

Annex B: High level Theory of Change

Outcomes	Objectives	Key Activities
These outcomes represent the elements of an effective and sustainable national immunisation system.	What changes in the immunisation programme are needed to achieve the outcome?	What key activities are needed to achieve the objective?
INTRODUCE & SCALE Breadth and equity of protection against vaccine-preventable diseases are expanded through effective prioritisation, introduction, and scaling of vaccines via the routine immunisation system.	1. Introduction of Typhoid and Cervical Cancer Vaccine	1.1 Introduction of TCV vaccine in states - Sub-national prioritisation for vaccine roll-out to ~20% of the target population (~80% for catching up to the previous cohorts, and remaining for RI)
		1.2 Surveillance sites for TCV - Additional surveillance sites for more data on vaccine efficacy and disease burden: 3 in UP, 1 each in Rajasthan, MP and Bihar
		1.3 Introduction of HPV vaccine in states - Identification and alignment on roll-out strategy (catch-up, RI, timelines, etc.)
EXTEND & REACH Community-centred immunisation services build resilient demand for immunisation, including addressing gender-related barriers, and regularly reach zero-dose children and missed communities integrating them into the routine system.	2. Building resilient demand for Routine Immunisation Services	2.1 Behavioural intervention for generating demand - National centre of excellence on demand (NCED) (strengthening a domestic institution) for planning and coordination on comprehensive demand interventions - Continue evidence based and data driven investments in SBCC
		2.2 Demand Generation for new vaccine introductions - Partnership with UNICEF, local CSOs and private sector organisations for demand generation for the new vaccines (TCV and HPV), under the coordination of the NCED
		2.3 Organised mobilisation and reminder process: - Integration of reminder process with electronic micro plans - Mechanisms like mobile reminders to track individual household mobilization
		2.4 Evidence generation for demand - 10-12% of the demand budget for impact assessment studies and evidence generation through pre-post evaluation surveys and regular monitoring
	3. Delivering routine immunisation service in hard-to-reach areas	3.1 Digitisation of beneficiary and due-list process creation - Expansion of CoWIN app for RI: providing technical assistance and capability building - Strengthening annual micro census/community level headcount in the planning unit area

	3.2 Capability building and supervision during RI <ul style="list-style-type: none">- Expanding investment on RISE and ToT model (including technical support)- Cascaded training for microplanning, session site organisation, additional training for zero-dose programmes	
	3.3 Continued investment in Cold Chain logistics <ul style="list-style-type: none">- eVIN- Purchasing cold chain equipment- Expanding cold chain equipment in N/E	
	3.4 Interventions in hard-to-reach areas (like urban, peri-urban, mountain terrains) <ul style="list-style-type: none">- Focal point coordinators for urban areas- Identification of priority areas and zero-dose children- Private sector partnerships for improving infrastructure and session sites	
MANAGE, MONITOR & LEARN Sustainable and well-managed immunisation programme has robust technical advisory forums, effectively collects and uses data for decision-making and learning, and harnesses innovation.	4. Real-time visibility of RI services	4.1 Digitizing microplanning <ul style="list-style-type: none">- Creating real-time visibility on session sites, session timing, session-burden- Strengthen Geographic Information System (GIS) to update boundaries of catchment areas and to help identification of settlements
		4.2 AEFI and VPD Surveillance <ul style="list-style-type: none">- Enhanced AEFI surveillance through WHO- Recalibrating VPD surveillance and expanding throughout the country for proxy data on zero dose
		4.3 Tracking 0-dose in all the ongoing surveys <ul style="list-style-type: none">- Calibrating admin and survey data to track zero-dose children
	5. Continuous evaluation survey to identify key problem areas	5.1 Frequent evaluation surveys for continuous data and visibility on problem areas <ul style="list-style-type: none">- Recalibrate WHO Concurrent Monitoring mechanism- Upgrading WHO Concurrent monitoring activity and UNICEF CES for regular coverage evaluations