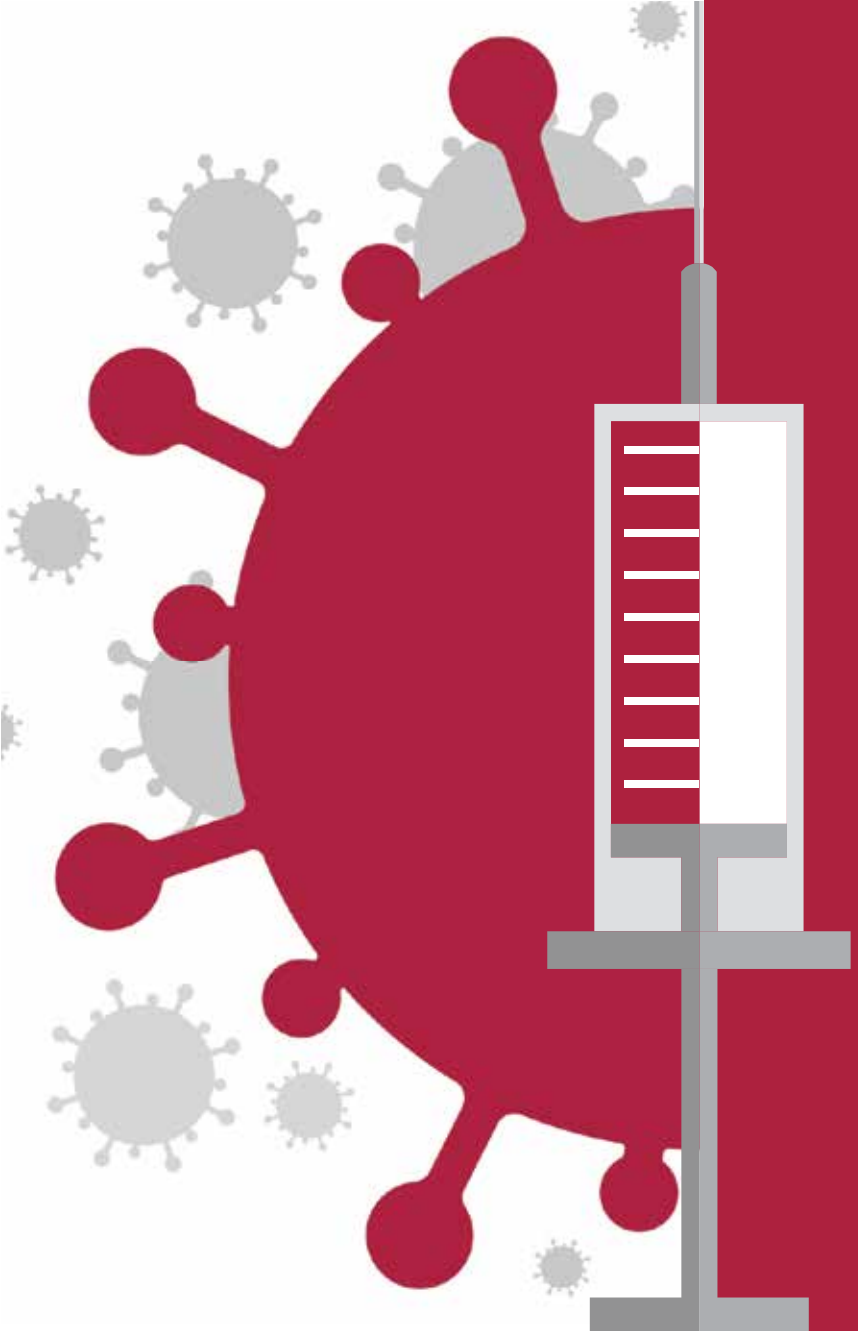

India's Routine
IMMUNIZATION
IN THE TIME OF COVID-19

India's Routine
IMMUNIZATION
IN THE TIME OF COVID-19

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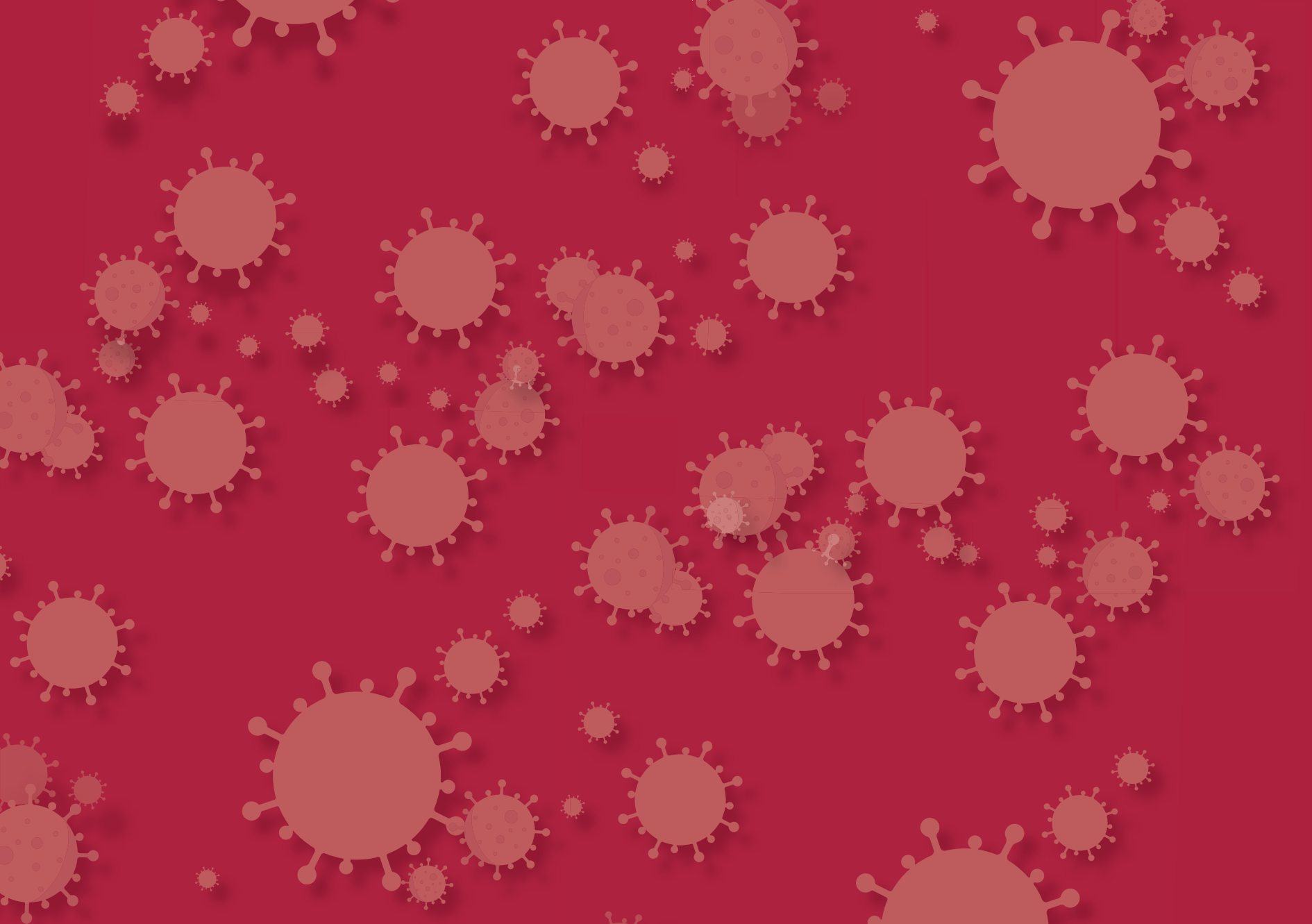
Acronyms

ANM	Auxiliary Nurse Midwife
AWW	Anganwadi Workers
AFP	Acute Flaccid Paralysis
AEFI	Adverse Events Following Immunization
COVID-19	Coronavirus Disease 2019
CHC	Community Health Center
EVD	Ebola Virus Disease
FAQ	Frequently Asked Questions
FLW	Front Line Workers
GMSD	Government Medical Store Department
HMIS	Health Management Information System
IAP	Indian Association of Paediatrics
IEC	Information Education and Communication
MoHFW	Ministry of Health and Family Welfare
MHA	Ministry of Home Affairs
MC	Municipal Corporation
NDMA	National Disaster Management Authority
PRI	Panchayati Raj Institution
RI	Routine Immunization
SVS	State Vaccine Store
SBCC	Social and Behavior Change Communication
UIP	Universal Immunization Programme
UHC	Urban Health Center
VHSND	Village Health, Sanitation and Nutrition Day
VPD	Vaccine Preventable Disease

THE PREAMBLE

1



COVID-19: A WAKE UP CALL

Since time immemorial, Earth has been plagued by countless epidemics and pandemics. Proportionate to the scale of the affliction, populations have been decimated, socio-political and economic environments have been radically altered with resultant changes in the course of history. Humanity has been compelled to ponder philosophically about existence and life. Can Man control nature or is human-kind mere helpless spectators to the ravages of disease?

It has been over a century after the Spanish Flu of 1918 which infected a third of the global population. Since then there have been grave public health crises that have swamped the world & have been countered and managed. But the biggest pandemic in modern times is upon us currently: the Novel Coronavirus Disease 2019 (COVID-19).

World Health Organization declared COVID-19 a pandemic on 11th. March, 2020. From the initial cluster of cases reported from Wuhan, China in December 2019, the virus has spread rapidly & exponentially worldwide. Till Oct 26th , 2020, there are over 46 million victims and more than one million deaths world wide.. The doubling rate of both incidence & mortality have been alarming from May, 2020 till now. Consequently, there's an unprecedented disruption of global health services with immediate & sustained impact. There has been inevitable diversion of financial resources, disruption of supply chains and long-term implications & effect on health and development indicators. We are yet to comprehend & assess the scope and magnitude of these changes.

The pandemic has stretched thin the capacity, efficacy & reach of healthcare infrastructures of even developed countries. During the early days of the outbreak, several health systems were able to maintain routine service delivery concomitantly with management of COVID-19 because the pandemic case-load was relatively low. However, accelerated mounting of case numbers of COVID-19 rendered it impossible for global health infrastructures to operate efficiently, A few systems have already reached the verge of operational collapse. Fear, stigma, misinformation, and obstructed mobility as result of transport lock-down and embargos contributed to further disruption of health care delivery.

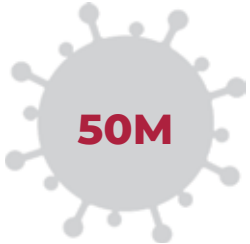
INDIA'S RESPONSE

India reported the first COVID 19 case in end-January 2020. Since then there has been a significant increase, particularly since July, 2020. India's response to this pandemic has been one of the most stringent in the world. From 24th. March 2020, the government implemented a five-phase nation-wide lock-down (page 14) as a preventive measure against the spread of infection. Necessary advisories were rapidly issued, providing time for the nation to mobilize its public health system to handle the expected burgeoning caseload. COVID-19 testing was ramped up manifold

MAJOR PANDEMICS AND DEATH TOLLS

BUBONIC PLAGUE
(1347-51)

SMALLPOX
(1520)



SPANISH FLU
(1918-19)

HIV/AIDS
(1981-Present)

THIRD PLAGUE
(1855)

ANTONINE PLAGUE
(165-180)

ASIAN FLU
(1957-58)

HONG KONG FLU
(1957-58)

CHOLERA 6
(1957-58)

COVID-19
(ONGOING)
*On October 26, 2020

SWINE FLU
(2009-10)

EBOLA
(2014-16)

MERS
(2012-PRESENT)

SARS
(2002-2003)

Sources: WHO, CDC, Johns Hopkins University, Wikipedia

to trace the spread of the disease. Cohesive measures were undertaken to have sufficient ventilators, ICU beds for moderate/ severe COVID-19 patients. Separate isolation wards and even repurposed centers were created for COVID patients.

By following the triad of testing, tracking and isolating/ quarantining positive cases &/or contacts, India has undertaken all necessary measures to "flatten the curve".

EFFECT ON ROUTINE IMMUNIZATION (RI)

During the Ebola Virus Disease (EVD) outbreak in Africa, the coverage of routine vaccines including Measles & Pentavalent vaccines, were severely impacted. Assessment indicated that the already low routine vaccine coverage before the EVD outbreak plunged further. This was due to disruption in routine childhood immunization services, fear among the local population of contracting EVD at immunization session sites or from the health workers simultaneously engaged in tackling EVD.

COVID-19 has had a similar but more extensive impact on routine immunization services across the globe. This has put lives of vulnerable pregnant women and children at risk. The World Health Organization states: "when immunization services are disrupted, even for brief periods during emergencies, the risk of Vaccine-Preventable Disease (VPD) outbreaks, such as measles and polio, increases". There are strong indications that routine immunization coverage is decreasing. There have been yawning rifts in health outreach services: due to re-engagement of health workers in RI services for COVID-19 management and inaccessibility of the RI centers and health facilities because of transportation problems vide the national lock-down. Both folk availing of RI services and/ or those suffering from non-COVID pathologies viz. cancer, heart disease. cerebral stroke, chronic kidney disease, acute infective disorders have been panicking about attending health-care facilities.

In tandem with global trends, routine immunization activities in India suffered a sudden & serious deceleration. The HMIS data reflected 60% reduction in the number of routine immunization sessions in April 2020 vide April 2019. The number of fully immunized children decreased by 1.4 million in April 2020 relative to February 2020. Hence in April 2020, the MoHFW, Government of India, issued guidelines declaring immunization as an essential health service and instructed the states to resume RI. This diktat was in response to the recognition of the critical role of routine immunization services in battling life-threatening VPDs during the COVID-19 pandemic. It is to be ensured that pregnant mothers and children do not suffer from other ailments now & after the pandemic.

TIMELINE OF LOCKING AND UNLOCKING

01
21 DAYS
Lockdown 1.0 from March 25 to April 14, 2020 (Phase 1)

02
19 DAYS
Lockdown 2.0 from April 15 to May 03, 2020 (Phase 2)

03
14 DAYS
Lockdown 3.0 from May 04 to May 17, 2020 (Phase 3)

04
14 DAYS
Lockdown 4.0 from May 18 to May 31, 2020 (Phase 4)

05
30 DAYS
Unlock 1.0 from June 01 to 30, 2020 with certain restrictions for Containment Zones and resuming other services in a phased manner from June 8, 2020 (Phase 5).

06
30 DAYS
Unlock 2.0 from 1-31 July, 2020 with restrictions in the Containment Zones and resumption of other services in phased manner, scheduled to end on 31 July 2020 (Phase 6)

07
30 DAYS
Unlock 3.0 (1-31 August) in continuation of unlock 2.0

08
30 DAYS
Unlock 4.0 (1-30 September) Containment Zones were retained and essential services of RI continued

09
30 DAYS
Unlock 5.0 (1-31 October) Guidelines were issued from MHA and essential services were continued

00
14 HOURS

JANTA CURFEW

Voluntary public curfew on March 22, 2020

Purpose of the document

It is a Herculean task for our nation to resume routine immunization services while combating the unprecedented, poorly understood assault of the viral pandemic. It is crucial to record this process, document experiences & lessons learnt for posterity. The country shall then be better prepared & equipped to cope with such health crises if & when they occur in future.

The draft plan & protocol to resume routine immunization was sculpted out of guidelines & directives issued by the Govt. of India. The core of the plan was designed around the scale, spread and evolution of the pandemic. All states & union territories are expected to employ locally appropriate strategies attuned to location, terrain, degree of affection of socio-cultural milieu & economic capacity by COVID-19, current health system status & human resource availability.

This document aims to compile the unique experiences of all 37 states/UTs as they attempt to resume routine immunization services in the midst of the pandemic, encountering & successfully mitigating extraordinary challenges. The specific, innovative, locally tailor-made solutions within the constraints of limited resources also had to include unique campaigns to spread awareness & counter new mis-information.

Additionally, the document will highlight the exhaustive efforts of field workers, government and other stakeholders, who enthusiastically collaborated to enable resumption of routine immunization across the country. The book aspires to serve as a valuable resource for researchers, epidemiologists, public health experts and policy makers in future to understand the impact of COVID-19 on routine immunization services, the steps taken made to tackle the problem and reinstate routine immunization services, and emphasize & focus on innovations and best practices that helped India achieve its goal of continuing an effective fight against VPDs and COVID-19 concurrently.

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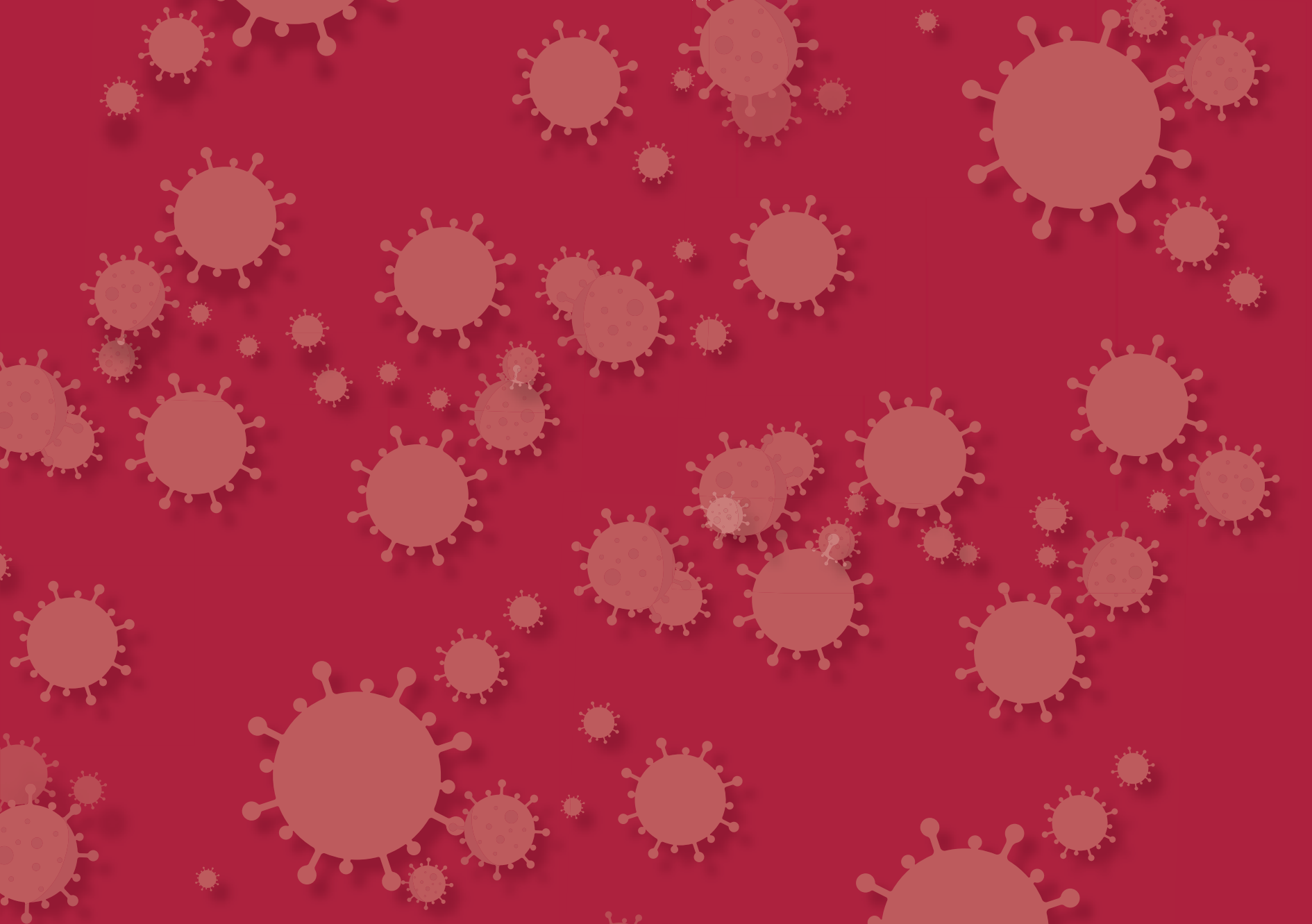
4. WHO News release Geneva, (23 April 2020), Hard fought gains in immunization coverage at risk without critical health services, warns WHO, Retrieved from https://www. who. int/news-room/detail/23-04-2020-hard-fought-gains-in-immunization-coverage-at-risk-without-critical-health-services-warns-whoWHO News release Geneva, Hard fought gains in immunization coverage at risk without critical health services, warns WHO (https://www.who.int/news-room/detail/23-04-2020-hard-fought-gains-in-immunization-coverage-at-risk-without-critical-health-services-warns-who); April 23, 2020.

The Suspension

2



Suspending India's RI programme

COVID-19 officially reached India in January 2020 with the nation reporting its first documented case. On 11th. March, 2020 India reported its first COVID-19 casualty and coincidentally on the same day the W.H.O. officially declared COVID-19 infection a pandemic. It directed all countries to implement rigorous testing, tracing, isolation and treatment to save lives of citizens. Globally and nationally, health experts continue to endeavor to understand the epidemiology, pathology, mutations, development and modification of signs & symptoms, spread, possible cure and vaccine.

On 24th. March, 2020, the Prime Minister of India, Shri Narendra Modi, declared a 21-day nation-wide lock-down which necessitated suspension of activities.

The lock-down effectively deterred people from venturing out unnecessarily and enforced social distancing. This limited viral transmission appreciably. However, it also acutely impacted routine immunization services to varying degrees in different states. A few states reporting a high incidence of COVID-19 cases early on halted routine immunization services completely even before the national lock-down. The majority of states/UTs stopped immunization activity immediately after the announcement of lock-down.

However, some states adopted different approaches to routine immunization instead of completely suspending it. There was partial continuity of truncated services at designated sites & time. Birth dose vaccinations continued at fixed sites in health-care facilities/institutions at approximately pre lockdown levels. Some states delivered vaccines at fixed sites. A few others continued service at both fixed locations and outreach session sites. But due to the existing conditions due to COVID, most states were bound to withhold the outreach services.

States/UTs such as **Andaman & Nicobar** Islands continued to impart immunization services at fixed and outreach sites. This ensured that no beneficiary attending to avail routine immunization services returned disappointed. The program only ceased to function in containment zones. Birth dose vaccination for public health institutional deliveries was also continued.

In **West Bengal**, routine immunization sessions resumed in the month of April, 2020 adhering to guidance protocols issued by the GoI. Only fixed sessions were conducted in red/containment zones, and outreach sessions were held in the green/orange zones.

On March 24, 2020, **Shri Narendra Modi,** Honorable Prime Minister of India declared the nationwide lock-down (Phase I) for 21 days during his public address on COVID-19.

It's time to exercise caution at every step. You have to remember that ***"Jaan Hai Toh Jahaan Hai"*** *(if you have life, you have the world). This is the time for patience and discipline. Until the lock-down situation remains, we must keep our resolve, we must keep our promise.*

In **Bihar**, fixed site sessions were started from 22nd April, 2020 while outreach sessions were still stalled. The latter resumed from 6th May, 2020 following strict safety & hygiene protocols as per GoI guidelines. There was cessation of routine immunization services briefly at the beginning of lock-down in **Jharkhand** and **Chhattisgarh**. Immunizations calenders were introduce in **MP** which proved to be a successful model for the compliance to RI services. But normalcy was restored from 1st May, 2020 according to GoI directive principles.

In **Gujarat**, only 30% of the routine immunization sessions were being regularly conducted at fixed and outreach sessions because of the high incidence of COVID-19 cases.

In **Haryana**, services at fixed session sites remained operational throughout, including birth dose vaccines being administered in cases of institutional deliveries. The state issued a specific executive order, dated 30th. March, 2020, to all the districts to continue essential immunization services.

In **Kerala**, routine immunization services were stopped from 22nd.March, 2020, to limit the spread of COVID 19. The program restarted on 16th.April, 2020 following GoI guidance. However, district officials were allowed to assess the COVID-19 situation in their respective areas and resume outreach sessions as per their discretion. In **Tamil Nadu**, as per GoI directive issued on 30th.March, 2020, all outreach immunization sessions were suspended until further instruction. Resumption of institutional immunization sessions happened later after the COVID-19 situation was somewhat defused.

North-eastern states like Sikkim & Nagaland did not stop the RI programme during lock-down.

In the *North-Eastern states* of **Sikkim** and **Nagaland**, routine immunization services were not impacted significantly during the lock-down as the states had a minimum number of COVID-19 cases. In **Assam**, routine immunization sessions were withheld only at outreach sites during the lock-down. Resumption occurred in all 33 districts except the containment / buffer zones post 4thMay, 2020. R.I. sessions ceased at outreach sites of Arunachal Pradesh after lock-down implementation. However, fixed and outreach sessions re-started vide guidance received from the GoI 24th. April, 2020 except in a few tribal villages where tradition dictates barricading during epidemics.

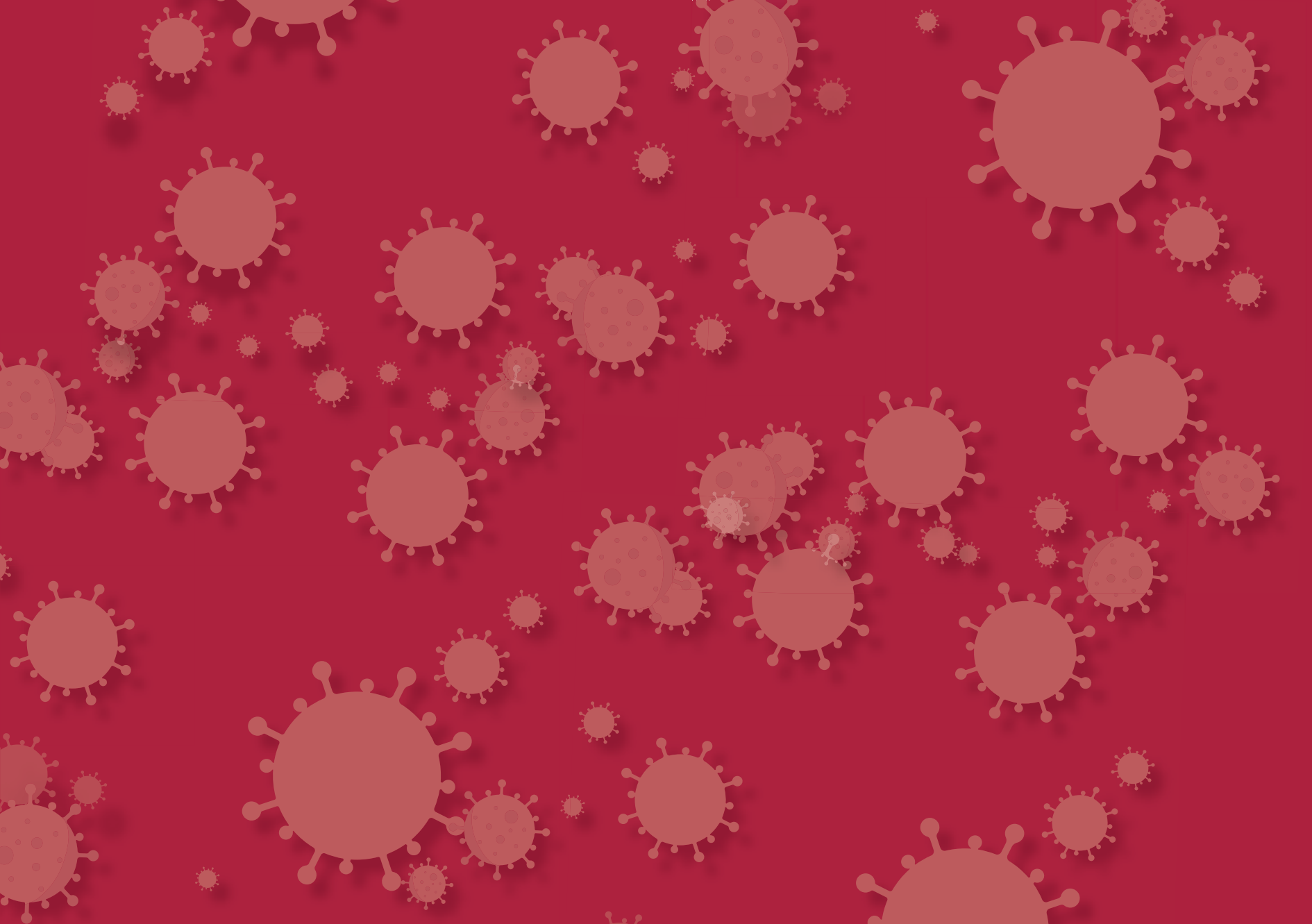
RI programs continued across districts in **Odisha**, except where there were COVID 19 positive cases. At those sites, RI activity was suspended for 4 weeks. Although initially R.I. activity was continuing under the aegis of all five Municipal Corporation but the detection of COVID cases in most corporation areas compelled suspension from 31st, March to 5th.May, 2020.

In **Rajasthan, Telangana, Delhi, Chandigarh** and **Puducherry**, services at fixed session sites including administration of birth dose vaccines, remained operational. Outreach sessions were halted. In **Goa**, routine immunization services were stalled from 22nd.March, 2020 but were restarted in a phased manner from 13th.April, 2020.

The country is tackling the onslaught of fresh COVID-19 cases each day and concomitantly striving to maintain routine immunization sessions. The firm resolve is to ensure that there is no compromise in the fight against life-threatening VPDs while endeavoring to rid the nation of the new enemy COVID-19.

The Resumption

3



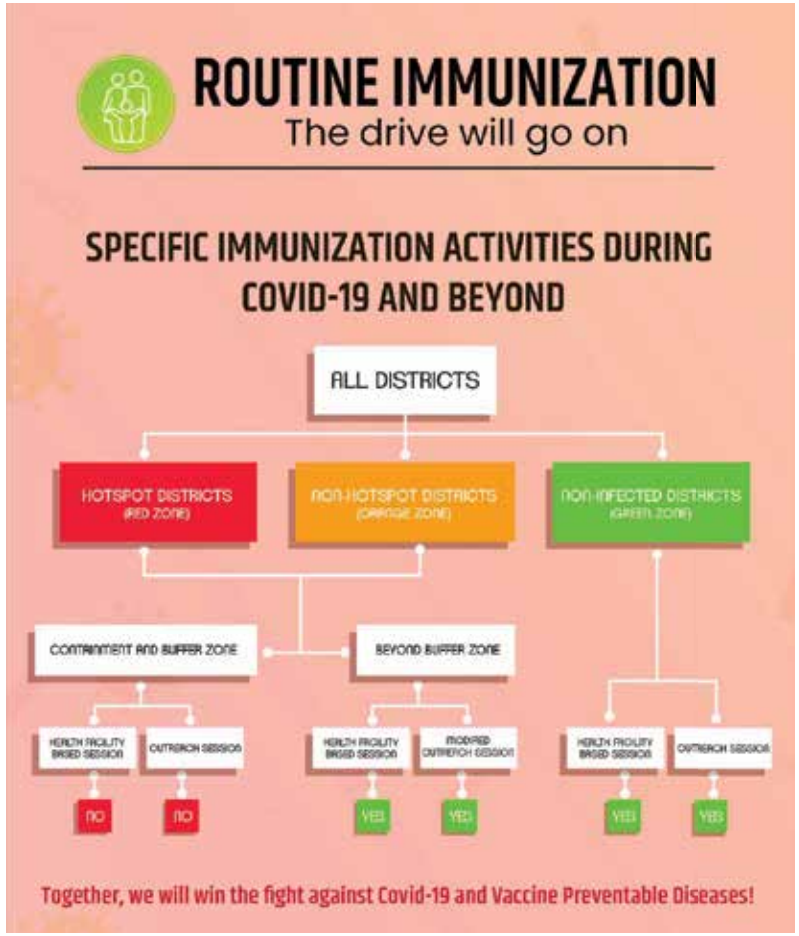
Protocol & guidance

Since the beginning of the pandemic in India, the priority of the government has been quarantine, containment, active surveillance and treatment of positive cases as the tools of effective management of COVID-19. Assimilating international experience vide response to COVID-19 in various countries, the GoI soon appended & incorporated resumption of essential health services including immunization as a subject of precedence. This realignment and expansion of priorities testified to the government's firm commitment.

In April 2020, the Ministry of Health and Family Welfare (MoHFW), demonstrating highest commitment in bolstering routine immunization across the country, declared immunization as an **essential health service** and directed states to further augment R.I. services during this pandemic *to continue, protection of children and pregnant women from VPDs as per the protocol.*

RESUMPTION OF IMMUNIZATION SERVICES

As the lock-down continued, the government realized that interruption in routine immunization services will result in severe diminution in immunization coverage and inversely escalate probability of VPD outbreaks. It became likely that the government's commendable efforts to achieve 90% immunization coverage would be gravely undermined. JE vaccination services were resumed in Bihar and the campaign was successfully taken up



by nine districts. The ominous possibility of an outbreak of VPDs and its deleterious impact on an already burdened health system, an ensuant rise in infant and child mortality & morbidity, was a topic for deliberation. Discerning these facts, the MoHFW issued a 'guidance note' on 14th April 2020, directing states to resume "essential services" including immunization concurrently with the announcement of the 2nd phase of lock-down. By the first week of May 2020, routine immunization was reinstated as a priority by most state governments.

Initially, the directives were issued for resuming immunization services according to segregation of districts in Red Zones (high incidence of new COVID cases), Orange Zones (with active COVID-19 cases), and Green Zones (with no active COVID-19 cases). Immunization services were being provided through facility-based fixed sessions, or outreach activities according to the zone category at this stage. As the zone categorization kept evolving weekly based on fresh COVID-19 cases, it was being difficult for the district authorities to adapt & modify strategies accordingly. MoHFW released a guidance note in May 2020 to simplify the area categorization into two spheres: (Containment & Buffer Zones) **and (Areas beyond Buffer Zones + Green Zones).**

GUIDING PRINCIPLES

Incorporating COVID-19 related precautions and restrictions, appropriate modifications have been made to the existing immunization guidelines by MoHFW to ensure that routine immunization sessions can be held safely. Emphasis has been laid on safety of health workers, caregivers and beneficiaries and on minimizing the risk of transmission of COVID-19. Detailed guidelines with necessary orders have been formulated and issued. Necessary information in the form of Information Education and Communication (IEC) material and Frequently Asked Questions booklets (FAQs) have been developed and distributed by various states.

In the aforementioned guidance note, the MoHFW demarcated area categorization into two zones:

Containment and Buffer Zones: No health facility sessions or outreach sessions are to be conducted in these zones. Only birth doses are to be given in case of institutional deliveries.

Areas beyond Buffer Zones: Birth doses at institutional deliveries are to be given in these zones and health facility-based sessions are to be conducted as usual. However, outreach sessions in these areas are to be conducted in a modified manner.

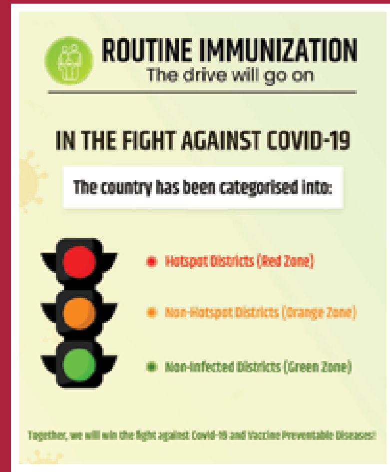
The guiding principles towards fortifying routine immunization during COVID-19 were:

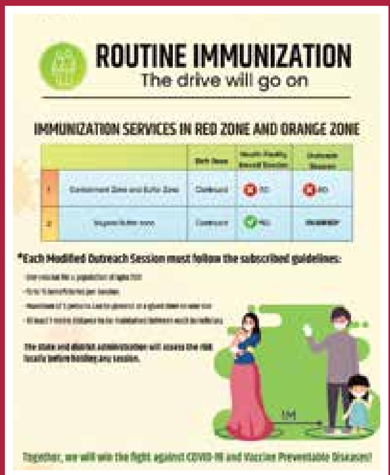
- Guidelines from the MHA and MoHFW pertaining to COVID-19 and related updates will be the primary reference foci and *no state shall violate any COVID-19 guideline.*
- Practice of *social distancing, hand washing, respiratory hygiene and wearing masks* need to be maintained at all immunization sessions by all attendees (i.e. beneficiaries and service providers), irrespective of zone categorization.


ROUTINE IMMUNIZATION
The drive will go on
IMMUNIZATION DURING AND POST COVID-19
All health services are essential services!
Together, we will win the fight against Covid-19 and Vaccine Preventable Diseases!


ROUTINE IMMUNIZATION
The drive will go on
ADMINISTERING VACCINES DURING VHNDs/UHNDs/ OUTREACH SESSION
IN THE MIDST OF COVID-19
A. Beneficiary Mobilization:
Together, we will win the fight against COVID-19 and Vaccine Preventable Diseases!


ROUTINE IMMUNIZATION
The drive will go on
ADMINISTERING VACCINES DURING VHNDs/UHNDs/ OUTREACH SESSION
IN THE MIDST OF COVID-19
B. Precautions at Session Site:
Together, we will win the fight against COVID-19 and Vaccine Preventable Diseases!


ROUTINE IMMUNIZATION
The drive will go on
IN THE FIGHT AGAINST COVID-19
The country has been categorised into:
Hotspot Districts (Red Zone)
Non-Hotspot Districts (Orange Zone)
Non-Infected Districts (Green Zone)
Together, we will win the fight against Covid-19 and Vaccine Preventable Diseases!


ROUTINE IMMUNIZATION
The drive will go on
IMMUNIZATION SERVICES IN RED ZONE AND ORANGE ZONE
*Each Modified Outreach Session must follow the subscribed guidelines:
1M
Together, we will win the fight against COVID-19 and Vaccine Preventable Diseases!


ROUTINE IMMUNIZATION
The drive will go on
STANDARD GUIDELINES FOR ALL OUTREACH SESSIONS
The universal prevention and control principles for COVID-19 will be followed.
1M
Together, we will win the fight against COVID-19 and Vaccine Preventable Diseases!


ROUTINE IMMUNIZATION
The drive will go on
IMMUNIZATION SERVICES AT HEALTH FACILITY
Let's pledge to fight against COVID-19 and Vaccine Preventable Diseases!


ROUTINE IMMUNIZATION
The drive will go on
ADMINISTERING VACCINES DURING VHNDs/UHNDs/OUTREACH SESSION
IN THE MIDST OF COVID-19
Together, we will win the fight against COVID-19 and Vaccine Preventable Diseases!

- Birth dose vaccination at health facilities would continue irrespective of zone categorization.
- Any geographical area exiting from **'Containment/ Buffer zone'** list can begin immunization activities identical to the protocol followed in ***'Areas beyond Buffer Zones' after a minimum interim period of 14 days following delisting*** of that area as Containment/Buffer zone. However, the state & district administration would have to make a mandatory local risk assessment about possible COVID-19 outbreak before proceeding. Conversely, an area enlisted afresh as a **'Containment/ Buffer zone'** should immediately stop health facility-based sessions and outreach sessions post-enlistment.

'MODIFIED OUTREACH SESSIONS'

An outreach session would be planned for a population of less than 500. An outreach session with a 'staggered approach': where beneficiaries shall be allotted hour-wise slots at the session site to avail immunization without over-crowding the venue. An outreach session where there are no more than 15 persons present in total in the vaccination area at the session site, including the Auxiliary Nurse Midwife (ANM)/Accredited Social Health Activist, (ASHA)/ Anganwadi Workers (AWW) and the beneficiaries/caregivers.

An outreach session where beneficiaries/caregivers waiting for their turn in the waiting area should have enough space to comfortably maintain a 6 feet distance between each other.

The following COVID-19 precautions need to be necessarily adhered to at the session site:

- At the waiting area, the caregivers and beneficiaries should sit in a demarcated area, *encircled by chalk or geru,* with a minimum distance of one meters between each.
- *No more than five* beneficiaries should be mobilised for the immunization sessions per hour.
- *Only one beneficiary*, with or without a caregiver, is to be called in by the ANM for immunization. Others, including ASHA and other beneficiaries, ought to be waiting at least two meters away.
- ANM/ASHA/AWW should wear triple layered surgical *masks* and beneficiaries/caregivers to wear homemade cloth masks or multilayered cotton cloth cover in case masks are not available. ANMs should wear *gloves* and sanitize it with Alcohol based sanitizer before & after vaccinating each beneficiary.
- If an open vial falls on the ground or someone other than the ANM touches the septum of the open vial, the *vial is to be discarded* and kept separately for discarding at CCP.

- After the session, the *session site should to be sanitized* properly, including tables, chairs, weighing machine, Blood Pressure monitoring apparatus and other equipment with the sanitizer provided to the ANM.
- *Vaccine carriers and Ice pack to be sanitized properly* as per guidelines at Cold Chain Point after return from the sessions.
- *Separately marked* vaccine carriers and cold boxes should be used for COVID-19 related procedures. Once used, they should not be used for routine immunization again.

IMMUNIZATION SERVICES AT THE HEALTH FACILITY

The MoHFW also highlighted the **important prerequisite facilities which a health facility** ought to possess for the resumption of RI services:

- Pre-identification of a well-ventilated seating area with demarcated seating locations one meter apart.
- An adequate number of pre-identified, fixed vaccination staff depending on the injection load and the required documentation.
- Staff conducting vaccination to wear three-layered surgical masks & gloves at all times. They should sanitize their hands before & after vaccinating each child.
- Support staff to manage and monitor seating arrangement & queue management for the pregnant mothers, children and caregivers.
- Ensure adequate quantity of hand sanitizers or hand washing units available for public use at the entrance to the health facility.
- Staff to ensure disinfection of the seating space before onset and after completion of the immunization session.
- Adequate availability of Mother and Child Protection card and prompt updating of records.
- Adequate availability of vaccines, storage units and logistics for the uninterrupted immunization sessions.

SUMMARY OF GUIDELINES

The GoI also issued guidelines **for all outreach sessions irrespective of zone classification, viz.**:

- Universal *prevention and control* principles for COVID-19 are to be followed at each session.
- All outreach sessions need to follow a *staggered approach* and community mobilization strategy to be adapted accordingly & informed to the beneficiaries prior to each session to prevent overcrowding at the session site.

- Pre-identification of session site with adequate seating arrangement for beneficiaries and caregivers. Ensuring social distancing (a minimum one-meter gap) between the beneficiaries and the caregivers and between themselves. Clear area of demarcation at the site for incoming beneficiaries and a separate post-vaccination waiting area. Creating a reserve zone in case the gathering increases in numbers.
- Assistance & cooperation to be sought from Panchayat/Urban Local Body for identification of appropriate session sites with adequate space to practice social distancing (at least one meter).

Adhering to national guidelines

Interruption of routine immunization activity had a wide variation in different states. Consequently, there was concomitant state-wise discrepancy in adoption of the national guidelines. In certain states, institutional birth dose continued as before in the lock-down period in the orange and green zones. Some states with relatively fewer COVID-19 cases and comprising essentially of green & orange zones resolved and continued outreach program activities.

The remainder states ceased RI activities from 24th.March, 2020 following the announcement of nationwide lock-down. Resumption followed the video conference conducted by MoHFW on 24th.April, 2020 and subsequent notification shared by MoHFW on implementation of routine immunization services. States resumed services in the first week of May with occasional variance in dates of initiation collateral to respective number of containment zones and COVID-19 case-loads. Most states followed the guidelines formulated by MoHFW. Uttar Pradesh followed the guideline and additionally developed a specific cold chain guideline for the state. Himachal Pradesh followed suit and issued a state-specific guideline covering every aspect of RI including cold chain. Odisha and Tamil Nadu modified the guideline vis-a-vis state government order based on zone classification. All states have followed the zone classification as per the MHA guideline shared by the government. The RI implementation is being done with all safety precautions as per the guidelines issued by MoHFW.

It was specifically ensured that no RI sessions were organized in containment zones. States are practicing additional safety measures like maintaining separate entry and exit points at session sites. They are also mandating obligatory use of face masks and gloves, adhering to frequent hand washing practice and maintaining social distancing norms.

STATUS OF KEY COMPONENTS OF RI DURING RESUMPTION

Supply Chain and logistics management

Vaccine delivery was initially affected in almost all states due to restriction of intra-state movement. This was resolved when restriction of movement on essential services was lifted. Few states reported vaccine shortage due to delay in supply because of transport cessation at the inter-state level. Others reported inability to collect the vaccines for distribution from pick-up points due to fear of large number of COVID-19 cases and apprehension of transmission. Some states viz. Tamil Nadu, Andhra Pradesh, Bihar, Nagaland, Manipur, Arunachal Pradesh reported shortage of vaccines like IPV, RVV, MR, Pentavalent & DPT. Stringent efforts have been made to guarantee timely replenishment of vaccine stock to all states by road or air to ensure no hindrance of RI services.

Cold chain points with stock issues reported promptly about vaccine shortage and inventory status was updated by cold chain nodal persons either manually or through eVIN portal. Strict precautions have been undertaken at the cold chain points to avoid contamination. Routine & regular sanitization of vaccine carriers is being conducted after each session. As per the guidelines issued by GoI, vaccine carriers used for COVID 19 activities are separately marked, segregated and not used for vaccine delivery.

Data recording and reporting

Initially, there were considerable lacunae in reportage & recording of data in April, 2020. This was essentially due to deployment of health-care staff in COVID-19 activities and restriction of movement in severely affected states and remote locations in the districts. Once the lock-down was eased and further guidelines were issued by MoHFW, the status of disorder & chaos stabilized and data recording abilities regained momentum & streamlined gradually. There was a significant reduction in FIC in April, 2020 due to less RI sessions, poor mobilization of beneficiaries and data entry glitches during the lock-down period. Subsequently, following the release of guidelines by MHA and MoHFW, RI services resumed in all states adopting a staggered approach. There was measured & incremental increase in the number of R.I. sessions and boosting of data entry. There is as yet however a considerable hiatus between the number of R.I. sessions being held and the aggregate necessary for effective immunization coverage.

Tracking of migrant population

The lock-down effectuated reverse migration of hordes of people to Uttar Pradesh, Bihar, Odisha, Jharkhand, Chhattisgarh & the North-Eastern states. States espoused distinctly different strategies to track the migrant populace and specifically for the detection & enlistment of beneficiaries for R.I. Odisha developed a tracking website for returning migrants in collaboration with the Revenue Department. Karnataka sought help of WCD for enlisting returned migrants. Madhya Pradesh created health booths at bus terminals

and railway stations for documentation of the returning migrant laborers. Telangana developed a checklist for migrant population tracking vide specific formats circulated to all districts for line-listing and follow up. Nagaland tracked its own returned migrants through IT based surveillance. These innovative interventions were productive adjuncts to primary house to house survey done to register beneficiaries among the migrants and their inclusion in the due list.

Communication

Feedback from State Immunization Officers did not indicate any vaccine hesitancy &/or community resistance during R.I. sessions amidst the COVID-19 pandemic. Tailor-made strategies in concurrence with the unique situation arising from COVID-19 prevalence entailed phone calls to alleviate hesitancy in a few states in addition to routine Interpersonal Communication activities and WhatsApp messages to beneficiaries in Tamilnadu. Local IEC has been designed by Andhra Pradesh in vernacular language and circulated among the community folk.

Use of Innovative platforms by MoHFW

A host of mitigation strategies and best practices are being adapted by some states and at the national level to boost RI program and help them revert to normalcy. A comprehensive understanding of these best practices can guide other states in bolstering RI services. Online discussions on 'Innovations for RI Strengthening during COVID-19' have been planned by MoHFW supported by ITSU with participation of states to promote this cross learning. This is serving as a platform to share & propagate innovative ideas. The meetings are organized involving national and state officials, immunization partners at state and national level to share good practices, discussion about hindrances and speed-breakers and to guide the states. These sessions assist in understanding and analyze the ways in which states are coping up with the difficulties posed by the pandemic and guide them toward the best possible solution. These online discussions are conducted with small groups of states at a time to ensure adequate time allotment for discussion and analysis.

CONCLUSION

The resumption of routine immunization throughout the country has been a dynamic process due to the fluid nature of the COVID-19 pandemic. Some states have adapted seamlessly to the new guidelines for resumption. Conversely, a few states are facing challenges. A feedback system between the states and the MoHFW has been engineered with the support of development partners. This has been established to resolve technical glitches in vaccine supply and logistics, HR and communication etc. Further assistance of the communities, CBOs and other local bodies will be needed to resolve the bottlenecks impeding the complete resumption process.

Resumption - A visual journey
















Challenges

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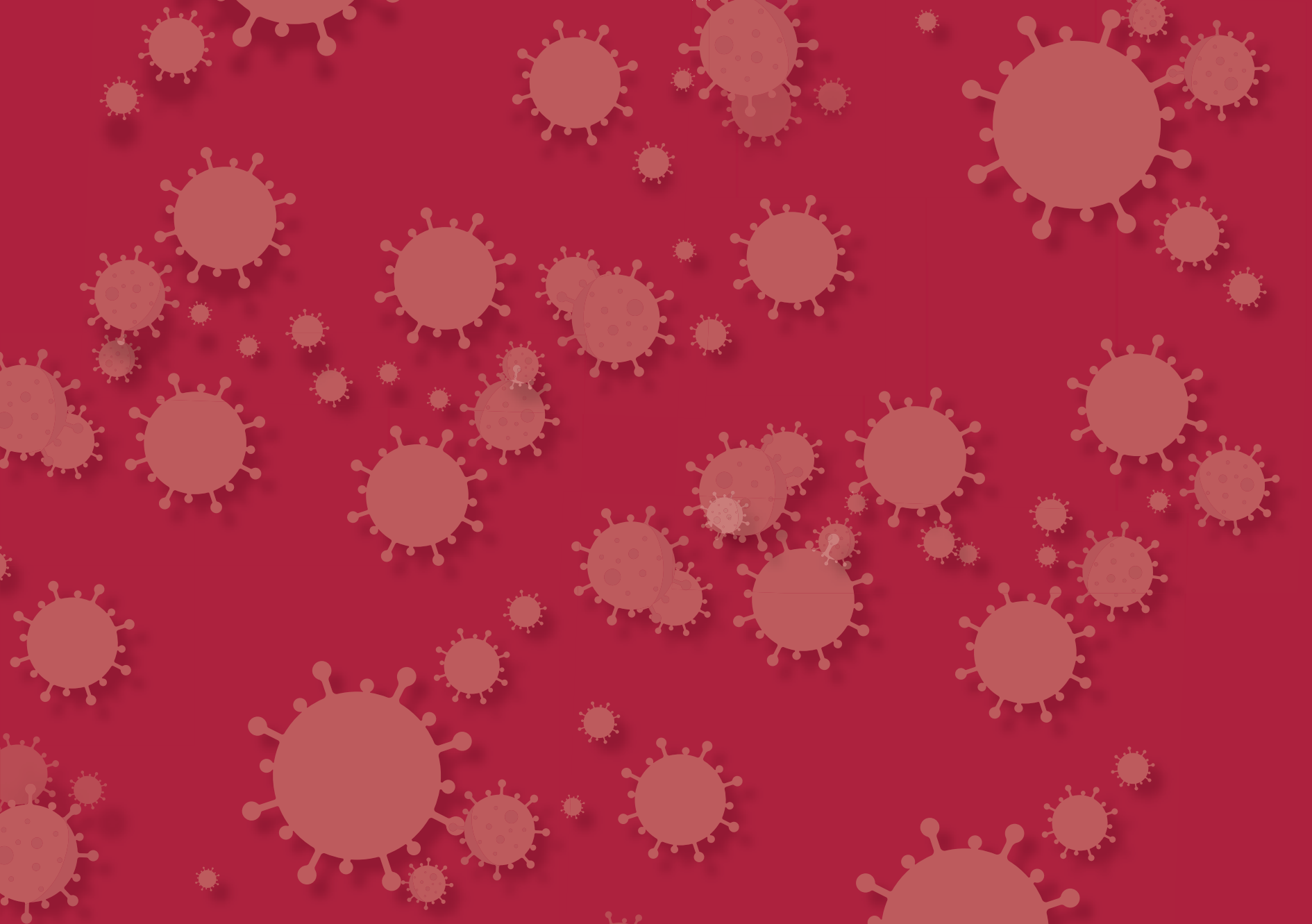


Challenges for strengthening RI

As states/UTs nationwide prioritize resumption of routine immunization, they are inevitably confronted with apparently insurmountable hurdles. To overcome the nagging issues & gridlocks, each state is crafting context-specific remedial measures. The mitigation has been partially successful oftentimes. However certain pitfalls & glitches persist despite effort & assistance from government health departments and civil society organizations. Enlisted below are the *critical challenges* accosting the states:

MISSED IMMUNIZATION SESSIONS

Human Resource (HR): In several states, human resources viz. District Immunization Officer, Block Medical officers, PHC Medical officers, Frontline Workers (FLWs) were deployed for COVID 19 duties which included managing quarantine centers & conducting surveillance for case detection. However, an acute dearth of HR personnel to conduct routine immunization sessions ensued due to the pandemic protocol. Consequently, several RI sessions have been missed across states.

Mobility: The suspension of public transport in several states prevented health workers & beneficiaries from reaching immunization session sites. They have been utilizing their personal modes of transport to arrive at immunization session sites in a few states. Despite resumption of immunization activities in many states, certain health workers were unable to venture out & visit session sites since their residences were located in the containment zones. Mobility of beneficiaries has also been hampered due to the lock-down related lack of transport &/or inadvertent internment in containment areas.

ORGANIZING IMMUNIZATION SESSIONS

Space Constraints: In a few urban areas, there is lack of adequate space to meet the social distancing norms while conducting immunization sessions.

Changing Zones: The fluid nature of zone classification is posing a unique impediment for smooth & steady resumption of routine immunization services in the states. For example, in Assam, the constantly evolving number and distribution of new COVID-19 cases over days/weeks led to an increase &/or alteration in number &/or location of containment and buffer zones. This wrought frequent debilitating revisions in the state's immunization session delivery schedule.

Vaccine Logistics and Supply Chain: The terrain in states like *Jammu & Kashmir* and *Himachal Pradesh* is hilly, inaccessible & inhospitable with paucity of public transport. Delivering logistics and vaccines to high altitude areas presents stiff challenges. In the plains, health staff were reluctant to travel to GMSD, Mumbai since they would be mandatorily quarantined for 14 days post-arrival. This had a severely deleterious effect on vaccine transportation

from *Mumbai* to *Dadra & Nagar Haveli* and *Daman & Diu*. A variety of such delivery and supply snags & quagmires continue to manifest across states and plague the R.I. resumption effort. Transportation of vaccines to session sites in case the CCP was in a containment zone created logistical nightmares.

DATA RECORDING AND REPORTING

Engagement of health staff in COVID-19 duty in all states has led to inadequate data entry in the Health Management Information System (HMIS) database. This made it well-nigh impossible to determine the exact status of RI activities amidst COVID-19. Consequently, course-correction strategies and reorientations were fragmentary in extent & efficacy due to deficient data regarding COVID-affected RI services.

SOCIAL MOBILIZATION

Social mobilization is a salient pillar of health promotion and plays a principal role in routine immunization activities. However, social mobilization activities across the country became virtually dysfunctional due to lock-down and diktats to maintain social distancing.

OTHER CHALLENGES

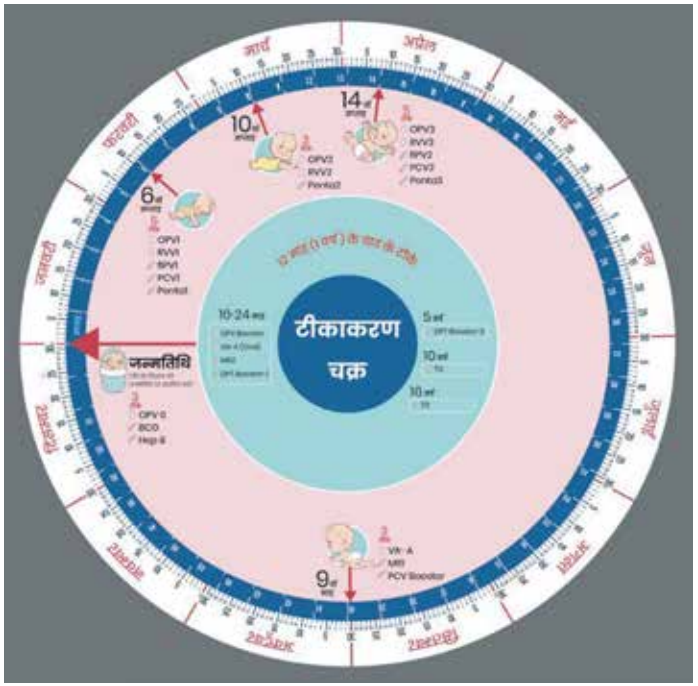
Natural calamities such as the '*Super Cyclone Amphan*' that devastated West Bengal and Odisha during the pandemic added unprecedented aftermath. It naturally affected routine immunization services in severely impacted areas over & above the COVID-induced sparse delivery penetration.

Migration: Post lock-down, thousands of migrant workers returned to their home states. The reverse migration triggered by COVID-19 made it tough to track their whereabouts and gauge the potential number of beneficiaries of RI in different states.

Local Customs: Local traditional behavior halted routine immunization services in some places. For instance, certain tribal pockets in Arunachal Pradesh barricaded their villages/settlements, congruent with their prevalent custom during epidemics.

Innovation is the answer

COVID-19 cannot pin us down: Punjab took the challenge to immunize children of 5 years age with DPT 2nd Booster dose and Adolescent Immunization with Td to 10 and 16 years old children at special sessions inspite of closure of schools during COVID-19.



Immunization Calendar (Innovated at MP): To a) create strong demand in community to come four times a year for full Immunization, b) sensitize FLWs to make accurate due-list c) provide opportunity for dialogue with parents for timely immunization.

THE ZEAL BEHIND RESUMPTION

INDIA'S FRONTLINE WARRIRORS

Facing transport issues amid lock-down, a 50-year old ANM, **Ms. Munnibala Suman,** from Nabinagar block of Aurangabad district, Bihar was facing difficulty in reaching to outreach session sites. Passionate for Immunization of underprivileged and determined to serve the children & pregnant women, she learnt cycling within three days and is now using it to commute to her outreach session sites to provide immunization services to children & pregnant women.

Salute to the dedication of our front-line workers!

The panacea

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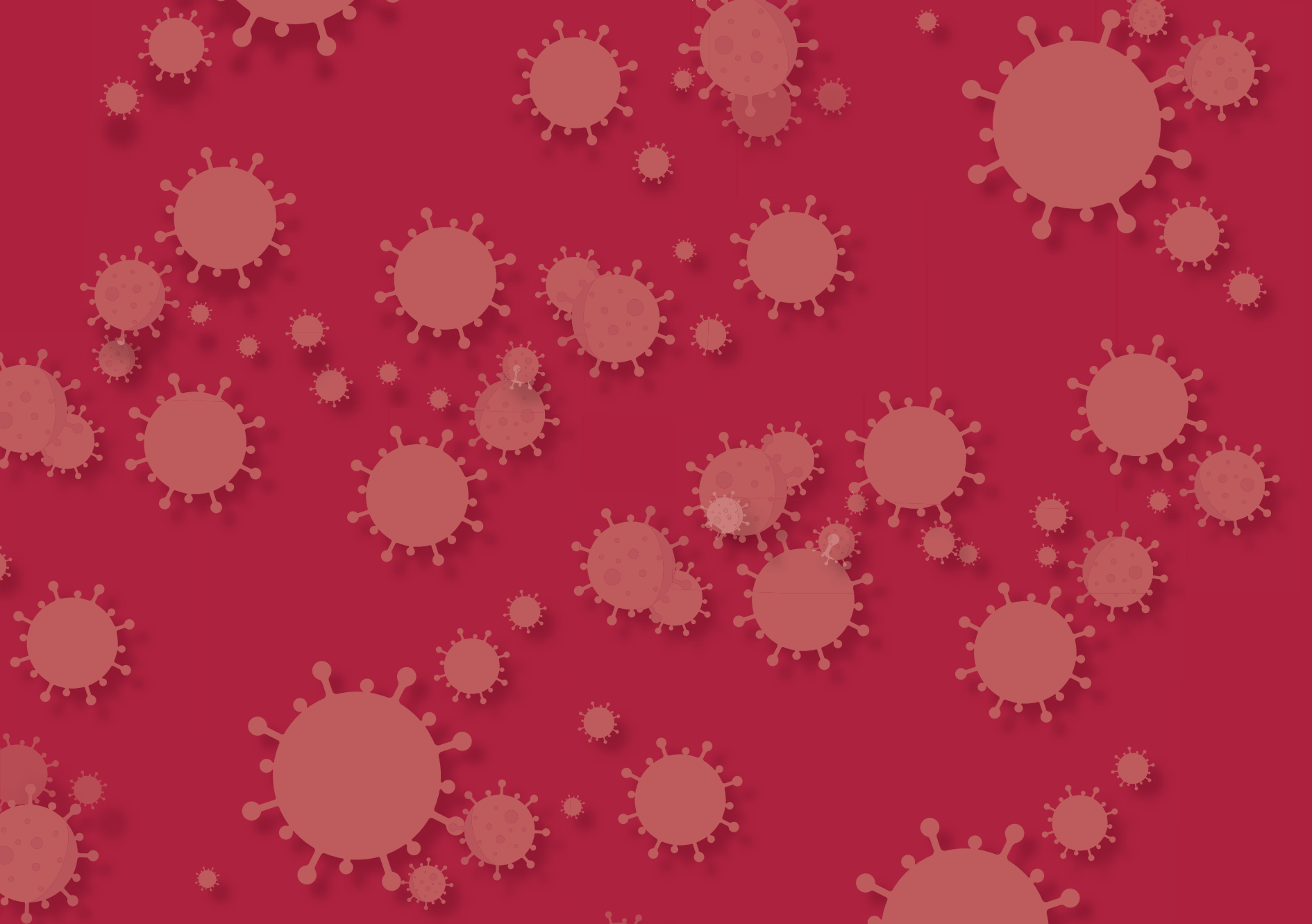

ENSURING HIGHEST LEVEL OF POLITICAL COMMITMENT

The Immunization guidelines issued by the MoHFW provide a thorough & pragmatic blueprint. It enumerates specific safety measures and provides guidelines for staggered approach for conducting routine immunization sessions during COVID-19. States/UTs have adopted several corollary steps to the GoI scheme to augment participation in RI services during the pandemic.

Political leaders in all states & U.T.s are executing a proactive approach and regularly reviewing routine immunization activities through video conferences. Administrative correspondence has been issued adjuring districts to deliver routine immunization services with concurrent adherence to stringent safety guidelines. In a few states viz. Gujarat, state health officials are visiting district health facilities to review the services personally.

ORGANIZING IMMUNIZATION SESSIONS

Ensuring transportation of HR, Vaccines and Logistics: The army enabled transport in Jammu & Kashmir. Ambulances were used in Nagaland as a mode of transportation for logistics and HR.

Addressing Low Beneficiary Turnout: House to house visits were conducted a day prior to routine immunization sessions conforming to mandated safety protocols., to mobilize beneficiaries to attend the immunization sessions.

Revising Micro Plans: Revised micro plans have been developed for districts in few states to conduct extra sessions and cover missed beneficiaries. This is vital for immunizing children who belong to zones delisted from the containment category.

Identifying micro containment zone: Micro containment zones are being identified in Gujarat to keep routine immunization sessions from being affected in the entire containment zone while isolating the high prevalence pockets of COVID -19.

Few innovations done by states to ensure reaching every child

Reaching the unreached, even in the midst of a pandemic (Chhattisgarh)

Several areas in Dandapani village, in Gariaband district, Chhattisgarh lack proper road connectivity even in 2020. Yet the health workers are not deterred. They have not ceased their efficient & sincere service even while the nation battles COVID. The team treks approximately 45 kilometers across craggy, precipitous terrain; through jungles braving wild animals and in harsh scorching summer and monsoon weather. Through this Herculean effort, they ensure health service to 132 community members and dispense life-saving vaccines to the last mile beneficiary. Their commendable & courageous work is regularly highlighted by the local media. Such committed health workers constitute the columns of the RI service and are instrumental for its resounding success.

Organizing sessions

There was an acute space crunch in the Dombivali Corporation area. In a novel, innovative measure, the buses transported the health staff from the UPHCs and also served as the outreach session sites. In Punjab, religious places were utilized for conduction of immunization sessions in collaboration with the community.

Following safety measures

All states reported adoption of adequate safety measures for health care staff and beneficiaries. The entire cadre of health workers was trained & instructed to comply with precautionary protocols at the routine immunization sessions.

In order to maintain social distancing, states like Gujarat introduced a token system to maintain a staggered approach at the immunization site. Children and pregnant mothers on the due list are allotted hourly slots so that only 4-5 beneficiaries are present at the session site at any given time. This prevents overcrowding at the session sites. Separate entry and exit gates were demarcated in health facilities in a few states.

SMS - Sanitizer, masks and social distancing (Madhya Pradesh)

The State Health Society, MP steered the development of a *social and behavior change communication strategy* to make communities aware about the precautions that were being undertaken to prevent

further spread of COVID. The state developed an innovative slogan incorporating the key message about the importance of three tools to curb the spread of COVID-19: Sanitizer, **Masks and Social Distancing (SMS)**.

This *slogan has been printed on the masks worn by health workers in the local language* (Hindi). It serves as a reminder to health workers and also disseminates the message among the community. In addition, *the slogan is also displayed on important buildings: schools, Anganwadi centers etc.*

State Immunization Officer, Madhya Pradesh said, "SMS apnain, corona bhagain, chal padi hai ek lehar, gaon gaon aur shahar. Aapko bhi yeh prachar karna aur karvana hai, COVID-19 transmission chain break karana hai" (Adopt SMS and, make corona go away! A new wave of inspiration has taken over every village and city. Everyone should spread this message and motivate others to spread it. This will help break the chain of COVID-19 transmission).

USING VIRTUAL PLATFORMS & SOCIAL MEDIA

Film to build the capacity of front line workers (Bihar):

Several states viz. Bihar, Himachal Pradesh and Madhya Pradesh, used online videos to train immunization staff (such as FLWs, Cold Chain Handlers and Alternate Vaccine Delivery personnel). This boosted the morale & confidence of health workers immensely to conduct the RI sessions amidst the pandemic.

The State Health Society, Bihar developed a short film titled 'Immunization during COVID-19' to train health workers on conducting routine immunization sessions during VHNDs. The film demonstrates the appropriate technique manner of maintaining social distance at an immunization session site, how to use gloves and masks and how to sanitize correctly.

In addition, the film also educates FLWs on how to go about imparting the four key immunization messages to beneficiaries/ caregivers. Simple, yet critical, steps of sanitizing cold chain equipment office space, as well as the equipment itself, is depicted in detail. Furthermore, the appropriate method of washing the vaccine carrier with hypochlorite solution when the vaccine carrier is taken from the immunization site to the cold chain point is also demonstrated step-by-step.

The film also contains a message from the Additional Secretary Health-cum-Executive Director, State Health Society, to health workers stressing the need to follow all safety and hygiene protocols set out by the GoI at the immunization sessions sites. The State Immunization Officer, State Health Society, Bihar also appealed to health workers to go the extra mile to vaccinate all children who missed routine immunization due to COVID-19. In conclusion, UNICEF has delivered a message of gratitude, saluting health workers for their commitment in the midst of hardship and encouraged them to continue pursuing their duty sincerely & steadfastly.

Audiovisual on conducting safe immunization (Himachal Pradesh)

The National Health Mission, Himachal Pradesh has developed an informative video for health workers to provide them practical & participatory know-how to conduct immunization sessions effectively and safely. Directions on proper sanitizing of cold chain equipment, following WHO-prescribed hand washing techniques, wearing masks, gloves, and patterns of social distancing are encapsulated. The video also demonstrates how the health workers should facilitate the sanitization of the beneficiaries' hands and instruct them on social distancing norms. Furthermore, the video displays proper social mobilization norms during the pandemic, with clear instructions about maintaining social distance during community visits, providing hourly slots to the beneficiaries and avoid overcrowding at session sites.

"Right now, the whole country is grappling with COVID-19. It is pertinent to follow COVID-19 guidelines issued by the government for fixed or outreach sessions during immunization," said Special Secretary (Health)-cum-Mission Director (NHM), Himachal Pradesh.

"This video is an effort to bring awareness amidst health workers surrounding protocol to be followed during COVID-19 crisis", said the SEPIO, Himachal Pradesh.

Video depicts key health staff, such as ANMs and cold chain handlers, demonstrating preventive measures vide government guidelines to contain COVID 19 spread. It also illustrates the proper process of issuing vaccines at cold chain points and sanitizing returned Vaccine Carriers from the field post Immunization sessions.

"To ensure that the immunization session runs smoothly during the pandemic, I am conducting house to house visits and preparing the due list of beneficiaries for immunization sessions. Besides this, I inform the mothers about the particular immunization time slot assigned to them and instruct them on social distancing protocols during sessions. I have been also motivating the mothers to wear a mask whenever they visit", says an ASHA.

This mode of capacity building is an invaluable and ingenious activity done by the National Health Mission, Himachal Pradesh for uplifting morale and confidence of health workers so that they may resume routine immunization during COVID-19 with gusto and regain lost momentum.

Webinar on reducing stigma (Uttarakhand)

On 6th July 2020, the Department of Medical Health and Family Welfare, Uttarakhand, in association with UNDP, organized a webinar to enlighten health workers about stigma and discrimination during COVID-19. The program stressed on the health workers' role & onus in overcoming the misconceptions & prejudice surrounding COVID-19 infection. The steps undertaken by the state government to redress the issue were expounded. About 196 district stakeholders across the state participated in

the webinar, including District Immunization Officers, Assistant District Immunization Officers and other senior officials.

Over 150 health workers attended the training webinar. This represented lively, continuing strata of virtual communication between the health workers and the authorities transcending the strains of a public health emergency. The SEPIO, Uttarakhand inspired with opening remarks that extolled the role of health workers in reducing & combating stigma and discrimination in the society. The forum categorically explained the nature of stigma, the reasons for COVID-9 inducing stigma in society, signs/symptoms of stigmatizing behavior and the crucial role of the health workers in alleviating the crisis & minimizing stigma/discrimination.

Similar webinars were set to be conducted at block levels for health workers.

Coordination and Review: State health staff are maintaining regular liaison with district health workers via video conferencing platforms. Review meeting and problem solving sessions are also being conducted online frequently.

General Awareness: States are proactively upgrading & boosting their state health social media platforms to disseminate key information and campaigns around routine immunization during COVID-19 more efficiently and extensively.

USING TRADITIONAL MEDIA

Arunachal Pradesh, is currently using traditional media, such as radio and television, to disseminate communiques about routine immunization and COVID-19.

PROVIDING SOCIAL SECURITY THROUGH HEALTH INSURANCE

The GoI announced the 'Pradhan Mantri Garib Kalyan Package: Insurance Scheme for Health Workers Fighting COVID-19' providing insurance cover of Rs. 50 lakhs for ninety (90) days. This is to mitigate the risk to community health care providers due to direct contact with COVID-19 patients. The scheme assured health workers that their well-being was the government's top priority thereby bolstering India's battle against COVID-19.

Bihar Health Society also followed suit and adopted this initiative at the state level and provided an insurance coverage of 50 lakhs to all health staff engaged in COVID-19 activities. This critical step motivated & inspired health care workers to continue their duties at the frontlines of the pandemic with due diligence.

INTERSECTORAL COLLABORATION

Collaborative action between various actors, sectors and departments have been the hallmark of strategic planning. Tie ups with other ministries/departments and civil society organizations have been the other dimension of cooperation. Both these conjoint efforts have been crucial in generating successful localized solutions as an integral part of the crisis response.

Public private partnership model for RI (GUJARAT)

COVID-19 witnessed the disruption of maternal and child health services and routine immunization in Surat, Gujarat post lock-down in March, 2020. After the fresh guidelines on resuming routine immunization activities in select areas in Surat, the Municipal Corporation devised an innovative approach to accomplish the challenging task. During the daily review meeting of COVID-19 by senior officials at the MC, concern about vaccinating children at UHCs and thereby potentially risking them contracting COVID-19 was raised. To allay this anxiety, support was solicited from IAP Surat (also known as SPACT). A public-private partnership was established to conduct routine immunization activities in coordination with private pediatric clinics under IAP. Immunization sessions were conducted in private clinics with all preventive norms against COVID in place.

Sanitization of a session site is in progress at Bahraich, Uttar Pradesh.

Strategic Communication

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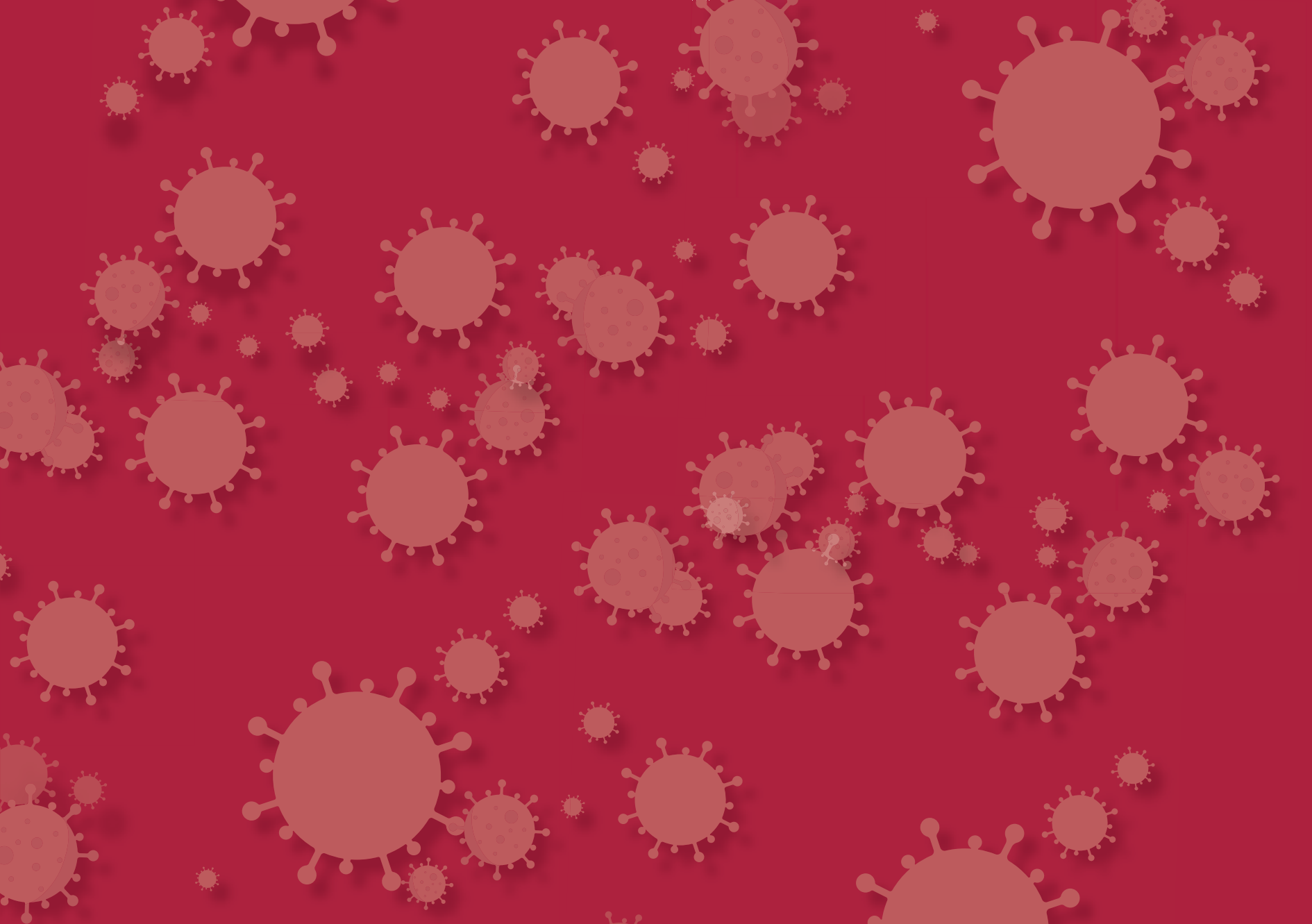


Communication for strengthening RI

The COVID-19 pandemic triggered the fear of availing RI services among potential beneficiaries. Subsequent to directives issued by the government in April, 2020 about resumption of RI services, immunization stakeholders realized that it was imperative to instill confidence amongst the communities and regain lost momentum. Efficacious communication strategies to allay public apprehension and catalyze behavioral acceptance was identified as the cognizant solution. MoHFW in collaboration with ITSU promptly engineered various blueprints for communication activities.

ASSESSMENT OF THE DISRUPTION

COVID-19 disrupted ongoing social mobilization and awareness generation activities suddenly across all sectors. Hence it was crucial to assess the extent of derangement before specific corrective communication methods could be designed to mitigate the damage. This encompassed activity related to RI also. States, districts, taluks, and gram panchayats grappled to sustain and bolster routine immunization work amidst the pandemic. Household visits and group meetings had to be stalled and a new modus operandi was needed for social mobilization.

Against this backdrop, the MoHFW began evaluation of the disruption in social mobilization & other demand generation activities in states. The objective was to sculpt feasible, sustainable tactics to replace the pre-existing methods for demand generation. The pandemic also radically altered media consumption pattern of people. This discovery egged the MoHFW to fashion novel awareness strategies which would lead to positive response and concurrently temper communication initiatives to inculcate behavior change.

STRATEGIES & CAMPAIGNS

These assessments and analyses aided the MoHFW to generate suitable communication strategies & reconfigure the key messages for different target audiences. Various thematic campaigns were developed addressing different groups of society. The vital intent was to cement trust & credence in the public, especially the care-givers. These campaigns helped the communities to be aware of and comprehend the stringent safety precautions being adopted by the government while conducting immunization sessions. It boosted demand generation by alleviating safety concerns among general population and health workers. This normalized the immunization activities swiftly. The campaigns also ensured consistency & conformity of messages across the nation.

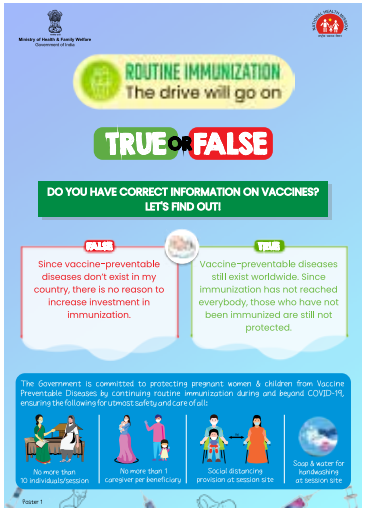
AWARENESS GENERATION CAMPAIGNS[1]

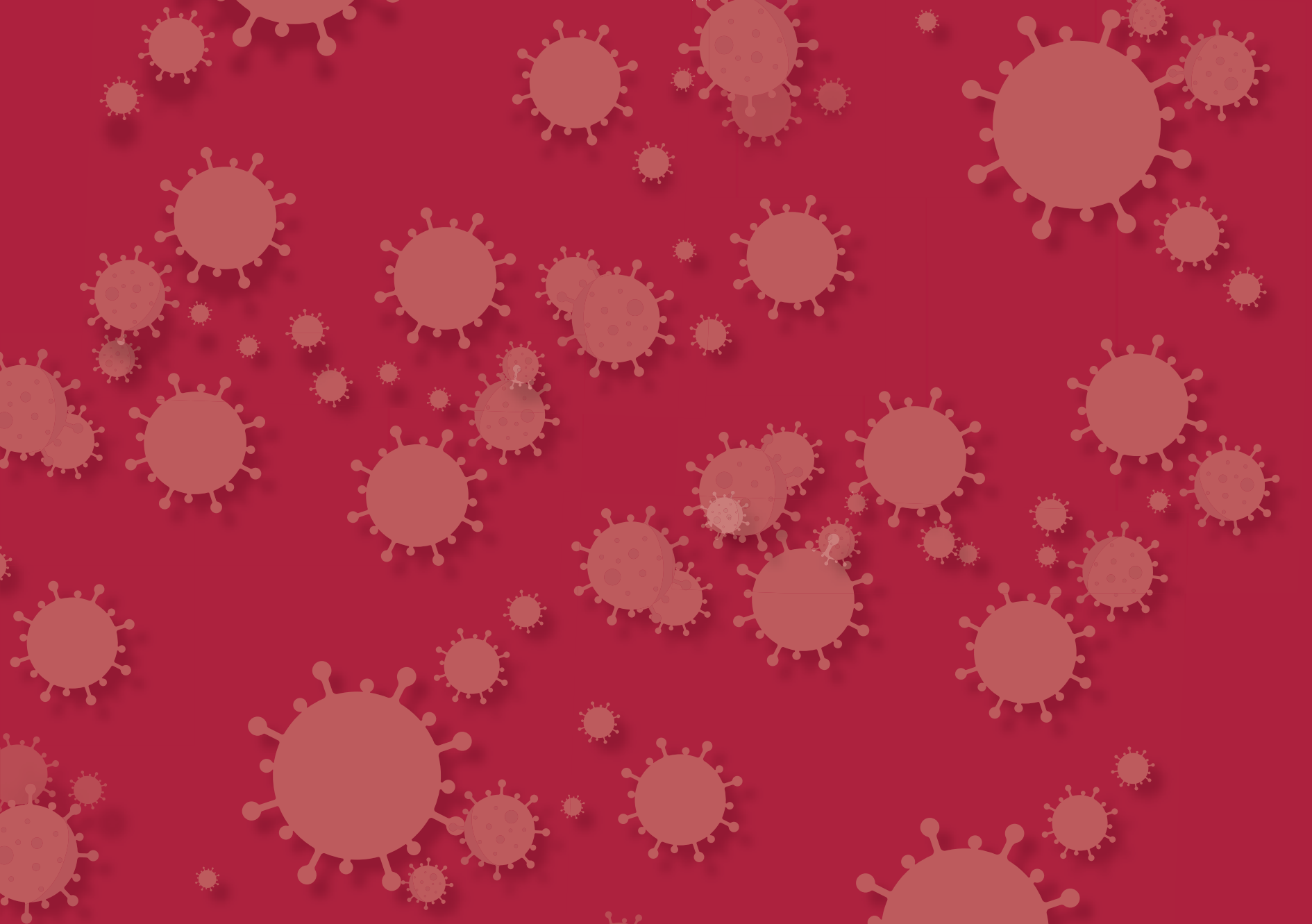
An array of campaigns based on various themes were developed as part of the strategic communications support work conducted by the MoHFW to underscore the importance of routine immunization during COVID-19 while reiterating all the necessary precautions being undertaken by the MoHFW to administer vaccination services in the safest, most hygienic way possible. The target audience of these campaigns are caregivers, frontline workers, health officials and the public.

- **Resumption of Immunization Services During & Beyond COVID-19:** Fresh guidelines by the MoHFW designated immunization as an essential health service and instructed all states to resume routine immunization services to continue the battle against VPDs. A set of creatives conveying critical information from the guidelines were developed for fast & easy implementation.
- **Vaccines Under India's Universal Immunization Programme:** This campaign intends to spread awareness about the National Immunization Schedule and enumerate all vaccines available under India's Universal Immunization Program.

[1] Certain campaigns were at various stages of approval at the Ministry, while this report was finalized.

- **True or False? Information About Vaccines:** In order to bust myths and misconceptions around vaccines, a series of SBCC materials was developed.
- **Childhood Rhymes:** This series utilizes & repurposes old childhood rhymes to package present-day immunization messages. By evoking a sense of nostalgia, the aim of this series is to make a compelling case for vaccines by forming a human connection with the audiences.
- **Awareness of Adverse Events Following Immunization (AEFI):** This campaign seeks to address the usual apprehensions faced by caregivers with regards to AEFI, and reinforce their trust in the immunization process.
- **Facts About Vaccines:** This campaign aims to educate audiences about vaccines by enlightening them about lesser known facts and details. Information is handed out regarding safety profiles of vaccines. Random, oftentimes complex queries about a child's vaccination schedule are addressed & explained.





Role of Development Partners

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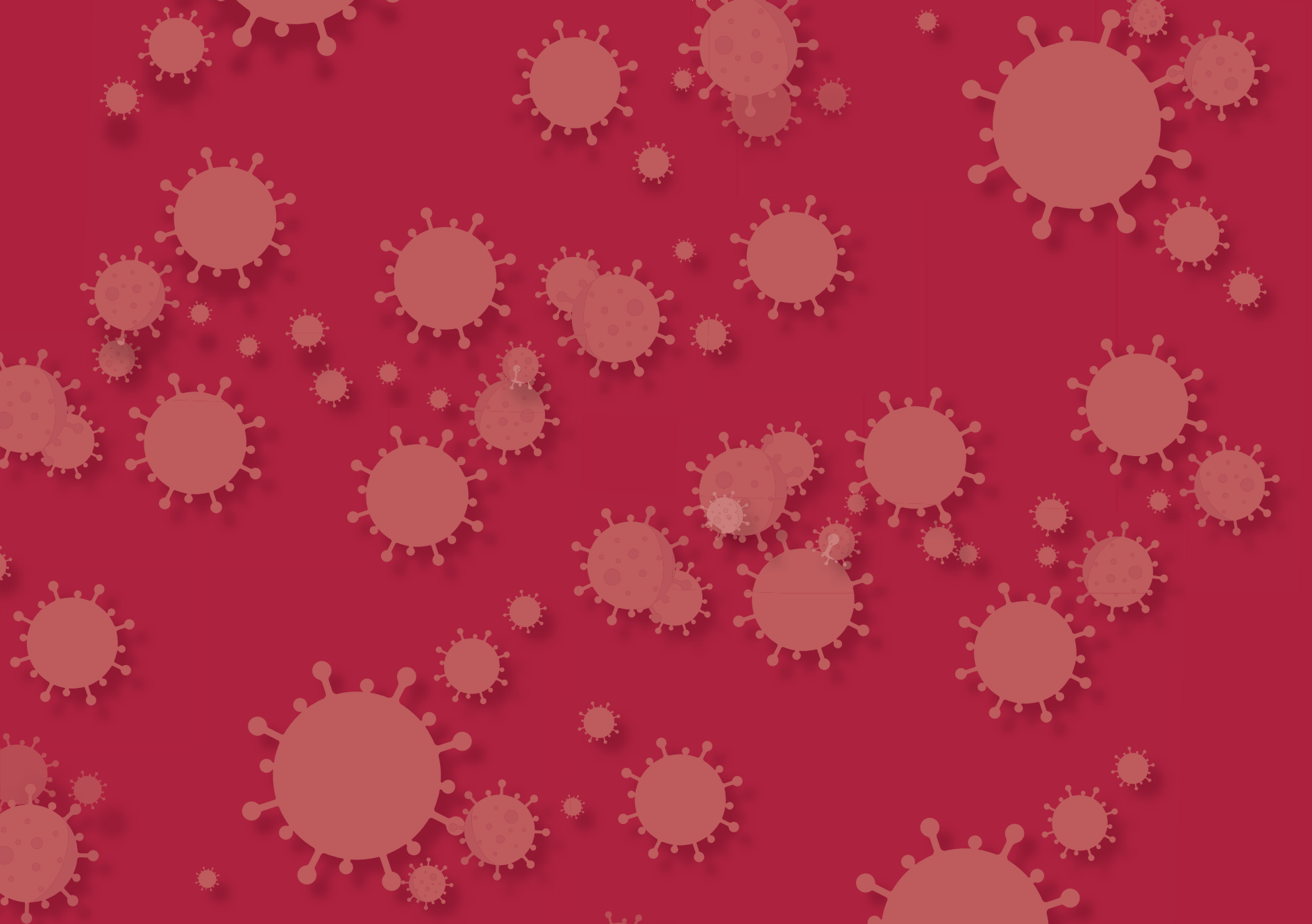


Holding hands during crisis

While affecting every aspect of life, COVID-19 has compelled development organizations in India to realign their priorities. Currently, organizations are playing a vital role in bolstering the efforts of the state governments towards resumption of routine immunization activities throughout the country. Nationally, at the core level, they are functioning as technical think-tanks and assisting the MoHFW with advocacy, monitoring and surveillance, strategic communications, trainings modules, data analysis and inter-state & center-state coordination.

UNICEF

UNICEF, along with other partners, supported the MoHFW in the development of guidelines on the **'Continuation of Village Health and Sanitation Day (VHSND)[1] /Immunization Services During COVID-19'.** The guidelines outline in detail the algorithm for resumption of routine immunization in containment zones, buffer zones and beyond. UNICEF, in collaboration with Sphere India, National Disaster Management Authority (NDMA), WHO and HCL Foundation has launched the COVID-19 Academy. Through a series of technical sessions for preparedness and response to COVID-19, it aims to augment capacity building of frontline workers and outreach workers. An exclusive *webinar* on **'Immunization during COVID-19'** was conducted wherein experts from the Health Ministry, state governments and immunization partners across different states participated and shared experiences and best practices that are being adopted during resumption of routine immunization during COVID-19. Over 800 participants across the nation joined the webinar to boost the continuation of immunization services during COVID-19. UNICEF, through its presence in different states and field offices, is proactively engaged in *advocacy through a partnership with CSOs/CBOs. UNICEF's communication-related activities* such as developing short videos, posters, leaflets etc. in states of UP, Bihar, MP, Rajasthan and others are also continuing in full swing as an adjunct support system.

WHO-NATIONAL POLIO SURVEILLANCE PROJECT (NPSP)

WHO-NPSP, through its **280 field units** in the country, has been working ceaselessly to *ensure the quality and safe delivery of immunization* services in close coordination with the MoHFW. **More than 385 Program Managers at the national level, 1,650**

[1] Conceptualized by the National Health Mission (NHM) on this day, pregnant women and lactating mothers along with children and adolescent girls are provided with need-based integrated health and nutrition solutions on Village Health, Sanitation and Nutrition Days (VHSNDs) on an assured basis in the state.

trainers at the state level, and 31,000 trainers at the district level have been trained. From March 2020 till date, 75% of planning unit trainings for ANMs, ASHAs and AWWs have been conducted in different batches across 35 states. Assistance in hand holding states and districts in planning immunization sessions while following strict precautions of social distancing, hand hygiene and miscellaneous infection prevention control measures was facilitated. It has supported the continuity of key meetings on immunization and VPD surveillance using virtual platforms. Acute flaccid paralysis (AFP) surveillance, diphtheria, pertussis and neonatal tetanus (DPT) surveillance, measles and rubella (MR) surveillance and environmental surveillance are also being undertaken on a regular basis to monitor and register related cases in spite of COVID-19.

UNDP

UNDP has been utilizing the **Electronic Vaccine Intelligence Network (eVIN)** data to *collate the quantitative reduction in vaccine consumption* across all cold chain points and facilitate stock re-balancing. eVIN teams in Haryana and Himachal Pradesh tracked vaccine consumption during lock-down and communicated the depletion to the states. The up-to-date data input enabled the states to take informed decisions once immunization activity resumed and thereby to make requisite compensatory increase in May and normalization of consumption volume to pre-lockdown quantities in June. UNDP teams coordinated with State Vaccine Store (SVS) and Government Medical Store Department (GMSD) to arrange for special vehicles for vaccine delivery in states like Manipur and Chhattisgarh. In a few states, UNDP teams accompanied government officials on field visits to *physically monitor the sessions* and compliance with MoHFW guidelines during routine immunization sessions. In Himachal Pradesh, where most vaccine store managers are inevitably occupied with COVID-19 related activities, the UNDP vaccine & cold chain managers have stepped in to deputize as vaccine store managers and maintain active vaccine distribution. This prevented an impending collapse of the vaccine supply chain. UNDP teams *have facilitated the preparation of SOPs* for AVDs, cold chain handlers and other front-line workers. In Nagaland, UNDP *drafted detailed routine immunization protocols* to be followed which was distributed to all the districts by the state government.

CARE INDIA (BIHAR)

Bihar is third most populous state in the country. With approximately 1 lac sessions per month, the state is catering to a large birth cohort through immunization services. Bihar has an impeccable record in RI service delivery, progressing impressively from a mere 11% FIC as per NFHS 2 to 62% FIC during NFHS 4, having overcome myriad challenges including devastating natural calamities. , COVID-19 induced disruption in RI activities poses a threat to progress achieved over the last two decades. To prevent setback, sliding deceleration and to sustain routine immunization gains, Care India is actively backing the Government of Bihar in resuming routine immunization and VHSND services via the following measures:

Strategic Thinking & Decision making: On 6th. May, 2020, the State Government decided to recommence and fortify RI & VHSND services in spite of COVID-19 prevalence. To execute this critical exercise, Care India stepped in to support the Government with strategic decision making and active participation in the state technical committee for Japanese Encephalitis (JE) campaigns in nine remaining districts.

Training and capacity building: Care India is supporting state/district level orientation and training of DIOs/FLWs/partners on resumption of routine immunization and VHSND services during COVID-19. Emphasis is on guidelines about safety, physical distancing, accompanying resources etc. An audio-visual orientation of FLWs on conducting outreach sessions has been a pioneering game changer in capacity building. Similar state/district level orientation and training programs for recording & reporting are also being conducted on Google for R.I. and JE campaign.

Infrastructure: Model Immunization Centre at Sub Divisional Hospital, Danapur ; District Hospitals at Siwan and Nalanda built by Care India are centers of excellence which have continued their yeoman service during the pandemic : highlighted and appreciated publicly on social media platforms by GoI.

Innovation: Bihar's Green Channel Initiative for Alternate Vaccine Delivery, which was implemented as a pilot project in Patna District, was nominated for a SKOCH award. A scaled-up version of this model is being promulgated across Bihar this year. A template on Google sheet was launched to record real-time feedback on the resumed RI & VHSND services. Furthermore, state AEFI Casualty Assessment was carried out via Google Meet where over 50 cases were dealt with in two meetings.

Monitoring & Evaluation: Protocols such as Google sheet reporting followed by VHSND session site monitoring, capturing data via RAFT and sharing feedback at all levels have been initiated. Field visits have been monitored at Madhubani, Gopalganj & Rohtas districts. During the Madhubani visit, comprehensive due list was prepared by ASHA, trained by Care India.

UP-TSU (UTTAR PRADESH)

On 24th. March, 2020, the Directorate of Health and Family Welfare, Government of UP in accordance with the notice issued by the MoHFW suspended a prominent platform for provision of Ante Natal Care (ANC), family planning, nutrition, and immunization services. Simultaneously, the OPD services in health facilities were also suspended. This resulted in an acute decline in the delivery of key health services, particularly routine immunization services.

The proportion of FIC (9-11 months) came down to 1% in April 2020 relative to 73% in April 2019 and 66% in March 2020. A huge decline occurred in BCG vaccination from 68% in April 2019 to 19% in April 2020. Administration of OPV-0 dose declined from 43% in April 2019 to 22% in April 2020. The subsequent OPV doses also declined significantly from around 88%, 82% and 82% in April 2019 to 2%, 1% and 1% in April 2020 in case of OPV-1,

OPV-2 and OPV-3 respectively. A similar trend was observed in the pentavalent doses where the proportion of infants receiving pentavalent 1, 2, 3 doses declined from 89%, 84% and 84% in April 2019 to 2%, 1% and 2% in April 2020 respectively.

To minimise the impact of COVID-19 on maternal, neonatal and infant mortality rates, Uttar Pradesh Technical Support Unit (UPTSU) supported the Govt of Uttar Pradesh in formulating a government order, which was issued on 29th. April, 2020 aiming to restore key maternal, neonatal and child health services in the community. VHSND sessions were resumed across the state in May 2020 except in containment zones. In accordance with the guidelines, it was ensured that every VHSND site be sanitized with hypochlorite solution and a **handwashing corner with water along with written handwashing instructions** be established outside the VHSND site entrance. **FLWs assigned time slots to beneficiaries on an hourly basis,** depending on the number of beneficiaries in the due list to avoid large gathering of beneficiaries. To follow **physical distancing at each VHSND site**, ASHAs drew circles on the floor with chalk or geru, maintaining a 1-meter gap between 2 circles. All the beneficiaries were instructed to stand/sit in the circles. Protective masks, sanitizers, bleaching powder, liquid soaps were also provided to health workers. Session microplans were duly reviewed to ensure appropriate site selection and improved planning for vaccine delivery.

These initiatives have led to a remarkable impact in the delivery of key RI services. BCG and OPV birth doses have increased to 64% and 41% respectively in May 2020. The percentage of infants receiving OPV-1, 2, 3 doses have also increased to 65%, 49% and 50% respectively but have not yet attained the pre-COVID levels of almost 80% (May 2019). The proportion of children aged 9-11 months who were fully immunized also increased to 62% in May 2020. UPTSU will continue to improve the RI services to detect and immunize the omitted children and achieve FIC to reach pre-COVID levels of (88%) by July end, 2020.

CHAI (MADHYA PRADESH)

In order to support the MoHFW's UIP, Clinton Health Access Initiative (CHAI) operates an immunization program in India at the national level and in two focus states of Madhya Pradesh (MP) and Uttar Pradesh (UP).

The COVID-19 pandemic has forced an urgent need for boosting routine immunization. CHAI has worked under the guidance of the Government of Madhya Pradesh & the SEPIO, MP and designed strategies and action plans for planning, service delivery, and communication to ensure minimal disruption to RI services.

CHAI facilitated Govt of MP to conduct a detailed situation assessment of the program to gauge the impact of COVID-19 on service delivery. The analysis included a granular sub-district level analysis of COVID-19 linked missed beneficiaries and lost sessions. A survey of DIOs and other officials from all 51 districts was done under the aegis of CHAI to gather qualitative information on challenges faced in keeping the program fully operational during lockdown.

This analysis helped the state issue relevant orders and enabled program managers to promptly plan targeted catch-up sessions. Based on the facts & figures from the assessment, additional input from CHAI & other partners, awareness about global best practices, Govt of MP crafted and released comprehensive guidelines on RI service delivery during COVID-19 on 6th. May, 2020. These guidelines cover headcount survey, microplanning, session organization, session layout, cold chain management, data recording and reporting, supervision, and VPD surveillance. The guidelines also incorporate a dedicated Monitoring & Evaluation framework to enable districts to monitor implementation.

Govt of MP decided to disseminate the guidelines digitally through social media & WhatsApp for better reach and broader information sharing among program managers & FLWs. For this, CHAI collaborated with Govt of MP to produce an animation film which was distributed to about 1.7 lakh FLWs in the state. The video covers important aspects of COVID-19 protocols to be followed while conducting RI sessions. It also recapitulates session management practices as promulgated through various MoHFW guidelines and SOPs. CHAI organized 17 virtual training sessions (~1700 participants) on COVID-19 protocols and RI services post lockdown for district, block, and sector level supervisors.

In April, 2020, as a substitute for physical meetings rendered impossible by stringent lockdown, CHAI organized rapid virtual RI program reviews for the state. Specifically, mitigation approaches for FLW involvement in COVID-19 management, sessions lost, migration, and immunization supply chain risks were evaluated.

These virtual meetings proved to be effective communication & brain-storming platforms for all districts to congregate, raise concerns, seek solutions, share best practices, and engage in direct discussions with state leadership.

Apart from COVID-19 specific support, CHAI continues to support the Govt of MP in achieving coverage and equity goals through interventions around cold chain logistics and RI service delivery melioration.

IMMUNIZATION TECHNICAL SUPPORT UNIT (ITSU)

ITSU has developed a comprehensive three-pronged strategy with an intricate, itemized plan of action – **RI Resumption Management Model**. ITSU initiated weekly follow-ups with the states to understand a) the situation at the ground, and b) the support required by the states.

Weekly data analysis of reporting and key coverage indicators from HMIS and RCH portal is being conducted. This is elucidating the trend in coverage and issues of data recording and reporting in the states. These analytics are aiding in understanding routine immunization reporting during COVID- 19 and consequently facilitating discussions with the state officials towards solutions & improvement of the status.

Repeated follow-up calls with states are being made to gather & collate feedback on conducting fixed and outreach sessions & the operational challenges encountered by front-line workers. A team of medical professionals and M&E experts has been formed to interact with state immunization officers on a weekly basis and facilitate discussion towards problem resolution and course correction. All 37 States/UTs have been segregated into six zones for ease in follow-up. Data is being gathered concerning crucial components of Universal Immunization Program such as vaccine shortage, transportation, special immunization sessions, implementation of staggered approach, etc. Emphasis is being laid on documentation of best practices.

Support to states by developing knowledge products: ITSU has prepared a set of FAQs based on the guidelines issued by the MoHFW for conducting immunization during and after COVID-19. This aims to nurture capacity building of FLWs on management of immunization services. The document is consciously & deliberately pictorial. The visual narrative would lead to lucid grasp of the themes among the FLWs. Social and Behavior Change Communication (SBCC) material is being developed to

create awareness about reinstating immunization services and restoring the confidence of communities. This shall lay emphasis on national priorities towards the health & safety of all during immunization sessions.

Sustaining the conversation on RI through social media

MoHFW's commendable efforts to resume routine immunization services during and beyond COVID-19 need to be actively circulated. Its express endeavor to provide continued protection to vulnerable pregnant women and children against VPDs ought to be highlighted. To this end, ITSU has been rigorously engaging with the MoHFW official Twitter and Facebook handles and amplifying the content regularly posted by the handles. Posts, graphics and videos relevant to COVID-19, regular updates on routine immunization sessions being conducted by respective states in the midst of the pandemic are being boosted. The initiatives taken by resolute health care workers to reach every child with vaccines against all odds while adhering to all safety & protection protocols amidst the terrifying pandemic are being specially emphasized. This also served a larger cause as different assessments conducted by various agencies underlined the fact that majority of the people accessed information about COVID-19 through digital and internet platforms.

COVID Communication

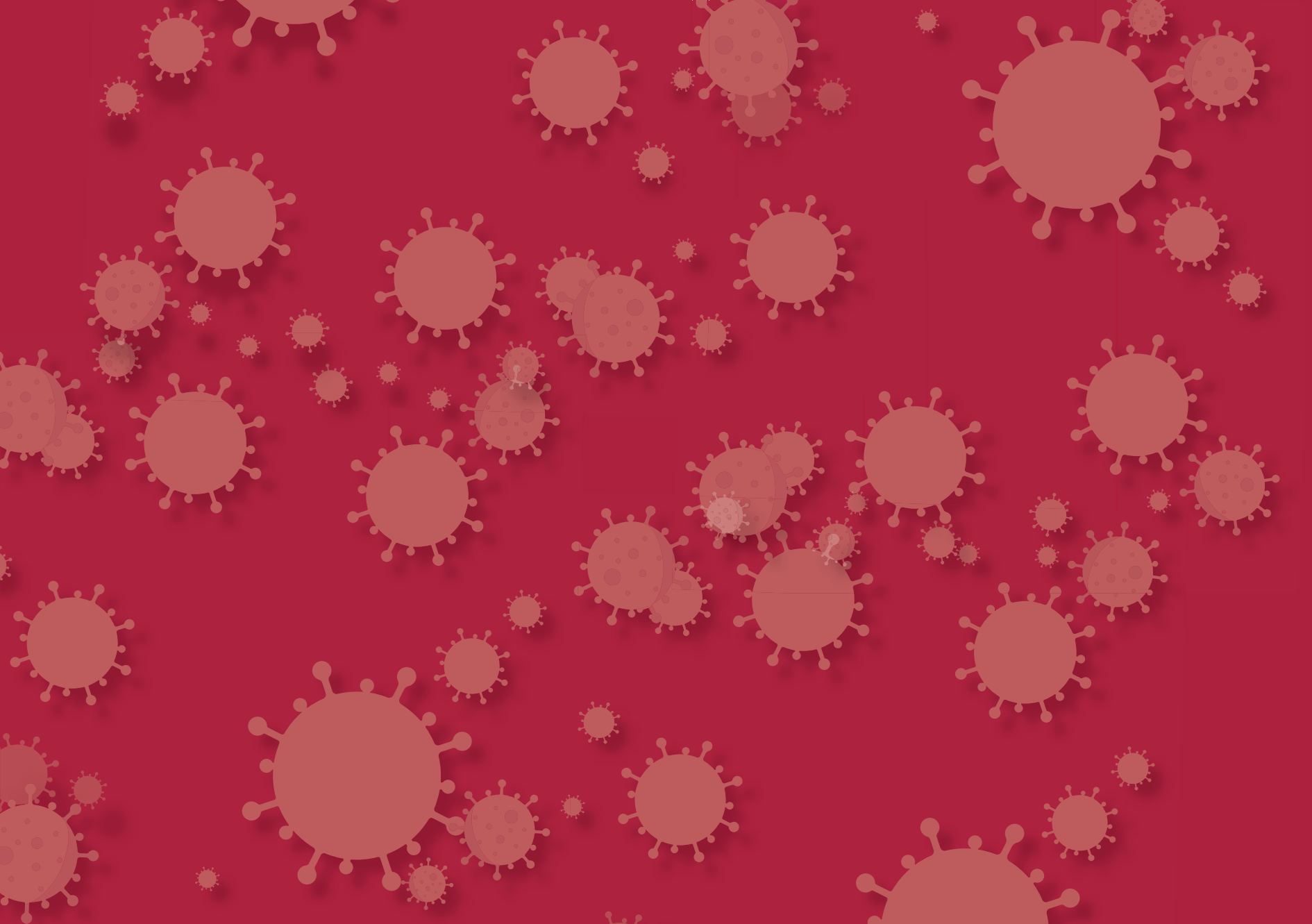
MoHFW, in its capacity as the nodal ministry for information & awareness-generation activities around COVID-19has engaged ITSU for providing strategic communications support regarding COVID-19. These include development of communication strategies and creating action plans & content for various stakeholders & handhold agencies. ITSU is developing creatives for the masses and for print and electronic &/or social media.

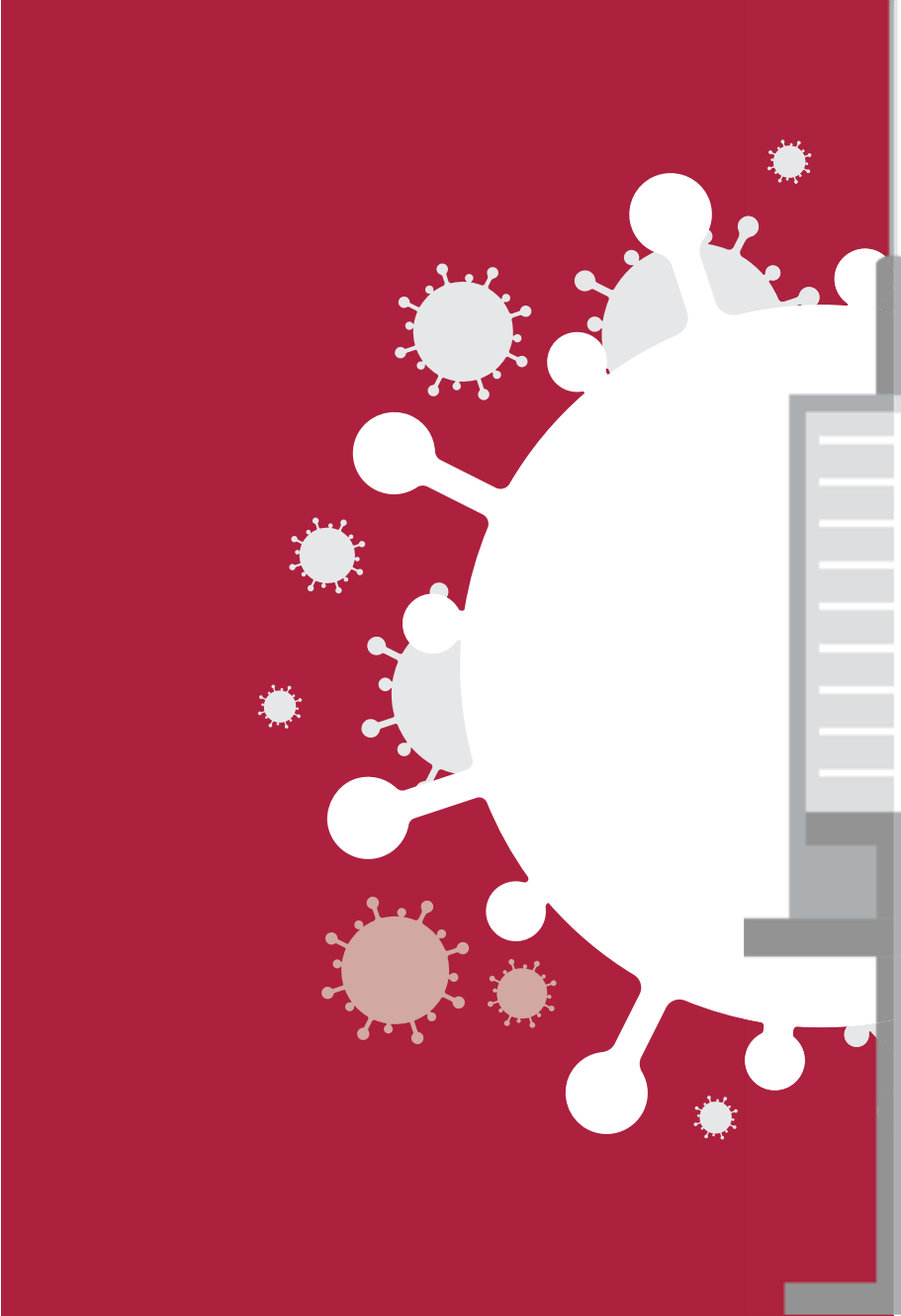
Media relations

The MoHFW has also engaged ITSU for media relations support. ITSU is assisting the media division of MoHFW in preparing press releases, monitoring media and accentuating media relations. This collaboration is part of the media engagement vide COVID-19.

CONCLUSION

The Development Partners are providing training at state and district level and ensuring regular data analysis. They are conducting follow-up sessions with state teams regularly and actively interfacing with the MoHFW to provide technical expertise and facilitate problem solving. Such activities have provided the imperative impetus for resumption of routine immunization services in the country.





Lessons & Way Forward

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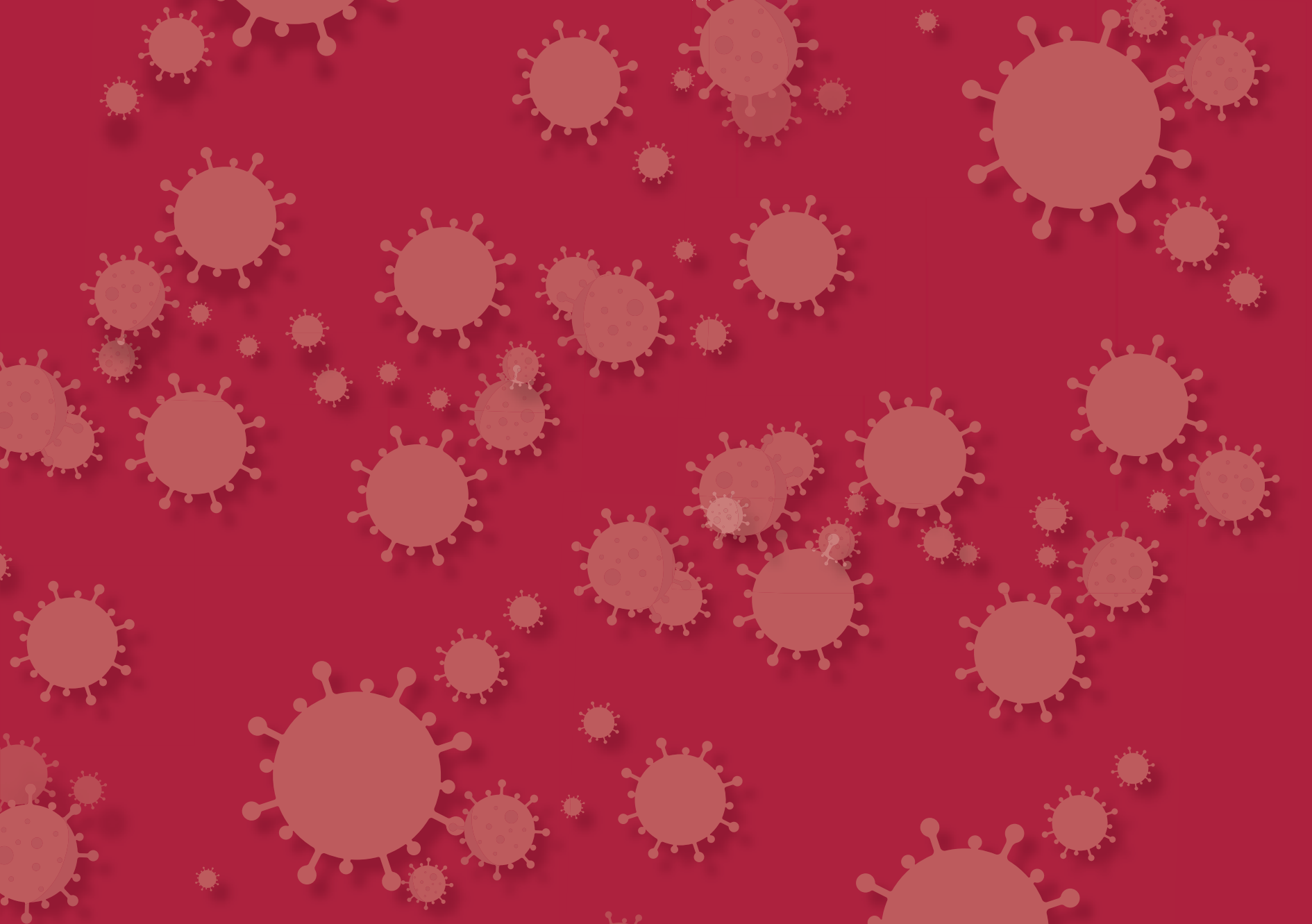

The learning curves

Historically, many nations & regions have encountered, coped with, thwarted and overcome pandemics. They have garnered experience and knowledge in the process. Governments and partner agencies have learnt invaluable lessons from past maladies. Such crucial data has enabled national & international authorities to ramp up health infrastructure and routine immunization services globally.

A recently-conducted study in low-and-middle-income countries amidst the COVID-19 pandemic concluded : *"it is predicted that an additional 1.2 million under-five children will die in just 6 months, due to the current reduction in routine health service coverage levels and increase in child wasting"*.[1] It is vital to take prompt corrective action in every country gauging emerging local trends. Stemming the reversal in routine immunization would require leverage and utilization of collective expertise of all governments and civil society organizations. In India, various states have evolved pragmatic & demonstrated dynamic solutions and taken opportune steps to ensure continuity of routine immunization in spite of the COVID-19 crisis. Herein are the major lessons that the central and state governments have learnt & mastered while embarking on the road to attempting normal routine health services during COVID-19:-

[1] Press release by UNICEF on May 12, 2020 [https://www.unicef.org/press-releases/covid-19-devastates-already-fragile-health-systems-over-6000-additional-children].

Reinstating RI as an essential health service under lock-down: An important learning has been designating routine immunization as 'essential health services' by the MoHFW. This has changed the perception of routine immunization as *"optional" or "good to have" to "essential"*.

Building capacity of the health workers through virtual platforms: Use of virtual online platforms for training, conducting reviews, monitoring and reaching out to health workers in the absence of traditional means of communication has been a major innovation. It. has highlighted the possibility of using innovative and cost-effective ways to conduct routine activities efficiently.

Inter-sectoral coordination: Inter-sectoral coordination was integrally instrumental in implementation of immunization activities. In Jammu & Kashmir, the army was involved in transportation of vaccines to difficult areas in the state. In Karnataka, the health department collaborated with the Woman and Child Development department conceptualized and implemented a feasible procedure for line listing of migrants. The program kept tabs on movement of migrant workers so that their children did not miss out on routine immunization during the COVID 19 pandemic. Cooperation was sought from Panchayati Raj Institution (PRI) in Nagaland for help in sanitizing and disinfecting outreach session sites before & after RI sessions. In Gujarat, there was concern about vaccinating children at the Urban Health Centers. To counter this apprehension, a liaison was cemented with IAP Surat (also known as SPACT) and Routine Immunization sessions were conducted at their clinics/hospitals.

FUTURE CHALLENGES

Healthcare amidst COVID-19: The COVID-19 situation is dynamic and hence routine immunization activities & strategies need to be reviewed regularly so that the program may be amended &/or modified according to the prevailing situation. The FLWs in many states are still engaged in COVID-19 related duties. This may pose serious manpower constraints.

Removing fear, stigma and discrimination: Fear, stigma and discrimination related to COVID-19 will hamper immunization coverage. Health workers may remain panicky to visit communities and provide services. Conversely, the beneficiaries may fear getting infected while availing immunization services. Awareness building exercises to remove fear, stigma and associated discrimination with regard to COVID-19 need to be augmented - dissemination of IEC, focused campaigns, utilization of traditional media & social media platforms. In remote tribal pockets with high illiteracy and poverty, innovative Social Behavior Change Communication (SBCC) strategies would need to be used to imbibe key messages in the target population and alleviate doubts & suspicion.

Transport of vaccine logistics to difficult areas: During lock-down conditions, even normal transportation services get affected due to severe restrictions and non-availability of vehicles. This disrupts vaccine supply from manufacturers/GMSDs to states and districts. A specific plan of action will be critical to warranty uninterrupted, timely vaccine delivery under such trying circumstances.

The way forward

In a COVID-ridden future, it will be crucial to build community demand for immunization services afresh and redesign VHSND services to enable quality immunization. It is urgently imperative to develop customized SOPs for preparedness, readiness and management of routine immunization services during such a pandemic. Though inter-sectoral coordination has been efficient across states, it has been spontaneous & random. So, a systematic plan of action needs to be developed which can be utilized as a guidance protocol in future unprecedented pandemics too. The reasons for missed vaccination should be determined from the community and mitigation strategies should be devised at the earliest.

Direct contact interpersonal communication will inevitably be acutely hampered. So, dissemination of key messages for mother & child need to be proliferated via WhatsApp messages and dedicated telephone helplines. The spectrum of such methods has to be widened to train the health workers, monitor data and review progress in states. Harnessing social media and virtual platforms for training, capacity building, communication, social mobilization, monitoring and supervision can be really effective. These efforts need to be clubbed together with digital literacy among the end-users in different states.

Pertinent and appropriate communication strategies would be required for social mobilization. Mixed media including phone-based communication applications (WhatsApp and SMS), traditional media such as television, radio, newspapers, social media etc. will have to be used repetitively to motivate the community to seek regular immunization for pregnant women and children. It has to be drilled in that strict COVID-19 protocols shall be adhered to during R.I. sessions. In urban areas, youth groups, adolescents and SHG groups such as Mahila Arogya Samitis (MAS) should be involved to provide support to the FLWs during resumption of routine immunization activities.

Vaccine supply chain is a crucial cog in the wheel of immunization. This vital element is accountable for vaccine transportation from manufacturing site to target beneficiaries. The lockdown has impacted the transportation of vaccines to various part of the country and restricted beneficiaries reaching the session sites & receiving vaccines. A robust mechanism needs to be established to foresee & prevail in similar situations in future. Logistics management of vaccines during outbreaks should be a paramount priority. Rigorous critiques and stratagems ought to be debated to address the issue.

Public-private partnerships need to be tempered, particularly in urban areas with a profusion of private practitioners to ensure that no child misses' immunization.

Both direct & indirect mortalities from VPDs are likely to increase since the health systems are overwhelmed in the unique conditions

arising from COVID-19. The hampering of routine immunization of children against diseases like diphtheria, measles, tetanus and polio during the coronavirus lockdown has triggered serious concerns about possible resurgence of such vaccine-preventable diseases among them. The role of development partners will be critical in the areas of VPD surveillance, capacity building of health care workers, monitoring and supporting the states and districts so that quality routine immunization resumption can resume throughout India.

If the truth is determined perfectly, solutions will be found and victory in routine immunization shall be achieved again.

"SATYAMEV JAYATE". India has subdued many obstacles, surmounted seemingly impossible odds. The nation shall prevail.

"VANDE MATARAM".

Acknowledgment

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