IMMUNIZATION – India Update

An ITSU Newsletter

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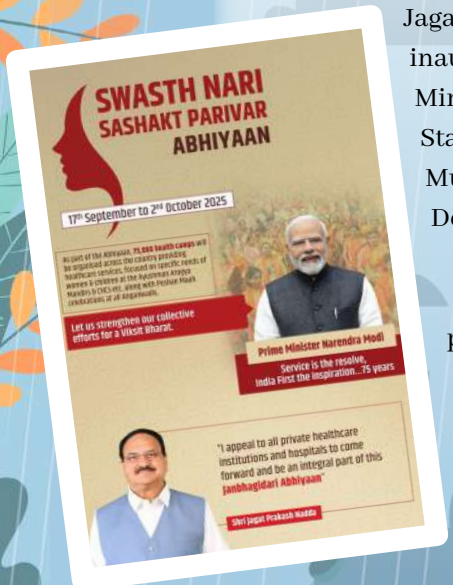
Swasth Nari Sashakt Parivar Abhiyaan

Prime Minister Shri Narendra Modi launched a two-week, nationwide program *Swasth Nari Sashakt Parivar Abhiyaan (SNSP)* on 17 September 2025, to strengthen healthcare services for women and children. Announcing the campaign, the Union Health Minister Shri J. P. Nadda highlighted its focus on ensuring better access, quality care, and awareness about the availability of health services.

Jointly led by the Ministry of Health and Family Welfare (MoHFW) and the Ministry of Women and Child Development (MoWCD), the campaign included 75,000 health camps across Ayushman Arogya Mandirs, Community Health Centres, and local facilities between 17 September - 2 October 2025. These camps provided services in maternal health, child immunization, which also included Special Immunisation Week, and preventive screenings.

Aligned with Poshan Maah celebrations in Anganwadis, the Abhiyaan was also aimed at promoting nutrition, awareness, and holistic well-being. The PM was in Dhar, Madhya Pradesh on 17th September where he inaugurated multiple health camps, where he was joined by the Chief Minister, Dr. Mohan Yadav. Union Health Minister, Shri Jagat Prakash Nadda, joined the event from Haryana, where he inaugurated multiple health camps in the presence of the Chief Minister and Health Minister, Haryana, while Union Ministers of State for Health, Shri Prataprao Jadhav, joined the occasion in Mumbai and Smt. Anupriya Patel attended the event from the Delhi Secretariat in the presence of the Delhi Chief Minister.



Shri Nadda called upon private hospitals and healthcare partners to actively participate, encouraging them to play a significant role in improving the healthcare ecosystem of the country, resonating with collective responsibility.

View more glimpses on Page 14 & 15

In This Issue

First Post
In Rain and Sunshine

Grassroots Health Workers Remain the Backbone of India's Primary Healthcare!

Criss-crossing various challenges, through a robust political will and micromanagement by states and UTs, India has achieved full immunization coverage (FIC) at over 95% as of March 2025 (HMIS) a huge success story, indeed. It takes decades for a vaccine to catalyze from labs to the beneficiary, overcoming rigorous processes and approvals followed by other factors like the availability of funds, grants, supply chain and cold storage challenges. Once at its destination, comes the role of the vaccinators and motivators.

Vaccines invariably are given to children who supposedly look and feel healthy and this is where the real challenge comes in convincing the caregivers and mothers-to-be on why vaccines both for them and children need to be taken to prevent them from falling sick to certain life-threatening diseases. Demand for vaccines for preventable diseases was rarely proactive until some decades ago as there was not much information available in the public domain. With WHO taking a proactive role with over 190 member nations aligning with it in taking the task at a war footing in both developed and developing countries, the outcome is there for all to see. As per WHO, more than 152 million lives, or six lives per minute have been saved in the last 50 years due to immunization. Smallpox that claimed half a billion, or 50 crore lives over a period of time has been completely eradicated from the world in the 1970s, the single-most remarkable victory over a lethal disease as far as WHO's success story is concerned. Polio is eliminated from most of the countries including India except from a few countries. Similarly, Maternal and Neo natal Tetanus has also been eliminated from most of the countries. Measles and Rubella (MR) which is a cause of morbidity and mortality among children in many countries even today, hopefully will be eliminated from India by 2026 as India endeavours MR elimination by 2026.

India, where around 70% of its population lives in villages, literacy rate is not very high, convincing the rural folk of the importance of vaccination is a herculean task. Government of India envisioned a sure shot strategy to reach out to people through interpersonal communication strategy. ASHAs (Accredited Social Health Activists) were inducted into India's primary health system in 2005 as a part of the National Rural Health Mission (NRHM). This initiative aimed to provide an important link between the community and the public health system, with a focus on improving maternal and child health. The initiative was initially introduced in rural areas, but it has since expanded to urban areas as well. ASHAs play a crucial role in providing outreach, mobilization, and counselling services, as well as facilitating access to health services at various healthcare facilities. There are approximately one million or ten lakh ASHAs in the country. ANMs and ASHAs work in tandem and synergy to achieve the targets. An Auxiliary Nurse Midwife (ANM) is the most important frontline healthcare worker, who is focused on maternal and child health, family planning and immunization programs. The ANM also plays an important role in managing minor illnesses and collecting healthcare data at primary health centres. There are about 9 lakh ANMs in India, forming a tangible web of healthcare throughout the length and breadth of the country.

Contd. on Page 8

Child Vaccination Campaign: An Update

11 vaccines administered free of cost to children under the vaccination campaign

In a written reply on 01 August 2025 in the Lok Sabha, Smt. Anupriya Patel, Union Minister of State for Health and Family Welfare shared the efforts made by the Government to make vaccination campaign and health awareness programme more effective during the last five years in the country, which included , the setting up of State Task Force on Immunization (STFI), District Task Force on Immunization (DTFI) and Block Task Force on Immunization (BTFI), which ensure effective implementation of the vaccination drives. The reply also shared the use of strategic interventions like advocacy, social mobilization, inter personal communication (IPC) at family level and media engagement undertaken as measures to improve immunization coverage.

In order to ensure immunization services to all children and pregnant women, the reply added that Intensified Mission Indradhanush (IMI) and special catch-up vaccination campaigns were conducted under the Universal Immunization Programme (UIP) in areas of low immunization coverage to vaccinate all left out and dropped out children. Besides, special vaccination campaigns such as National Immunization Days (NIDs) as a part of the Pulse Polio programme were also carried out every year. At the grassroots levels, hosting of Village Health and Nutrition Days (VHND) on designated days for immunization activities were also undertaken.

The Minister also shared the rolling out of the U-WIN portal by the Ministry of Health and Family Welfare (MHFW) for digital registration and recording of all vaccination events of children and pregnant women.

WHO South-East Asia holds 16th SEAR-ITAG Meeting

The World Health Organization (WHO) South-East Asia Region conducted the 16th Meeting of the South-East Asia Regional Immunization Technical Advisory Group (SEAR-ITAG) in New Delhi, on16–18 September 2025, bringing together experts to assess independent progress reports submitted by National Immunization Technical Advisory Groups (NITAGs) and EPI programme managers. The aim was to guide countries in the effective implementation of the Regional Vaccine Implementation Plan (RVIP) 2022–2026. The central objective of the 16th SEAR-ITAG meeting was to provide evidence-based recommendations to accelerate the rollout of RVIP 2022–2026 strategies. The meeting also served to identify critical gaps and propose practical, country-specific solutions while strengthening regional cooperation in alignment with evolving health priorities.

Remarkable achievement by India in reducing Zero Dose children!

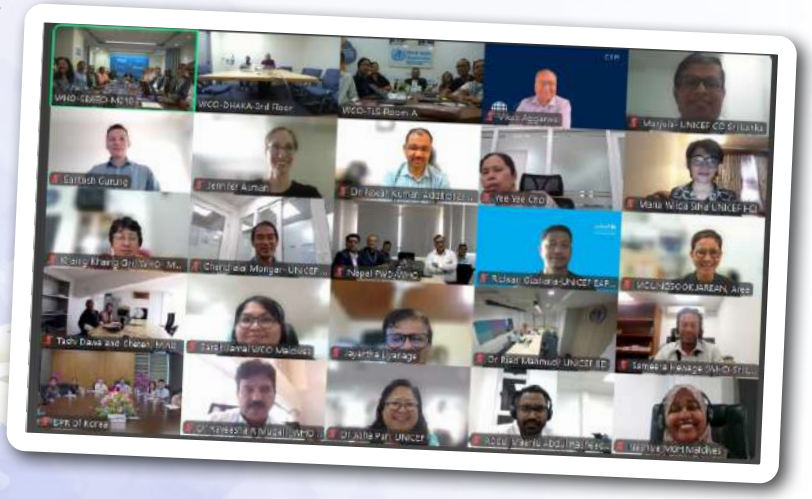
India has made an extraordinary progress in child immunization, reducing the number of "zero-dose" children, (the child who has not received DPT containing vaccine till the age of one) by 43% in just in one year, according to a new WHO–UNICEF report. The figure dropped from 1.6 million in 2023 to 0.9 million in 2024, marking nearly 700,000 more children now protected. This success also reflects an overall regional achievement in South Asia, which recorded that 92% infants received the third dose of DTP vaccine in 2024, surpassing pre-Covid-19 pandemic levels. Measles vaccination also improved, reducing cases by 39%. The experts however assert that 95% Measles vaccination coverage is needed to prevent outbreaks.

Globally, 14 million children still missed all vaccines in 2024, with inequities persisting in conflict-affected and underserved regions. WHO officials cautioned that misinformation and fund crunch threaten hard-won gains.

Annual Meeting of the SEAR Working Group on Immunization

The 2025 Annual Meeting of the South-East Asia Regional Working Group on Immunization (RWG) was held in hybrid mode on 7–9 July 2025 in New Delhi, which was attended by over 70 delegates, including representatives from nine national immunization programmes, including WHO, UNICEF, Gavi, the Vaccine Alliance, World Bank, CEPI, IFRC, DFAT, and other key partners. Established in 2007, the RWG remains the region's primary forum for technical collaboration, partner coordination, and strategic planning. This year's meeting reviewed progress under the Regional Vaccine Implementation Plan (RVIP) 2022–2026, addressing immunization gaps, evolving donor priorities, and the implications of Gavi's new Strategy 6.0.

Ms. Saima Wazed, WHO Regional Director for SEAR underscored RWG's role in advancing immunization, while cautioning against challenges such as 2.72 million zero-dose children, disruptive measles outbreaks, funding shortfalls, and the lingering impact of COVID-19 pandemic. She outlined eight strategic priorities, including health system integration, domestic resource mobilization, and innovative vaccine strategies. This gathering was a landmark moment, reaffirming the importance of regional solidarity to ensure that no child is left behind in accessing life-saving vaccines.



Arogya Samiksha Kendra for "Real-Time" Health Program Monitoring in Gujarat

To drive integrated planning, real-time monitoring, and improved accountability in public health services, the Health Department of the Government of Gujarat has launched a pioneering initiative— the "Arogya Samiksha Kendra." This permanent, state-level centre was officially inaugurated on 1 July 2025 by Chief Minister Shri Bhupendra Patel, where Shri Rushikesh Patel, Health Minister and other senior officials of the Health & Family welfare department were also present. This centralized hub aims to strengthen the delivery of health services across the state by leveraging digital technology. It ensures seamless communication between state leadership, district health teams, and citizens, supporting Gujarat's long-term strategic vision of a healthier population.

A key feature of the Kendra is its integration with a Health Helpline (104), allowing citizens to access health scheme information, receive medical advice, and consult healthcare professionals from the comfort of their homes. The Arogya Samiksha Kendra, equipped with advanced audio-visual systems and real-time digital dashboards, integrates data from multiple health programs—ranging from immunization and maternal health to TB, PMJAY, and NVBDCP into a single platform. This enables quick identification of service gaps, timely feedback, and corrective action. Key functions include centralized monitoring of health schemes, crisis coordination during emergencies, and digital analytics for evidence-based planning. The Kendra also supports direct outreach—counselling beneficiaries who miss critical services, guiding high-risk pregnancies, and offering mental health support.

Chandigarh Health Department and PGIMER Join Hands for Grooming Future Public Health Leaders

The Department of Community Medicine, PGIMER Chandigarh, has joined hands with the Department of Health Services, Chandigarh, to strengthen academic training in immunization. This partnership is envisaged to provide MD (Community Medicine) Students with structured, hands-on exposure to the Universal Immunization Programme (UIP) and its operational components.

Chandigarh has consistently demonstrated excellence in sustaining high-quality immunization services, reflecting the strength of its public health system. Building on this foundation, the collaboration seeks to enhance the capacity of young public health professionals by equipping them with practical knowledge and skills in immunization planning, implementation, supervision, monitoring as also vaccine logistics, cold chain management, data reporting, supportive supervision, AEFI monitoring, and community engagement.

From July onwards until December 2025, Students have begun undergoing one-month rotational postings with the State Immunization Officer and team. The initiative is designed to enrich academic learning while fostering a deeper understanding of the complexities and real-world impact of immunization services. It prepares the next generation of community medicine specialists to contribute meaningfully to the national immunization goals and global health priorities.

Spreading Smiles through Immunization

In the heart of Indore (Madhya Pradesh), the Child-Friendly Model Immunization Centre (MIC) established in April 2022 at UCHC Banganga has brought about a paradigm change on how families now experience government health services. The MIC serves over 2.37 lakh people and operates six days a week, offering both routine immunization and birth dose vaccination daily. What began as a challenge for Dr. Tarun Gupta DIO, Indore and his team, to attract middle and upper-middle-class families to public health has turned the centre into a model of innovation. There is no gainsaying that continuous involvement and guidance of the state RI Cell, NHM Madhya Pradesh, CMHO Indore and technical support from UNICEF, Madhya Pradesh has made this possible.

What Makes it Unique? The MIC's bright, cartoon-themed interiors, sky-inspired ceilings, toys, and play areas create a welcoming environment for children. Services are streamlined with designated spaces for registration, vaccination, and AEFI management, supported by dedicated staff ensuring continuity and cleanliness. A feedback register shows high satisfaction, particularly among families who earlier relied on private facilities. Set up at just Rs. 2 lakh, the MIC transformed an underused space into a vibrant, high-impact facility. Daily immunizations has risen from 4 in 2021–22 to 19 in 2024–25. Its success has led to its replication in four more centres in Indore, two in Jabalpur, and 32 MIC across seven divisional headquarters, supported by NHM and UNICEF.

Lunglei District in Mizoram Earns National Recognition for Maternal & Child Health Initiative

Lunglei district in Mizoram has received national recognition for its flagship maternal and child health programme, Project Bloom, presented under the theme "Transforming Health: Breakthrough Interventions" at the Best Practices Seminar organized by NITI Aayog in New Delhi on 7 August 2025. District Lunglei Deputy Commissioner (DC) Mr. Navneet Mann showcased the initiative as one of 19 selected best practices from among 329 aspirational districts and 500 aspirational blocks across the country.

Launched on 17 June 2025, Project Bloom addresses persistent maternal and child health challenges in the Lungsen aspirational block, an area marked by difficult terrain, high logistical costs, limited internet access, and health awareness gaps. Through a community-driven, convergence-based model, the programme integrates health, nutrition, transport, and behaviour change interventions.

Key innovations include, an on-call transport services prioritizing high-risk pregnancies and referrals to district hospitals, 12 temporary homestays near delivery points, hosted by villagers, to support expectant mothers, Intensified immunization drives, tracking of high-risk pregnancies, and capacity-building for ASHAs, Anganwadi worker and health workers. The results have been transformative—vaccination coverage in Lungsen Block rose from 63.8% (June–July 2023) to 88.9% (June–July 2025). With a population of 18,637 across 24 village councils, Lungsen's success demonstrates how community-led innovations can overcome barriers and deliver measurable health gains. Project Bloom stands as a model of resilience and convergence.

Arunachal Pradesh Intensifies MR Elimination Efforts

The state of Arunachal Pradesh, keeping in view the country's goal to eliminate Measles and Rubella by 2026 has been continuously making efforts to create awareness among the public on the importance of vaccination and conducting special vaccination campaigns besides regular and outreach sessions. The state conducted its MR Campaign from 21st August to 4th September 2025, focusing on urban areas, district headquarters, and outbreak zones. In Longding district, where a measles outbreak occurred, the campaign covered the entire district. Comprehensive planning was undertaken by the State Immunization Division with support from development partners. The districts conducted task force meeting, headcount surveys, developed microplans, and mobilized caregivers, targeting left-out/drop-out children aged 9 months to 5 years. An additional MR dose was administered in outbreak areas, regardless of prior vaccination status.

Partners like UNICEF, WHO, UNDP, and JSI supported various aspects including community mobilization, microplanning, digital registration via UWIN, and capacity building through RISE. As a result, 100% coverage was achieved for 9–12 months age group (MR1), and substantial coverage among 1–5-year-olds. Following the launch of National Measles-Rubella (M-R) Elimination Campaign 2025–26 on April 24 by Union Health Minister J.P. Nadda, Arunachal Pradesh has conducted MR Elimination IEC campaign from 5th to 10th May 2025 in all districts.

Reaching the Last Child in Udalthana-II Village, Mizoram

A joint vaccination team from Mizoram's Health Department, UNICEF, Tattva Foundation, and WHO set out on a mission in August 2025 to vaccinate drop out, left-out and zero-dose children to reach out to 12 unvaccinated children in the village out of which 9 could be successfully vaccinated. What stood out in the effort was team's resilience - crossing the Udalthana river, navigating poor roads, and walking long distances, covering every corner of the village - to ensure no child was left out in their vaccination drive. This special activity reflects strong commitment of frontline workers and partners. The team- comprising Krishna Chandra Chakma, Tluanga, Nandita Chakma, and colleagues from UNICEF and WHO- continues to reach out to families in hard-to-reach areas in their effort to cover the last mile.

Delhi Conducts Special Immunization Campaign in High-Risk Flood-Prone Areas

A Special Immunization Campaign was conducted in Delhi from 25 August to 2 September 2025, with daily monitoring by district and state teams. During a field visit to Yamuna Pushta in North East Delhi—one of the earliest flood-affected and high-risk areas for vaccine-preventable diseases (VPDs)—the SEPIO, along with the DIO and UNDP team, reviewed campaign progress. The local ASHA worker was actively mobilizing families using due-lists, ensuring that eligible children received their age-specific vaccines. The visit reflected strong coordination and commitment to protecting vulnerable populations through timely immunization.

Goa's Immunization Drive for MR Elimination

The Goa Immunization team is actively working to eliminate Measles and Rubella by 2026, reaching every last-mile child. On July 5, 2025, a special Routine Immunization (RI) outreach was held at a construction site in Issorcim, Velsao, under the PHC Cansaulim. The team vaccinated children who had missed their scheduled doses, providing essential MR, MMR, and other antigens. Similar efforts are underway across the state. The team conducted a session for missed and dropout beneficiaries at the Ella sub-center in Old Goa, and an awareness campaign for pregnant women and young children was held at a construction site under PHC Aldona. Even during the monsoon, outreach continues. A recent session in Malpe, under the CHC Pernem, ensured all missed beneficiaries were vaccinated.

Sikkim's Silent Vaccination Champions!

Front line Health workers are the backbone of routine immunization services across the globe. In Sikkim, FLWs go beyond the call of their duty- ensuring that every child, even in the most remote and difficult-to-reach areas, receives life-saving vaccines. Torrential rains, landslides, and treacherous mountain paths do not deter their resolve, when they have to carry vaccine carriers on foot, walking many hours and risking rockfalls and mudslides to vaccinate even just two or three children in an area—ensuring that no child is left behind. This includes mobilizing caregivers, and addressing their questions and dispelling myths and misinformation on vaccination.

"In Rain and Sunshine" *Contd. From Page 2*

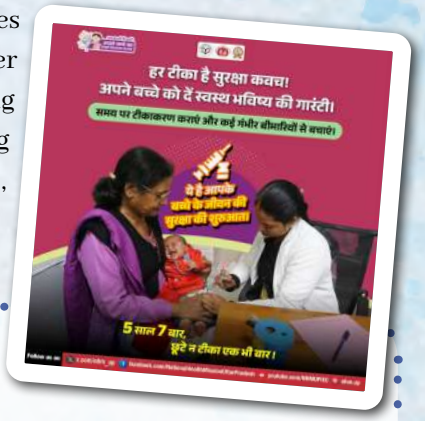
The foundational principle of public health in India is envisioned on the principle of making equitable health care services, particularly in geographically challenging areas and underserved communities. In retrospect, India's routine immunization program, initially called the Expanded Programme on Immunization (EPI) began in 1978. It was later renamed as the Universal Immunization Programme (UIP) in 1985 when its reach was expanded beyond urban India. The Country today serves the largest cohort comprising more than 2.57 crore children and over 2.9 crore pregnant women who are vaccinated every year at about 1.3 crore sessions organized throughout the country. Vaccination is also undertaken in a campaign mode with specific objectives to catch up with zero dose and left out children. Mission Indradhanush (MI) and later Intensified Mission Indradhanush (IMI) have had their five rounds until 2023.

Manipur: Catching up with Td vaccination campaign

Td vaccination campaign for children of 10 and 16 years of age was organized between July-August in Manipur with an aim to increase the Td vaccination coverage during the quarter. Efforts to reach out to vaccine hesitant villages was taken up by the district teams, which included Tamenglong, Sonram Part I & II and Bhalok Part I & III Tharon Part I &II. The team conducted awareness program cum vaccination in these villages. With the help of ASHA workers, vaccine hesitant families were identified, who were visited individually and persuaded to vaccinate their children convincing them on the importance of vaccines on the health and life of children.

Uttar Pradesh govt's efforts lead to a sharp decline in 'zero-dose' children

The Uttar Pradesh government is running various campaigns to protect newborns and young children from several life-threatening diseases with particular focus on identifying "zero-dose" children (the child who has not received DPT containing vaccine till the age of One) thus looping them into vaccination services. The impact of these campaigns is reflected in a significant decline in the neonatal mortality over the past eight years. Regular immunisation has played a key role in protecting newborns and young children from a number of vaccine preventable diseases (VPD). To quote Shri Partha Sarathi Sen Sharma, Principal Secretary (Health and Family Welfare) , "Our goal is to ensure that no child is deprived of vaccination. From remote villages to urban settlements, vaccination services are being expanded to reach every family. The government will work with even greater speed so that Uttar Pradesh becomes completely free of zero-dose cases and every child can live a healthy and safe life". State Immunisation Officer Dr Ajay Gupta shared that the 'zero-dose campaign' has been actively running since 2022 in 143 districts across 11 states of India. Uttar Pradesh is a leading state in this initiative, with the campaign running vigorously in 60 districts, based on the data from the National Family Health Survey-5 (NFHS-5).



The current issue is dedicated to the extraordinary services rendered by our grassroots frontline workers who endure various challenges in their day to day work, posed by varying seasons defined by inclement weather- extreme cold and heat, torrential rains, snowfall, droughts with of course a short spell of spring on the one hand and working in various geographical regions, defined by mountains, islands, deserts, rural and urban landscapes, far flung areas inhabited by tribal population and migratory families who leave their homes and hearths in search of livelihood to cities and peripheral towns, on the other.

Human Interest Stories

Kamla Devi:
A Symbol of Courage Amid Disasters

In times of natural calamities, when most people hesitate to even step outside their homes, a frontline health worker from Chauhar Valley, Mandi districts of Himachal Pradesh has set an inspiring example of service and dedication. Kamla Devi, an ANM posted at the Primary Health Centre in Suhhar under Health Block Padhar, proved that responsibility and determination can overcome even the harshest challenges. Relentless rains and landslides, during this monsoon have cut off several villages in the Chauhar Valley. Roads and bridges have collapsed, streams are overflowing, and reaching patients with medicines or vaccines has become a daunting task. On the night of August 18, 2025 sudden floods in Koratangal and Kungri further disrupted life. Amid this crisis, a two-month-old infant in Hurang village required life-saving vaccination. Undeterred by the danger, Kamla Devi carried her vaccine box on her shoulder and bravely leapt across the swollen Swad stream to reach the village. She administered the essential vaccination doses, ensuring child's protection.

Local villagers praised her courage, noting that while ordinary people would not dare to venture out in such conditions, Kamla Devi risked her life for her duty. Her act not only saved one child but also became a source of inspiration for health workers across the state. As BMO Padhar, Dr. Sanjay Gupta, remarked: "Prioritizing duty even in adversity is the true hallmark of a health worker. Kamla Devi's spirit shows that when service and commitment are in the heart, no obstacle is too great."

Rowing Against the Current!

Mrs. Maeni a frontline health worker posted at the difficult terrain of Tuichawng AYUSH Health and Wellness Centre, which covers three villages under Tlabung Sub-Divisional Hospital in Lunglei District, Mizoram, her senior say is made of a different mettle, appreciating her extreme dedication to her work amidst various challenges. The Chakma community around the Belpei area relies heavily on jhumming cultivation for livelihood. As a result, most villagers spend nearly the entire year at their jhums,

From Struggles to Success: —
Anita's Inspiring Journey as an ASHA Worker

In 2006, a young and determined woman, CH Anita, adorned a new role as an ASHA worker at the Mahadevpur UPHC, Telangana. Before this, Anita was working with "ROSE", an NGO engaged in raising awareness on HIV, tuberculosis, and diarrheal diseases. Her dedication and compassion for community welfare stood out, and an ANM encouraged her to join as an ASHA worker. That decision became a turning point—not just for Anita, but for her entire village.

When she started her journey, Anita was only a high school pass out. Over the years, she pursued higher studies with unwavering determination, completing her bachelor's degree and even earning a B.Ed from Osmania University. This remarkable achievement was made possible by the strong support of her husband, a farmer, who stood firmly by her dream of educating herself. Today, her children reflect her aspirations—her daughter is pursuing MBBS from a government medical college, while her son works in the USA. "I wanted to give them the education I could not pursue when young, and today I feel relieved and proud," she says with a smile.

Anita's success story is not just her personal triumph, but it is deeply rooted in her work as an ASHA. When she began 19 yrs ago, her village lacked even basic road connectivity. She recalls walking long distances to collect vaccines. The distance at times was 25 km to Bhongir district hospital, when she would travel to help pregnant woman. Mobilizing the community was equally challenging for her. Many villagers resisted measles vaccination, believing it was a disease given by "Mata", a deity that would heal with worship. Some even barred her from entering their homes, fearing she would bring illness from other households. Yet, these obstacles never broke her spirit. Anita continued reaching out, counselling families, and patiently building trust. She also focused on migrant families working in factories, who often lacked vaccination cards. Through persistent efforts, she ensured their children received complete immunization.

- Reported by Shah Faisal

returning home only on rare occasions—such as Independence Day on 15th August—for a short break. Seizing this opportunity, Mrs. Maeni carefully plans her outreach on that day. However, August is also marked by heavy rains, and to make matters more difficult, Belpei village is accessible only by boat. To add to the challenge, the boatmen also take a holiday on Independence Day. Undeterred, Mrs. Maeni rows the boat herself to reach the village and ensure that vaccines are administered to the beneficiaries. Her seniors believe that Mrs. Maeni deserves recognition not only for her commitment but also for the grit and courage she demonstrates by rowing the boat herself to fulfil her RI mission.

Breaking stereotypes, Building Trust:

The Inspiring Journey of ANM Lata Darro

At 51 years of age, Lata Darro oversees 51 villages across ten sub-centres under the Khudia Primary Health Centre in Lormi block of Mungeli district, Chhattisgarh. Currently serving as a Lady Health Visitor (LHV), she supervises 8–10 Auxiliary Nurse Midwives (ANMs). Lata's long experience reflects in her confident demeanor. Belonging to a tribal community in Chhattisgarh, her journey began in 1998 when she joined as an ANM, at a time when challenges in the immunization programme were immense. One of her foremost tasks was to motivate caregivers, as most people then knew little to nothing about the benefits of immunization.

At that time, road connectivity to remote tribal hamlets was minimal. Lata often walked miles on foot, and later used a bicycle, crisscrossing dense forests and even navigating a river along the way. She would start early in the morning and return home late in the evening. Today, Lata lives near the Primary Health Centre and is a proud owner of a scooty. Reflecting on those days, she says, "There were times I didn't know whether I would reach home safely. But there were no shortcuts to building trust—it took time, patience, and consistency. My aim was always clear: no child should miss a single vaccine." On one occasion, she was attacked by a wild animal while returning from a village, sustaining injuries to her legs and hands. At another time, while crossing a swollen river during the monsoon, she barely managed to swim to safety. Despite such dangers, she says she never allowed fear to overcome her. "Yes, there were risks, but the smiles of children kept me going." Through her consistent home visits, counselling, positive attitude, and ability to build trust, families and other stakeholders gradually came to understand the importance of vaccines.

Today, there are no refusals in the community, and parents willingly visit the sub-centre for vaccination as well as other health services. Often described by block health officials as the "backbone of immunization," Coming from a farming family, she stands out as a role model for young health workers. With over 25 years in the field, she has administered countless vaccines—"quite a few thousand, maybe a lakh or more," she smiles. Her passion and perseverance continue to inspire communities and colleagues alike. What makes Lata different from others is her selfless commitment- dedicating her life to the community. For her, the community has become her family. "When I see a mother bring her child for vaccination with confidence and trust, I feel truly fulfilled", she says with a smile.

Dr. Kamlesh Khairwar, District Immunization Officer, Mungeli said of Lata Darra, "Lata ji is not just a health worker, she is the pillar of our immunization program in the area. Her tireless efforts have made immunization a trusted norm in the community. She is an inspiration to all of us".

Lata Darro's story is not only inspirational, and not just about one health worker, it is a story of resilience, courage, and quiet bravery. In the Lormi block, her legacy continues to inspire, a true reflection of what it means to serve with a loving heart!

- Reported by Sadik Raza

Hesitation to Immunization:

The Efforts Behind Building Community Trust

Vaccine hesitation is one of the top reasons of one child in five remaining unvaccinated globally. Mistrust in vaccine stem from various causes that go beyond myths, misinformation or fear, as this story unravels.

In the narrow lanes of Madarikheda, a disadvantaged community in Kanpur Nagar, a concerning trend emerged: many children were left unvaccinated. The reason wasn't simply misinformation or fear; it was a deep-seated lack of trust in government services. Families, facing frustrations with ration entitlements and birth certificates, viewed vaccination with similar skepticism. The numbers were stark: 34 children had never received a single vaccine (zero dose), and 20 had stopped their schedules midway. Recognizing the complex root of the problem, UNICEF and JSI R&T India Foundation took a different approach. Instead of simply pushing for more vaccinations, they focused on system-level change. The strategy shifted from individual persuasion to rebuilding trust at every level. Frontline workers, including ASHAs and ANMs, received enhanced training, improving their technical knowledge and communication skills. A detailed mapping exercise ensured every household with an unvaccinated child was identified.

Crucially, the intervention went beyond the health sector. A joint meeting with local officials addressed the community's grievances directly. Service gaps were closed: the ICDS restored ration distribution and CHC staff expedited birth certificate processes. This demonstrated that the health system was a reliable ally, capable of delivering on its promises beyond just health services.

The effort also engaged key community influencers, including the Gram Pradhan and religious leaders, transforming immunization into a shared responsibility. Cultural sensitivity was a key element of the planning. A special immunization session was held right after Eid when most families were in the village, this integrated, trans-disciplinary, system-focused approach significantly strengthened immunization coverage in Madarikheda.

This integrated approach yielded powerful results. Trust was rebuilt, not just in the frontline workers but in the entire system. Families who were once resistant began voluntarily seeking services, and access to entitlements strengthened their faith in governance. Regular follow-ups are now a permanent part of the system, preventing new "zero-dose" cases from re-emerging. The story of Madarikheda shows that addressing vaccine hesitancy requires more than just medical outreach; it demands systemic solutions that build trust and demonstrate a commitment to the well-being of the entire community.

Breaking Barriers:
The Once Vaccine Hesitant Family Embraces Immunization!

In Ghaseda village of Nuh district, Haryana, the journey of little Aroz, born on January 3, 2025, reflects the power of perseverance, community trust, and collective effort. At birth, Aroz received his BCG, Hepatitis-B birth dose, and OPV zero dose during an institutional delivery. However, his family firmly refused to continue with further vaccinations. Despite repeated visits, ASHA worker Shatabdi could not convince them to return to the health centre. Fear, misconceptions, and resistance stood in the way of protecting the child—but Shatabdi was not one to give up easily. Drawing on her experience, she sought the support of a respected community member, Ataullah, a local depot holder. Together, they reassured the family. Ataullah shared his own example: "All my children are vaccinated and healthy. Yes, sometimes there is mild fever or swelling after vaccination, but it is normal and goes away soon. The ANM provides medicines for it," he explained to the family.

Shatabdi also used IEC materials with easy-to-understand pictures and narratives on various vaccine-preventable diseases (VPDs) and their prevention through vaccines. These tools helped the family grasp the real benefits of immunization. Gradually, the family's resistance turned into trust. On August 14, 2025, baby Aroz received his first set of vaccines—OPV-1, Rotavirus-1, fIPV-1, PCV-1, and Pentavalent-1. Today, his parents are not only committed to completing his immunization schedule but are also ready to encourage other hesitant families in their community.This success story highlights how the persistent efforts of ASHA workers, support from community leaders, and effective communication tools can overcome resistance and bring about positive behaviour change.

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SNSP Abhiyaan Snapshots

Zero Dose Learning Agenda (ZDLA)
Co-designing solutions for the unreached

India has made remarkable progress in immunization over the past decade. However, the country remains home to the second largest number of children who have not received even a single dose of DPT containing vaccine at the age of one — known as "zero dose" children. In 2024, the Zero Dose Learning Agenda (ZDLA) was initiated under urban immunization strengthening efforts to uncover why these children are being missed, co-develop solutions with communities, and deliver tested approaches that directly address these barriers. The key insight from the reason analysis was that zero dose challenge in Urban India is not about access – it's more about perceptions and lived realities. Some of the high-level demand-side barriers included fear of minor side effects like fever or swelling, low involvement of fathers in child's healthcare decision, fear of loss of daily wages when visiting vaccination and invariably low confidence in urban public health services.

Co-Creating Solutions with Communities

Using Human-Centered Design (HCD), the team brought together a wide range of stakeholders such as ZD children caregivers, ASHAs, ANMs, government partners and community influencers to co-develop practical tools tailored to the community needs. The major Interventions developed through HCD process included:

- **Mobilizer Flip-Flyer:** A simple visual tool for ASHAs during house-to-house mobilization efforts, contrasting a healthy vaccinated child with the risks of vaccine-preventable diseases.
- **Tikakaran Chequebook:** A simple visual aid that frames vaccines as investments for the child's healthy future.
- **Fathers' Meeting:** Dedicated sessions to engage men as shared partners in their child's health.
- **Penta Kit:** A small take-home pack with pictorial instructions to guide families in managing common post-vaccination concerns.

Key Takeaway

The ZDLA reflected that when people closest to the challenge – families, communities and health staff – come together and take part in the process of developing solutions in a participative spirit, the outcomes are practical, innovative and sustainable. Also, by grounding interventions in local realities, the initiative showed that context-specific solutions are the most effective way to tackle real-world local challenges.

SNSP Abhiyaan Snapshots

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Influencer Meeting in Jaunpur, UP, to reach Zero-Dose Children

A special influencer meeting was organized at the Shahganj Block auditorium in Jaunpur district of Uttar Pradesh, on 2 August 2025, through a joint initiative of ADRA and UNICEF to strengthen efforts in reaching zero-dose children. The meeting was chaired by Dr. Lakshmi Singh, Chief Medical Officer (CMO), Jaunpur.

The event brought together representatives from various organizations and stakeholder groups that included the Health Department, block administration, village heads, social organizations, and religious leaders from both Hindu and Muslim communities. Addressing the gathering, Dr. Singh emphasized the crucial role of religious and community leaders in transforming immunization into a people's movement. She urged Muslim clerics to make announcements in mosques after prayers to encourage parents to vaccinate their children, adding that with collective efforts, Jaunpur and Uttar Pradesh could lead the country in immunization coverage.

Community Radio Initiative Promotes Immunization Awareness in Lucknow

Under the guidance of the UP-Health Department, and with the support of UNICEF, and JSI R&T India Foundation, King George's Medical University (KGMU), Goonj Community Radio organized an awareness program on routine immunization at Moazzam Nagar in Saadatganj, Lucknow.

Speaking on the occasion, Dr. Ajay Gupta, SIO, emphasized that routine immunization was essential to protect children from 12 life-threatening diseases. Dr. Manoj Shukla, General Manager (RI), urged ASHAs and ANMs to strengthen their communication with families so that no fear or hesitation remained, encouraging parents to vaccinate their children with confidence. CMO Dr. N.B. Singh highlighted that such awareness drives helped health workers and medical officers motivate communities, ensuring 100% immunization coverage in the district. As a part of the program, a health camp was organized during which Dr. Aastha and Dr. Aishwarya conducted health check-ups for 86 community members and distributed medicines. A total of 13 vaccine hesitant children received routine immunization doses. Families were also sensitized about the benefits of timely vaccination. To make the event more engaging, a quiz competition was held with prizes for the winners, and KGMU paramedical students staged a street play (Nukkad Natak) highlighting the importance of timely vaccination. The event saw active participation from Dr. K.K. Singh, Executive Officer, KGMU, DIO- Dr. Amitabh, UNICEF representative Danish Khan, Dr. Geetanjali Singh, CHC Tudiaganj, SMO Dr. Tauheed, Radio Station Head Shalini Gupta, RJs Abhishek and Akshita, SE Deepak Dixit, JSI team members Dr. Ashish Maurya and Shagun Tripathi, along with ASHA workers, CHC staff, and community members.

This collaborative initiative showcased how creative platforms like community radio, street theatre, and interactive sessions can effectively spread awareness and inspire families to embrace routine immunization for a healthier future.

Initiatives at the Centre

- At the national level, a stakeholders' consultation on "NHM – Way Forward" with Additional Chief Secretaries and Mission Directors from all states/UTs was conducted on 16–17 July 2025 in New Delhi.

- In addition, a State AEFI review meeting was conducted on 14 August 2025 under the chairmanship of the Additional Commissioner, Immunization Division, MoHFW. The meeting brought together representatives from Dadra & Nagar Haveli and Daman & Diu, Haryana, Manipur, and Mizoram to focus on strengthening AEFI monitoring and follow-up actions.

Snippets From States/UT on Immunization

- Andhra Pradesh: The Mission Director, NHM, chaired review meetings on July 4 and July 11, 2025, focusing on RI performance and programme strengthening, State RI review meeting with all DIOs was conducted on 27th August, 2025.

- Arunachal Pradesh: The State Task Force on Immunization (STFI) on August 5, 2025, conducted a review of immunization progress and strategies. The state completed an adult Hepatitis B vaccination campaign across the state.

- Assam, a focused immunization drive was carried out in selected blocks and districts with poor coverage as a part of the MR elimination activities (21–26 July 2025). The first round of the Special Immunization Week (SIW) was completed in all districts.

- Andaman & Nicobar Islands steered an IEC campaign to support MR elimination and prepared special immunization activities in Nicobar under the Sewa Divas initiative.

- Bihar, RI awareness campaigns were held in Bhagalpur, Munger, and Banka on 14 July 2025, alongside awareness activities during a Health Mela in Patna on 11 July 2025. The STFI meeting held on July 31, 2025, addressed the issues relating to zero-dose children, MR elimination, and birth-dose vaccination.

- Chandigarh: A one-day training on cold chain management and eVIN for LHVs and ANMs was organized on July 11, 2025.

- Chhattisgarh: The State Health Minister reviewed health programmes, including RI, across July 6–8, 2025.

- Delhi, a Special Immunization Campaign initially conducted from 25 July to 3 August 2025 was extended until 2 September 2025.

- Dadra & Nagar Haveli and Daman & Diu completed school-based Td10/Td16 vaccination between 2 July and 13 August 2025.

- Goa conducted a supervisory visit to review RI performance using HMIS, RCH, U-WIN, and AEFI surveillance indicators on 19 August 2025.

- Gujarat: UNDP facilitated eVIN training for VCCMs on July 5, 2025, Districts and corporations rolled out DPT 2nd booster and Td 10/Td 16 vaccinations in schools with RBSK support. A state-level review meeting, chaired by the Principal Secretary (Health) and MD NHM, was held on August 2, 2025.

- Haryana: The state conducted a review meeting on RI key deliverables under the chairmanship of MD (NHM) on 27th August 2025. An AEFI Causality Assessment meeting conducted on August 7, 2025.

- Himachal Pradesh: UIP review meeting was held under the chairpersonship of JS (RCH) to assess MR elimination progress, zero-dose reduction, and birth-dose vaccination coverage on July 23, 2025.

- Jharkhand: Key activities included QMS training for AEFI in two districts (July 2, 2025), a review meeting chaired by MD NHM (July 10, 2025), and two batches of cold chain handler training (August 18–21, 2025).

- Kerala: District-level RI training for medical officers on the revised RI Manual was completed. VPD surveillance training was held from August 5–7, 2025. The state is planning a JE vaccination campaign for children aged 1–15 years in Malappuram and Kozhikode districts from 2 October 2025, with vaccines already received.

- Ladakh: On August 1, 2025, the SEPIO reviewed MR cases across Kargil blocks. A high-level review chaired by the Principal Secretary (Health) with MD-NHM, DHS, SEPIO, and district officials was conducted on August 12, 2025, focusing on immunization and health programmes. Block-level RI and AEFI trainings have also been rolled out across Ladakh.

- Lakshadweep carried out an immunization awareness campaign on 25 August 2025,

- Madhya Pradesh: the "MR Kavach" catch-up campaign was carried out from 7 to 15 July 2025 in 105 blocks across 36 districts with low MR vaccination coverage. The state also launched Dastak Abhiyan (22 July–16 August 2025) for 0–5-year-old children.

- Maharashtra: Following a measles outbreak reported on 26 July 2025, the state initiated special outbreak vaccination drives. A state-wide MR vaccination campaign was conducted from 15–30 September 2025, covering Ashram schools and Madrasas. On 28 August, an orientation and planning workshop chaired by the Director, HFW, focused on the upcoming MR campaign. Besides, a virtual orientation on U-Mentor was conducted for two pilot districts, Solapur and Nanded.

- Manipur, the first round of the Special MR Campaign was completed from 28 June–4 July 2025, supported by intensive supervision from state officials and partners (UNDP, WHO, UNICEF).

- Meghalaya: To strengthen VPD surveillance transition to IDSP, the NCDC held a review meeting on 24 July 2025 with state officials. A follow-up virtual meeting with DIOs was conducted on 28 August 2025.

- Mizoram: The state held its STFI meeting on 11 July 2025, followed by a State Task Force meeting on 22 August 2025. An AEFI Causality Assessment meeting was held on 26 August 2025.

- Nagaland: AEFI surveillance training held for Medical Officers on 29 August 2025. A quarterly state review meeting with DIOs and partners was held on 8 August 2025, focusing on MR elimination, zero-dose strategies, and SNID planning.

- Odisha: Convergence efforts were strengthened through a meeting chaired by MD NHM with WCD on 5 July 2025. Capacity building included three batches of NCCMIS and EVM assessment

training (8–10 July). followed by a two-day VPD surveillance transition workshop (21–22 August). RI performance was reviewed with DIOs on 2–3 September 2025.

- Punjab: The state organized a one-day state level training on RI, UWIN, eVIN, VPD surveillance, and AEFI management on 8 July 2025. The state launched an MR vaccination campaign for all due children aged 0–5 years in the last week of August 2025.

- Rajasthan: A month-long special immunization campaign targeting left-out and drop-out children was conducted from 14 July–14 August 2025.

- Sikkim: The state convened a State AEFI Causality Assessment meeting on 8 July 2025. It also joined the national UIP review on 23 July 2025, focusing on MR elimination, zero-dose children, and birth dose vaccination coverage.

- Tamil Nadu is holding a school vaccination drive from 15th July to 15th October 2025.

- Telangana: State-level RI review under the chairmanship of the MD-NHM on 18 July 2025, followed by an AEFI Causality Assessment meeting was held on 8 July 2025. VPD surveillance training under IDSP for all the 33 districts, in preparation for transitioning surveillance responsibilities.

- Tripura: A state RI review meeting under the chairmanship of the MD-NHM was held on 30 July 2025. Later, on 30 August 2025, the State Coordination Committee met to plan the Mukhyamantri Sustho Shaishob Sustho Kaishore Abhiyaan (MSSSKA) 8.0 campaign, along with the State Task Force for Immunization.

- Uttar Pradesh completed UDSP training for VPD surveillance transition in 16 districts, with transition planning finalized by 31 August 2025. The State Task Force for Immunization meeting was conducted on 27 August 2025.

- Uttarakhand: The state participated in the national UIP review chaired by JS (RCH) on 23 July 2025, which assessed MR elimination status, zero-dose coverage, and birth dose vaccination. The first round of a Special Immunization Campaign was held from 21–31 July 2025 & 19–29 August.

- West Bengal: An STFI meeting was also held under the chairmanship of MD-NHM on 12 August, and a state AEFI committee meeting on 20 August 2025, VPD surveillance training for state officials was organized virtually on 28 July 2025, and transitioning workshops were also held in 13 districts under IDSP. Other key activities included the training of immunization field volunteers on 25 August 2025.

- Joint training for three northeastern states: A Review cum planning workshop for Gavi districts under the chairmanship of Principal Secretary Meghalaya on "Boosting demand for routine immunization and reducing zero dose children" across Meghalaya, Mizoram and Nagaland was conducted on 3rd and 4th September 2025.

Publications


Vaccine

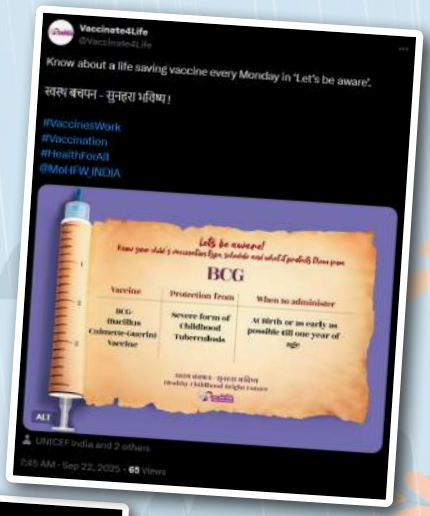
Implementation of smartphone application for reporting adverse events following immunization by the treating doctors in tertiary care teaching hospitals in Chennai, India: Pilot and feasibility study

Implementation of smartphone application for reporting Adverse Events Following Immunization (AEFI) by the treating doctors in tertiary care hospitals in Chennai, India: Pilot and feasibility study

Hospital-managed AEFI never reaches the system. A smartphone-based tool for doctors was piloted in 4 medical colleges in Chennai, India, to report serious and severe AEFIs. The study reflected doctor-led, mobile-based reporting was both practical and effective.

https://doi.org/10.1016/j.vaccine.2025.127644

Social Media Initiatives



Media Echo

- Delhi government to set up 7.5k healthcare camps under 'Swasth Nari, Sashakt Pariwar' campaign *Read More*
- JP Nadda inaugurates Government Medical Colleges in Madhya Pradesh's Sheopur, Singrauli *Read More*
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- Vaccination campaigns bring down neonatal deaths in UP. *Read More*
- South Asia achieves record immunization coverage; India, Nepal lead progress: WHO-UNICEF. *Read More*
- Zero-dose children are a huge concern, but India also needs to integrate and sustain its immunisation goals. *Read More*
- Digital India made healthcare, education, business inclusive, innovative. *Read More*
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- Zydus launches VaxiFluTM trivalent influenza vaccine for flu protection in India. *Read More*
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The Contributors

Advisor
Dr. Pritu Dhalaria

The Team
Jaishri Jethwaney
Nishant Shukla
Sadik Raza
Shah Faisal

Layout & Design
Aakanksha Sharma