percentage point lower than 18.5 percentage points increase (refer Figure-1) in 190 IMI districts altogether. However FIC in the urban areas of these 17 districts, increased by 20% points after IMI. According to NFHS-4 data FIC (Urban) in Agra, Bangalore (U), Ghaziabad, Jaipur, Kanpur Nagar, Khurda, Lucknow, Meerut and Varanasi is lesser than the district's total FIC. After IMI campaign, low performing urban areas in NFHS-4 namely Agra, Meerut and Varanasi have shown increase in FIC (Urban). Only three out of 17 IMI urban areas (which are part of IMI drive) have achieved IMI target of >90% (see Table 5). While six areas have achieved FIC between 70% - 90%. Seven urban areas have made limited progress and achieved FIC in between 50% - 70%. The total FIC in Allahabad has increased from 37.9% in NFHS-4 to 45.4% in CES (IMI).

District	NFF	IS 4	CES	(IMI)	NFHS 4 v	s. CES (IMI)
	Total FIC	Urban	Total FIC	Urban FIC	Percentage point	Percentage point
	(A)	FIC (B)	(C)	(D)	change in Total FIC	change in Urban FIC
					(C-A)	(D-B)
Agra	60.9	58.1	80.1	81.9	19.2	23.8
Allahabad	37.9	40.0	45.4	49.1	7.5	9.1
Bangalore (U)	62.1	61.4	93.3	92.4	31.2	31.0
Bareilly	48.7	55.3	71.2	80.8	22.5	25.5
Belgaum	63.4	64.9	94.9	98.4	31.5	33.5
Ghaziabad	61.1	60.7	68.7	67.2	7.6	6.5
Gr. Mumbai	45.6	45.6	65.0	65.0	19.4	19.4
Gurgaon	23.6	27.3	83.8	80.7	60.2	53.4
Indore	57.8	60.5	76.1	78.7	18.3	18.2
Jaipur	58.2	54.2	61.3	60.1	3.1	5.9
Kanpur (Nagar)	50.9	35.9	55.9	54.8	5.0	18.9
Khurda (Bhubaneshwar)	73.2	66.2	92.7	92.4	19.5	26.2
Lucknow	58.8	56.4	58.5	53.4	-0.3	-3.0
Meerut	62.8	56.8	71.3	75.0	8.5	18.2
Patna	69.7	69.8	75.8	82.5	6.1	12.7
Thane	40.9	42.5	57.5	67.2	16.6	24.7
Varanasi	59.0	51.2	66.4	66.5	7.4	15.3
	Aver	age perce	ntage point o	hange in FIC	16.7	20.0

#### Table 4: Comparison of coverage before and after IMI in 17 urban areas

Note: Red colour highlights a lesser FIC in urban areas than the total FIC. Yellow colour highlights decline in total FIC after IMI. Green colour highlights  $\geq$  25% increase in total FIC.

Eight urban areas namely - Allahabad, Ghaziabad, Jaipur, Kanpur Nagar, Lucknow, Meerut, Patna, and Varanasi indicate improvement in FIC, though the percentage point change among them is below 10%. Similarly, six urban areas i.e. Agra, Bareilly, Gr. Mumbai, Indore, Khurda, and Thane

#### Table 5: Distribution of IMI urban areas according to their achievement in FIC, CES (IMI) 2018

Percentage FIC	District
≥90	Bangalore (U), Belgaum, Khurda/Bhubaneshwar
70% - 89.9	Agra, Bareilly, Gurgaon, Indore, Meerut, Patna
50% - 69.9	Ghaziabad, Greater Mumbai, Jaipur, Kanpur (Nagar), Lucknow, Thane, Varanasi
<50	Allahabad

are showing 16.6-22.5 percentage point change in FIC. The urban areas in Bangalore, Bareilly, Belgaum, Gurgaon and Khurda/Bhubaneshwar have done well and achieved ≥25 percentage point increase in FIC against NFHS-4 data.

#### FIC in 17 urban areas

Figure 14 presents a comparison of FIC urban, before (NFHS-4) and after (CES) IMI drive in 17 urban areas. The FIC urban increased on an average by 20% points after IMI. Among these 17 urban areas, three urban areas namely Bangalore (U), Belgaum and Khurda have achieved  $\ge$ 90% FIC, whereas FIC in Allahabad remained below 50%.





#### **Availability of MCP card**

In the 190 IMI districts surveyed, a total of 65.2% of the children (12-23 months) have MCP card. The district wise presence of card is highest in Lohit, Arunachal Pradesh (99.6%) (See Figure 15).

Presence of MCP cards ranges from 42.9% in Haryana to 98.3% in Sikkim, across the 24 States. Highest availability of the cards was seen in the districts under North-Eastern states (86.2%).



### Figure 15: Availability of MCP cards in 190 IMI districts, CES 2018 (in percent)

Note: n represents number of districts selected for IMI in a state.



# Annexure

											-	
State	District	FIC (NFHS4)	FIC (CES)	No immunization	FIC- Urban	FIC- Rural	BCG	OPV3	Penta3/ DPT3	MCV-1	Drop-out BCG to MCV-1	Drop-out Penta1 to Penta3
Assam	Chirang	40.4	85.4	0.0	97.3	83.0	97.6	90.8	93.3	91.1	6.6	5.2
Assam	Darrang	40.6	60.3	0.3	64.8	59.4	96.1	86.6	76.6	71.6	25.5	16.3
Assam	Dhubri	20.1	65.2	1.6	88.2	57.5	96.6	89.4	87.6	68.9	28.7	6.0
Assam	Goalpara	43.7	51.1	9.6	74.4	45.6	74.3	73.9	75.3	55.9	24.8	3.6
Assam	KarbiAnglong	23.6	70.5	0.5	95.1	65.5	96.6	92.5	90.8	73.5	24.0	5.0
Assam	Kokrajhar	42.1	55.4	4.1	21.2	62.8	94.0	82.5	59.7	57.7	38.7	11.1
Assam	Nagaon	43.1	79.0	0.2	93.6	75.9	84.9	84.7	86.4	85.9	-1.2	2.4
Bihar	Araria	53.9	72.6	2.1	89.4	69.5	88.6	78.9	83.1	77.8	12.2	4.9
Bihar	Champaran East	49.3	73.2	0.4	65.5	74.7	97.0	80.8	84.0	78.3	19.4	13.5
Bihar	Champaran West	29.4	83.7	0.2	100.0	80.7	97.3	88.0	89.2	87.5	10.1	7.5
Bihar	Darbhanga	52.9	71.1	1.3	72.1	70.9	88.9	76.7	79.9	76.4	14.0	3.2
Bihar	Gaya	67.6	68.9	0.6	66.0	69.5	96.4	80.2	86.1	79.0	18.1	6.0
Bihar	Katihar	71.2	69.1	0.4	62.6	70.9	90.6	76.7	82.0	73.5	18.9	8.4
Bihar	Kishanganj	54.9	80.5	0.3	85.1	79.6	94.7	88.6	91.0	82.2	13.2	1.7
Bihar	Lakhisarai	59.1	69.1	0.5	86.0	65.9	95.4	82.3	85.8	78.3	17.9	5.5
Bihar	Madhubani	48.9	65.4	0.2	62.3	66.1	93.9	75.4	86.4	74.1	21.0	4.2
Bihar	Muzaffarpur	55.0	62.0	2.2	79.1	57.6	92.2	70.5	75.7	69.1	25.1	12.1
Bihar	Nawada	63.5	80.2	0.3	83.6	79.5	95.6	87.3	91.5	87.4	8.6	4.5
Bihar	Saran	55.1	67.0	1.2	79.3	64.6	94.5	77.1	80.1	71.4	24.4	4.5
Bihar	Sheikhpura	63.5	88.3	0.2	90.9	87.7	97.6	95.3	97.2	92.0	5.6	2.2
Bihar	Sheohar	59.3	59.2	0.6	65.4	58.0	95.1	71.0	75.5	59.7	37.3	10.0
Bihar	Sitamarhi	62.6	64.6	1.1	54.2	67.8	92.6	79.4	87.4	68.8	25.8	4.8
Bihar	Patna	69.7	75.8	6.2	82.5	70.5	90.1	84.0	88.3	81.3	9.8	1.6
Madhya Pradesh	Alirajpur	22.6	66.0	0.0	66.7	65.8	98.1	84.3	73.7	91.3	6.9	23.1
Madhya Pradesh	Chhatarpur	41.1	56.3	1.0	58.8	55.4	87.7	60.4	70.0	64.5	26.4	9.7
Madhya Pradesh	Jhabua	25.0	56.6	3.9	94.3	48.1	88.5	61.3	63.1	69.4	21.7	9.4
Madhya Pradesh	Panna	26.6	71.8	1.3	63.0	73.9	93.3	76.5	78.1	79.5	14.8	6.0
Madhya Pradesh	Raisen	78.5	83.5	0.5	85.4	83.0	97.3	91.3	93.2	89.1	8.4	6.1
Madhya Pradesh	Rewa	52.8	82.0	0.7	91.1	80.1	97.4	87.6	88.5	86.9	10.8	6.3
Madhya Pradesh	Sagar	52.7	87.9	0.0	92.9	85.8	98.7	93.0	96.0	91.0	7.7	1.3
Madhya Pradesh	Shadol	40.3	73.4	1.0	92.4	68.4	93.8	82.0	84.8	82.2	12.3	6.7

State	District	FIC (NFHS4)	FIC (CES)	No immunization	FIC- Urban	FIC- Rural	BCG	OPV3	Penta3/ DPT3	MCV-1	Drop-out BCG to MCV-1	Drop-out Penta1 to Penta3
Madhya Pradesh	Sheopur	48.7	74.1	6.0	95.0	69.7	81.2	76.6	78.6	75.9	6.6	1.5
Madhya Pradesh	Sidhi	34.4	67.8	0.4	89.6	64.0	94.7	74.2	74.9	79.5	16.1	16.5
Madhya Pradesh	Singrauli	42.2	66.7	5.8	84.6	62.5	87.3	72.6	75.0	79.3	9.2	5.2
Madhya Pradesh	Tikamgarh	34.4	68.7	0.9	73.5	67.7	95.1	77.6	81.2	75.0	21.1	7.9
Madhya Pradesh	Vidisha	45.7	78.5	0.0	88.8	75.7	98.6	96.3	97.3	80.3	18.6	1.2
Madhya Pradesh	Indore	57.8	76.1	3.6	78.7	69.3	95.5	85.2	90.4	81.3	14.9	4.7
Maharashtra	Ahmednagar	43.4	77.4	7.4	100.0	71.9	88.2	79.9	82.6	83.6	5.2	0.6
Maharashtra	Beed	53.9	61.3	0.0	62.1	61.1	98.5	75.2	76.4	87.8	10.8	21.5
Maharashtra	Gadchiroli	82.0	84.8	0.0	79.6	86.0	99.7	86.2	88.4	93.3	6.4	5.8
Maharashtra	Jalgaon	43.2	48.1	7.2	40.0	51.8	90.8	51.3	52.8	88.8	2.2	6.0
Maharashtra	Nanded	51.1	86.2	0.4	81.3	88.1	97.6	92.6	97.3	93.9	3.8	1.8
Maharashtra	Nandurbar	32.8	69.4	0.0	58.4	71.8	92.6	82.0	83.2	81.0	15.3	14.4
Maharashtra	Nasik	62.3	79.4	0.0	95.6	67.4	100.0	81.7	92.4	96.1	3.9	0.8
Maharashtra	Solapur	64.9	78.6	0.0	87.9	74.1	98.1	92.8	95.5	85.4	13.0	4.0
Maharashtra	Yavatmal	61.6	78.2	0.0	90.2	74.8	98.2	80.9	90.9	90.7	7.6	3.5
Maharashtra	Thane	40.9	57.5	0.2	67.2	25.8	86.3	69.1	63.0	69.3	19.7	0.8
Maharashtra	Gr. Mumbai	45.6	65.0	3.6	65.0	0.0	94.3	73.2	78.2	81.0	14.1	11.9
Rajsthan	Alwar	47.4	58.0	0.7	61.1	55.9	80.1	70.1	75.9	74.4	7.1	4.0
Rajsthan	Barmer	36.0	45.2	5.5	48.5	44.5	86.4	51.7	79.9	69.4	19.8	3.9
Rajsthan	Bikaner	56.0	64.1	2.0	69.4	61.4	90.4	67.4	81.7	68.2	24.6	5.7
Rajsthan	Dhaulpur	55.8	66.7	1.2	87.2	61.2	94.0	72.8	94.8	78.0	17.0	2.3
Rajsthan	Jalor	35.7	73.5	3.2	75.2	73.2	80.1	73.7	78.9	73.7	8.0	1.7
Rajsthan	Jodhpur	42.1	57.8	1.0	60.4	56.5	86.8	62.9	6.69	70.5	18.8	8.4
Rajsthan	Karauli	54.6	71.2	1.5	85.8	68.2	94.4	81.4	87.7	79.0	16.4	3.5
Rajsthan	Pali	57.6	60.2	1.2	67.5	58.0	86.8	66.8	78.0	68.2	21.5	4.0
Rajsthan	Partapgarh	66.3	67.7	0.6	63.2	68.7	77.8	67.7	77.1	77.7	0.2	1.2
Rajsthan	Sawai Madhopur	46.0	49.8	1.6	25.8	56.2	93.0	57.5	73.4	72.0	22.6	13.5

Drop-out Penta1 to Penta3	2.7	1.9	3.5	4.6	6.1	14.4	3.9	8.0	16.6	2.1	20.0	12.0	11.5	9.8	3.2	3.3	13.8	2.3	11.6	17.7	7.3	5.9	12.4	12.7	2.9	8.2	8.9	6.4	9.3	14.2	34.7
Drop-out BCG to MCV-1	30.3	19.0	8.8	-1.3	11.8	33.8	11.4	13.2	36.4	6.8	30.7	17.4	35.5	12.6	6.2	20.9	0.9	6.4	31.9	35.8	31.2	6.6	26.8	16.5	3.8	12.5	14.8	7.7	23.5	25.0	4.3
MCV-1	54.9	74.0	85.0	79.9	71.5	62.6	82.3	82.5	55.5	89.3	62.4	81.8	59.8	84.0	88.6	78.9	98.5	84.6	60.0	54.7	62.4	81.5	70.9	72.6	92.3	86.7	79.8	89.4	68.9	58.9	92.8
Penta3/ DPT3	59.5	81.5	82.2	73.2	50.4	62.3	71.8	85.6	55.1	92.0	59.9	86.8	68.3	83.4	85.0	96.3	85.0	77.7	64.8	53.1	71.4	77.6	79.2	61.8	94.7	89.1	77.9	88.9	68.8	57.8	62.7
0PV3	54.1	65.7	86.0	75.3	49.3	54.0	70.0	81.6	50.0	91.0	62.5	85.3	66.2	79.9	83.6	96.2	84.6	79.0	57.2	53.8	58.2	77.4	81.6	60.1	92.4	88.4	71.9	88.0	62.9	54.5	78.8
BCG	78.8	91.3	93.2	78.9	81.1	94.6	93.0	95.1	87.3	95.8	90.1	0.66	92.6	96.1	94.4	99.7	99.4	90.4	88.0	85.2	90.6	90.4	96.9	87.0	95.9	99.1	93.7	96.9	0.06	78.6	97.0
FIC- Rural	49.6	62.6	72.6	66.5	42.7	47.0	55.4	66.1	41.8	84.4	50.1	67.9	53.8	74.3	72.6	77.3	80.1	70.3	56.1	44.3	53.4	67.5	66.6	51.8	85.9	79.5	60.7	81.3	54.2	53.8	51.9
FIC- Urban	66.4	60.1	71.8	71.8	48.6	35.5	94.2	97.1	39.9	89.6	45.5	67.3	56.7	69.1	97.6	74.6	97.8	95.3	22.7	20.7	48.4	91.9	67.9	63.9	95.2	89.3	90.06	81.8	23.2	16.9	75.0
No immunization	6.5	1.0	0.7	0.0	8.6	0.0	1.3	2.4	7.0	0.7	4.8	0.2	2.8	0.7	0.4	0.1	0.2	0.0	4.0	3.3	5.5	1.9	0.0	0.3	0.5	0.6	1.0	0.2	5.7	4.3	0.7
FIC (CES)	52.8	61.3	72.4	67.5	43.7	45.2	62.0	72.0	41.4	85.4	49.1	67.8	54.3	73.4	76.7	76.8	83.2	74.5	50.5	40.3	52.5	71.9	66.8	54.0	87.8	83.1	65.9	81.4	48.9	47.2	56.5
FIC (NFHS4)	43.9	58.2	67.9	61.2	34.0	35.2	51.5	43.1	9.4	43.8	7.1	42.8	40.1	57.5	70.1	57.3	67.7	63.8	48.0	38.6	48.4	58.8	40.2	36.8	65.4	61.1	39.1	53.1	48.7	47.2	37.1
District	Udaipur	Jaipur	Aligarh	Ambedkar Nagar	Auraiya	Azamgarh	Badaun	Badohi/ Sant Ravidas Nagar	Bahraich	Ballia	Balrampur	Banda	Barabanki	Basti	Bijnor	Bulandshahar	Chitrakoot	Deoria	Etah	Farrukhabad	Fatehpur	Ferozabad	Ghazipur	Gonda	Gorakhpur	Hapur	Hardoi	Jaunpur	Kannauj	Kasganj	Kaushambi
State	Rajsthan	Rajsthan	Uttar Pradesh	Uttar Pradesh	Uttar Pradesh	Uttar Pradesh	Uttar Pradesh	Uttar Pradesh	Uttar Pradesh	Uttar Pradesh	Uttar Pradesh	Uttar Pradesh	Uttar Pradesh	Uttar Pradesh	Uttar Pradesh	Uttar Pradesh	Uttar Pradesh	Uttar Pradesh	Uttar Pradesh	Uttar Pradesh	Uttar Pradesh	Uttar Pradesh	Uttar Pradesh	Uttar Pradesh	Uttar Pradesh	Uttar Pradesh	Uttar Pradesh	Uttar Pradesh	Uttar Pradesh	Uttar Pradesh	Uttar Pradesh

6.21 6.7.1   90.3 90.3   72.1 23.4   66.8 26.6   86.9 7.8   82.1 12.5   69.9 25.7   69.9 25.7   84.0 14.5
71.1     72.1     23.4       74.1     72.1     23.4       76.1     66.8     26.6       89.8     86.9     7.8       79.6     82.1     12.5       75.4     69.9     25.7       87.1     84.0     14.5
/4.1     /2.1     23.4       76.1     66.8     26.6       89.8     86.9     7.8       79.6     82.1     12.5       75.4     69.9     25.7       87.1     84.0     14.5
76.1     66.8       89.8     86.9       79.6     82.1       75.4     69.9       87.1     84.0
89.9     89.8       71.9     79.6       64.2     75.4       83.7     87.1
94.3 89.9 93.8 71.9 94.2 64.2 98.7 83.7
63.5 47.4 69.9
87.5 4 75.8 6
0.5 87
9.
63.7 67.8
izaffarnagar 63.7 67.8

State	District	FIC (NFHS4)	FIC (CES)	No immunization	FIC- Urban	FIC-Rural	BCG	0PV 3	Penta3/ DPT3	MCV1	Drop-out BCG to MCV1	Drop-out Penta1 to Penta3
Andhra Pradesh	East Godavari	60.3	94.1	0.0	97.5	92.9	100.0	100.0	94.7	99.4	0.6	5.2
Andhra Pradesh	Nellore	47.7	93.0	0.9	95.7	92.0	99.1	96.1	95.9	96.8	2.3	2.1
Arunachal Pradesh	Anjaw	35.8	55.3	8.3	70.0	54.6	83.4	81.2	69.3	75.0	10.2	19.2
Arunachal Pradesh	Changlong	79.5	81.3	0.0	73.9	82.1	95.1	95.2	91.7	89.4	6.0	6.9
Arunachal Pradesh	East Kameng	11.9	59.8	12.1	60.0	59.7	84.8	83.5	81.9	65.4	23.0	4.7
Arunachal Pradesh	East Siang	45.5	85.3	0.8	84.4	85.7	98.3	92.7	90.6	91.7	6.7	6.9
Arunachal Pradesh	Kra Daadi	17.4	72.4	6.3	77.8	72.1	93.7	93.2	92.7	72.8	22.2	0.6
Arunachal Pradesh	Kurung Kumey	17.4	84.6	3.6	98.9	80.3	95.6	94.5	94.5	85.8	10.2	0.5
Arunachal Pradesh	Lohit	56.5	6.77	1.7	77.8	78.0	98.3	83.9	84.8	82.7	15.9	11.5
Arunachal Pradesh	Longding	45.3	32.0	33.3	0.0	32.0	58.4	40.6	43.8	43.9	24.7	29.9
Arunachal Pradesh	Namsai	56.5	58.2	7.4	48.1	59.9	85.3	74.7	73.8	68.8	19.4	13.0
Arunachal Pradesh	Papumpare	34.9	69.0	7.7	85.5	38.6	91.0	74.7	78.7	71.0	22.0	6.6
Arunachal Pradesh	Tirap	45.3	64.6	9.8	65.8	64.0	82.4	74.3	78.4	79.2	3.8	9.6
Arunachal Pradesh	Upper Siang	45.5	85.4	0.8	75.4	86.8	96.3	94.6	92.1	91.7	4.8	4.1
Arunachal Pradesh	Upper Subansiri	21.9	35.1	24.0	36.8	34.7	72.6	62.3	64.1	40.0	44.9	13.6
Delhi	North	52.3	85.7	6:0	85.7	0.0	94.3	95.5	95.5	89.7	4.9	1.9
Delhi	Shahdara	55.2	92.3	0.0	92.3	0:0	98.6	97.1	95.2	95.0	3.7	4.0
Delhi	South-East	51.1	91.1	0.2	91.1	0.0	97.6	95.8	95.1	94.7	3.0	2.8
Gujarat	Banaskantha	35.3	80.7	4.2	88.3	79.6	94.3	87.3	86.8	81.2	13.8	7.2
Gujarat	Bhavnagar	52.4	87.6	0.5	87.3	87.9	99.2	93.8	94.8	90.8	8.4	3.0
Gujarat	Kutch	45.0	7.77	5.0	74.1	79.6	94.2	82.5	82.2	79.3	15.8	11.0
Haryana	Faridabad	46.3	84.9	1.2	82.5	94.4	97.5	92.8	89.7	89.8	6.7	7.1
Haryana	Gurgaon	23.6	83.8	1.1	80.7	90.6	98.6	91.7	89.0	88.1	10.7	8.4
Haryana	Mewat	13.1	40.8	22.5	63.0	38.0	72.8	47.9	47.1	47.1	35.3	31.1
Haryana	Palwal	25.3	77.2	2.6	83.0	75.4	92.7	84.9	82.3	85.6	7.6	12.5
Jammu & Kashmir	Jammu	77.3	97.9	0.0	97.7	98.1	100.0	99.1	0.66	98.6	1.4	1.0
Jharkhand	Giridih	47.6	66.6	6.6	92.0	64.2	91.2	75.8	75.7	70.7	22.5	17.9
Jharkhand	Pakur	70.1	77.1	6.6	96.9	75.4	84.3	83.8	83.8	82.8	1.8	8.2
Karnataka	Bagalkot	75.9	94.5	1.1	88.4	97.1	98.5	97.1	96.2	95.4	3.2	2.6

Annexure A.2 Coverage in 70 districts by CES - WHO (in %)

State	District	FIC (NFHS4)	FIC (CES)	No immunization	FIC- Urban	FIC-Rural	BCG	OPV 3	Penta3/ DPT3	MCV1	Drop-out BCG to MCV1	Drop-out Penta1 to Penta3
Karnataka	Bangalore (U)	62.1	93.3	1.2	92.4	98.6	98.8	96.1	95.1	96.5	2.3	3.3
Karnataka	Belgaum	63.4	94.9	0.0	98.4	93.2	100.0	99.2	9.66	96.3	3.7	0.4
Karnataka	Kalburgi	58.6	90.1	0.2	91.9	89.1	99.8	96.8	97.6	91.0	8.8	1.7
Karnataka	Yadgir	61.3	80.2	0.0	67.8	83.0	99.4	93.9	94.0	82.5	17.0	5.8
Kerala	Malappuram	70.6	78.6	1.8	82.0	75.9	97.7	85.4	86.0	81.3	16.8	7.4
Manipur	Chandel	50.6	74.4	2.3	53.6	77.1	95.4	83.9	82.7	77.6	18.6	12.1
Manipur	Churachandpur	52.2	66.2	10.7	77.2	65.5	88.1	76.3	76.8	71.4	19.0	8.9
Manipur	Tamenglong	44.0	61.0	5.7	82.3	57.6	90.7	69.7	77.3	73.1	19.4	15.8
Manipur	Ukhrul	42.4	61.6	5.5	52.4	63.2	92.9	76.3	76.9	65.0	30.0	11.6
Meghalaya	East Jaintia Hills	68.3	92.6	0:0	0.0	92.6	98.2	97.0	97.2	95.5	2.7	2.5
Meghalaya	East Khasi Hills	68.7	73.9	4.6	91.3	60.0	94.4	82.9	83.4	76.7	18.8	7.3
Meghalaya	North Garo Hills	41.2	70.9	1.8	57.0	72.9	93.5	92.4	90.7	79.0	15.5	5.2
Meghalaya	South West Garo Hills	48.0	87.1	0.0	0.0	87.1	93.7	96.9	97.8	92.5	1.3	2.2
Meghalaya	South West Khasi Hills	74.2	80.2	3.0	0.0	80.2	95.4	85.1	88.0	84.0	12.0	6.8
Meghalaya	West Garo Hills	48.0	80.9	2.9	86.1	79.9	95.7	88.2	89.9	83.7	12.6	6.1
Meghalaya	West Jaintia Hills	68.3	89.8	0.3	79.3	91.1	96.7	97.5	97.3	95.7	1.0	1.9
Mizoram	Lawngtlai	42.2	68.5	6.4	72.9	67.6	89.9	81.5	81.4	73.3	18.5	11.3
Mizoram	Lunglei	46.4	79.2	4.1	93.7	68.4	90.6	88.8	88.1	84.3	6.9	5.9
Mizoram	Mamit	40.4	67.7	6.6	94.5	62.1	89.6	79.9	79.6	73.5	18.0	11.6
Nagaland	Dimapur	33.7	82.8	2.0	81.7	83.9	96.9	88.7	87.8	85.6	11.6	7.7
Nagaland	Kiphire	36.0	60.2	6.8	70.7	57.2	91.5	77.0	70.7	68.8	24.9	15.5
Nagaland	Kohima	60.5	83.2	2.1	81.7	84.4	97.2	92.1	92.5	86.5	11.0	3.9
Nagaland	Longleng	10.8	62.3	1.0	47.7	64.9	97.8	67.9	74.5	74.3	24.0	22.2
Nagaland	Mokokchung	51.9	84.9	0.6	85.4	84.7	98.9	95.0	92.8	87.2	11.9	3.9
Nagaland	Mon	19.9	61.9	17.9	69.2	60.8	77.0	69.3	70.2	71.5	7.1	11.6
Nagaland	Peren	49.1	60.5	3.8	74.5	58.1	93.5	70.1	72.4	78.4	16.1	21.6
Nagaland	Phek	34.7	71.6	1.8	64.3	72.8	97.4	90.2	81.7	83.6	14.1	4.3
Nagaland	Tuensang	44.9	65.0	5.0	61.5	65.8	91.7	79.8	81.6	72.4	21.1	8.1

State	District	FIC (NFHS4)	FIC (CES)	No immunization	FIC- Urban	FIC-Rural	BCG	OPV 3	Penta3/ DPT3	MCV1	Drop-out BCG to MCV1	Drop-out Penta1 to Penta3
Nagaland	Wokha	22.1	61.9	11.5	73.9	58.8	83.3	74.5	74.3	67.5	19.0	11.4
Nagaland	Zunheboto	24.7	71.1	0.7	57.5	74.5	91.3	82.9	83.4	82.8	9.3	13.0
Odisha	Ganjam	54.2	93.5	0.0	90.2	94.4	98.9	100.0	97.8	95.8	3.2	1.1
Odisha	Khurda (Bhubaneshwar)	73.2	92.7	0.0	92.4	93.1	100.0	98.0	98.8	94.7	5.3	1.1
Sikkim	East District	79.2	83.6	0.0	92.7	76.6	97.7	96.8	88.5	97.9	0.0	5.9
Sikkim	West District	78.4	96.3	0.0	100.0	96.2	100.0	99.8	96.8	99.5	0.5	2.5
Tripura	Dhalai	44.3	73.8	1.3	68.2	74.5	95.2	87.2	84.8	83.4	12.4	10.0
Tripura	Tripura North	53.8	74.5	3.9	66.1	76.4	93.0	82.7	80.6	80.3	13.7	13.1
Tripura	Tripura South	54.7	90.1	0.0	96.0	89.5	98.6	97.8	93.1	95.2	3.5	5.7
Tripura	Tripura West	56.7	91.0	0.3	93.6	86.4	97.1	97.9	96.5	95.7	1.4	2.4
Tripura	Unakoti	53.8	74.5	2.5	64.1	76.3	92.1	85.7	84.1	83.4	9.4	12.7
Uttarakhand	Hardwar	55.3	84.4	1.5	82.3	85.7	98.1	86.9	86.9	88.9	9.5	11.2
West Bengal	24-Parganas North	88.7	96.9	0.0	95.2	97.4	99.7	99.6	99.5	97.5	2.2	0.4



Survey conducted by UNDP (120 Districts) and WHO (70 Districts) Analysis and compilation by Immunization Technical Support Unit