

Decoding NFHS - 6

IMMUNIZATION – India Update

An ITSU Newsletter

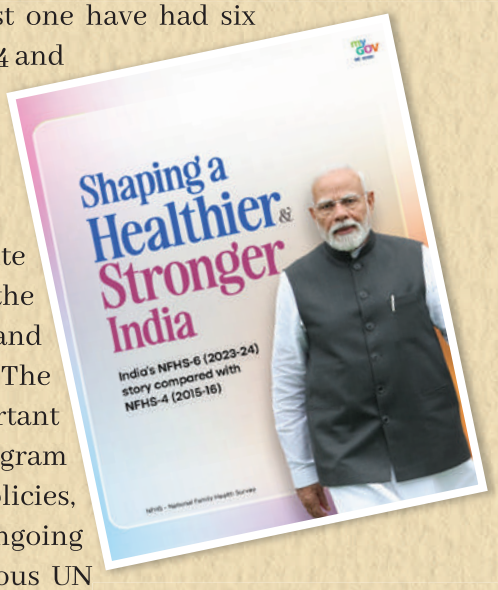
July-Sept'26

In this issue

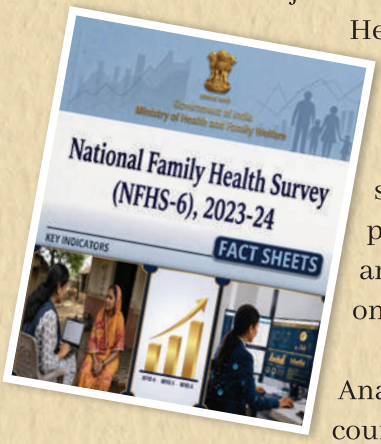
NFHS-6 A Bird's Eye
16th CHFW Conference
National Review Meeting on Diseases Surveillance
TB Mukt Bharat Advocacy
Operational Guidelines for VPDs Surveillance
2025 WUENIC Report
NCCVMRC 15th Foundation Day
SEAR-ITAG Meeting
IAG Meeting
HPV Vaccination Coverage Milestone
Chandipur Virus outbreak Response
Union Health Secretary at UN High-Level Meeting
ASMD (NHM) Field visit
NFHS-6 State wise macro data
Human Interest Stories
Publications
Social Media Imitative
Media Echo

First Post

There are more hits than misses in the immunization domain, when the National Family Health Survey (NFHS-6) is decoded. There has been immense surge in the immunization covarage as reflected in the findings. The NFHS exercise that began in 1992-93 including the latest one have had six rounds, the last being NFHS-6 undertaken in 2023-24 and released in May 2026 (NFHS-1: 1992–93; NFHS-2: 1998–99; NFHS-3: 2005–06; NFHS-4: 2015–16; NFHS-5: 2019–21; NFHS-6: 2023–24).



NFHS-6 was conducted by the International Institute for Population Sciences, Mumbai on behalf of the Ministry of Health & Family Welfare in all the states and union territories except the state of Manipur. The National Family Health Survey serves as an important document for policy makers and program implementation teams for planning newer policies, implementing programmes and monitoring ongoing schemes, including watching the progress of various UN Sustainable Goals (SDGs), especially SDG-3.

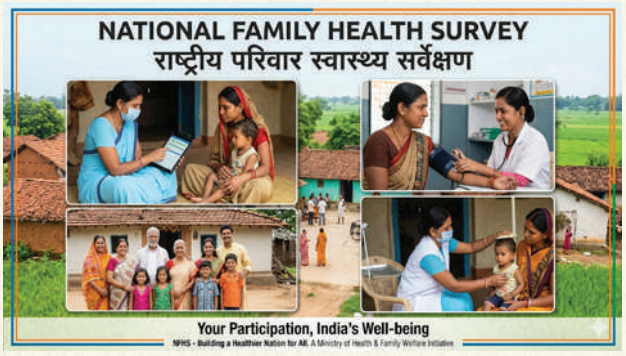


The main objectives of the NFHS programme according to the Ministry of Health and Family Welfare, the nodal agency for the survey has been "to strengthen India's demographic and health database by providing information that is both reliable and relied upon; to strengthen the survey research capabilities of Indian institutions to provide, analyse, and disseminate high-quality data; and to anticipate and meet the country's needs for data on emerging health and family welfare issues."

Analysts believe that the last three decades have seen the country moving closely towards universal healthcare access and childhood protection against vaccine preventable diseases. India has come a long way as the following table reflects.

Comparative Immunization Coverage Trends -(NFHS-1 to NFHS-6)

The country has witnessed a huge upsurge on the front of immunization access and coverage from 2014 onwards, when the central government decided to launch Mission Indradhanush (MI), which later was augmented to be known as Intensified Mission Indradhanush (IMI) to increase demand for vaccination, especially for reducing zero dose and left out children. In the last over a decade, the MI and IMI have had five rounds, the last being IMI 5.0 in 2023 undertaken in a mission mode to cover the entire country, concentrating on the catchup strategy to include all children below the age of five years that also included both zero dose and left out children.

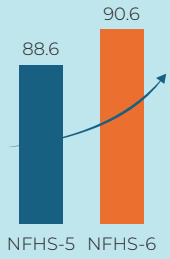


The data below presents national-level percentages across successive rounds of NFHS.*

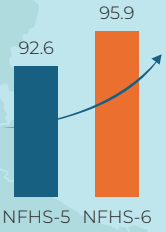
Indicator	NFHS-1 (1992–93)	NFHS-2 (1998–99)	NFHS-3 (2005–06)	NFHS-4 (2015-16)	NFHS-5 (2019–21)	NFHS-6 (2023–24)
Child Immunization						
Fully vaccinated (card or mother's recall)	35.5%	42.0%	43.5%	62.0%	76.6%	**82.6%**
Fully vaccinated (card only)	—	—	—	77.9%	83.8%	**87.1%**
Received BCG	62.2%	71.6%	78.2%	91.9%	95.2%	**95.0%**
Received 3 doses of pentavalent vaccine	51.7%	55.1%	55.3%	78.4%	87%	**89.2%**
Received 3 doses of polio vaccine	53.6%	62.8%	78.2%	72.8%	80.5%	**85%**
Received the first dose of measles-containing vaccine (MCV)	42.2%	50.7%	58.8%	81.1%	87.9%	**91.7%**
Received the second dose of measles-containing vaccine (MCV)	—	—	—	—	58.6%	**71.8%**
Received 3 doses of rotavirus vaccine (Newer)	—	—	—	—	36.4%	**85.4%**
Maternal Healthcare & Tetanus Protection						
Mothers Receiving 2+ Tetanus Toxoid (TT) / Td Injections	—	—	76.3%	89%	92.0%	**93.8%**
Mothers Consuming Iron Folic Acid (IFA) for 100+ Days	—	—	15.2%	30.3%	44.1%	**54.9%**
Institutional Deliveries	26.1%	33.6%	38.7%	78.9%	88.6%	**90.6%**

* Provisional based on NFHS fact sheet (https://www.nfhsiips.in/nfhsuser/release-details.php)

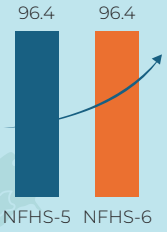
A Bird's Eye View of Access and Coverage – NFHS - 6*



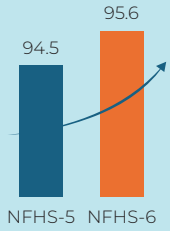
Institutional Deliveries



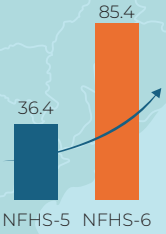
Mothers who had any antenatal care visits



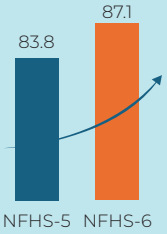
Children age 12-23 months recieved any Vaccine



Children age 12-23 months recieved vaccination in public health facility



Children age 12-23 month recieved 3 doses of rotavirus vaccine



Children age 12-23 months fully vaccinated (vaccination card only)

Provisional based on NFHS fact sheet (https://www.nfhsiips.in/nfhsuser/release-details.php)

The situation has further improved between 2024-26 when we look at the current data reflected as 98.6 % FIC during FY 2025-26.*

So, what are the lessons from NFHS-6 on the immunization front?





Looking at the numbers in terms of percentage vis-à-vis NFHS Round -5, the scenario looks encouraging, but in sheer numbers, there are still a few milestones to be achieved especially on the fronts of complete elimination of MR and reducing the number of Zero dose & left out to children by reaching out to underserved areas and communities in remote hamlets, geographically challenging areas, besides urban India for migratory families who come to large cities and towns in search of livelihood, leaving their homes and hearths behind.

Making primary health centres the hub for immunization activities that are community centric and caregiver friendly, upgrading the interpersonal skills of frontline workers, increasing community outreach by involving medical colleges, PRIs, influencers and CSOs will be the way forward in reaching the last mile to ensure no child remains unvaccinated.

State wise macro data on Page 13

*Source: https://www.pib.gov.in/PressReleasePage.aspx?PRID=2286952&reg=3&lang=1

16th Central Council of Health and Family Welfare Conference

Focus on Strengthening India's Healthcare System



The 16th Conference of the Central Council of Health and Family Welfare (CCHFW) was held on 29 June 2026 under the chairmanship of Shri Jagat Prakash Nadda, Union Minister of Health and Family Welfare, bringing together Health Ministers and senior officials from States and UTs to review the progress of key national health programs, discuss emerging public health priorities, and strengthen Centre–State collaboration to improve healthcare services across the country. Addressing the conference, Shri Nadda said that under the leadership of the Prime Minister, India is working towards becoming Viksit Bharat by 2047. He shared that the past 12 years had witnessed significant improvements in India's healthcare sector, highlighting the importance of the National Health Policy, 2017, which has shifted the country's healthcare approach from mainly treating illness to promoting a more comprehensive system that has accorded equal importance to preventive, promotive, curative, palliative, and rehabilitative care.

The Union Minister shared that about 1.85 lakh Ayushman Arogya Mandirs, the primary health centres have been established across the country, providing comprehensive primary healthcare and serving as the first point of contact for millions of people and strengthening the link among primary, secondary, and tertiary healthcare services. Highlighting the achievements of the UIP, Shri Nadda shared that under one of the flagship program, Mission Indradhanush, 5.46 crore children and 1.32 crore pregnant women received vaccination, especially those who missed their routine vaccination. He also informed that since the launch of the nationwide HPV Vaccination drive on 28 February 2026, more than 50 lakh adolescent girls have been vaccinated, The Health Minister acknowledged the efforts of States and UTs and called for continued collaboration to strengthen healthcare systems and ensure affordable, equitable, and quality healthcare for every citizen.

Disease Surveillance and Public Health Preparedness

The Ministry of Health and Family Welfare convened a two-day National Review Meeting on Disease Surveillance and Public Health Programmes in New Delhi on 16–17 July 2026, which brought together senior health officials from all the 36 States and UTs to review the progress of key public health programmes, strengthen disease surveillance, and improve preparedness for emerging health threats.

The meeting was chaired by Dr. Rakesh Gupta, Additional Secretary (Public Health), MoHFW, in the presence of Dr. Loveneesh G. Krishna, Director General of Health Services (DGHS), Shri Sukhlal Meena, Director (Public Health), Dr. Arti Bahl, Additional Director, National Centre for Disease Control (NCDC), and representatives from development partner organizations. Over two days, the participants reviewed the implementation of major national public health programmes and discussed ways to improve programme performance through a structured framework of Key Performance Indicators (KPIs). The meeting provided an opportunity for States and UTs to share their experiences, successful practices, and innovative approaches to strengthening disease surveillance and improving programme implementation. Participants discussed practical solutions to common operational challenges and ways to enhance coordination across public health programmes.



To ensure continuous improvement, the Centre and States agreed to conduct monthly performance reviews using the agreed to KPIs. These reviews will help identify implementation gaps, monitor progress, and support timely corrective action.

Advocacy with Lawmakers on TB Mukt Bharat



On the sidelines of the Monsoon session of the Parliament which was held in July-August 2026, the Union Health Minister Shri JP Nadda called upon Members of Parliament from Karnataka and Kerala as a part of the government's broader efforts to engage with parliamentarians in the TB Mukt Bharat Abhiyaan, to step up efforts to eliminate tuberculosis (TB). He called upon members of Lok Sabha and Rajya Sabha coming from these two states to strengthen public awareness, administrative oversight and community mobilization in their constituencies. The meeting, titled "Parliamentarians Championing a TB Mukt Bharat", as reported by the media, was attended by many parliamentarians including some Union ministers, Shri Pralhad Joshi, Union Minister of Education, Ms Anupriya Patel, Minister of State for Health and Family Welfare, Shri Suresh Gopi, Union Minister of State and Ms. Shobha Karandlaje, Union Minister of State and senior health officers.

Shri. Nadda highlighted the gains from the recently concluded 100-day campaign, which ran from March 24 to July 4, 2026, during which more than 2.02 crore vulnerable people were screened, resulting in the detection of over 7 lakh new TB cases. Of these, around 1.97 lakh were asymptomatic cases, which could otherwise have remained undetected. Calling for sustained political leadership, he urged MPs to work closely with District Collectors and health facilities and monitor the delivery of TB services at the grassroots level. He stressed that the fight against TB was not merely a government health programme but a people's movement requiring collective ownership.

Union Health Secretary Smt. Punya Salila Srivastava shared that both the states of Karnataka and Kerala faced several factors that contributed to their TB burden, which included increasing urbanization, migration, slums habitation, undernutrition, alcohol & tobacco use, HIV and diabetes, an ageing population with co-morbidities, construction and industrial workers, hilly and tribal areas, stone quarries, among others.

Intermediate Field Epidemiology Training Programme to Strengthen Disease Surveillance

In a major step towards strengthening India's disease surveillance system and public health preparedness, Union Health Secretary Smt. Punya Salila Srivastava launched the Intermediate Field Epidemiology Training Programme (I-FETP) on 15 July 2026. The programme, implemented through the National Centre for Disease Control (NCDC), Ministry of Health and Family Welfare, aims to build a skilled workforce capable of detecting, investigating, and responding to disease outbreaks across the country.

Under the initiative, 250 Surveillance Officers from states and districts will receive specialized training through 14 leading medical and public health institutions. The programme is designed to enhance the knowledge and skills of frontline public health professionals in disease surveillance, outbreak investigation, public health data analysis, and evaluation of surveillance systems.



On the occasion, the Union Health Secretary also released the Operational Guidelines for Vaccine Preventable Diseases (VPD) Surveillance, which aims at providing a standardized framework for monitoring vaccine-preventable diseases across the country, thus helping States and UTs to strengthen their surveillance systems, improve data quality, and ensure timely detection and reporting of cases.

16th BRICS Health Ministers' Meeting Strengthens Global Health Cooperation



The 16th BRICS Health Ministers' Meeting held in Chandigarh under India's BRICS Chairship from 22-24 July 2026, bringing together Health Ministers, Heads of Delegation, senior government officials, and public health experts from BRICS member countries. Themed "Building for Resilience, Innovation, Cooperation and Sustainability," the meeting provided an important platform to strengthen collaboration on shared public health priorities and promote a healthier future for all.

The discussions focused on building stronger health systems, advancing Universal Health Coverage, promoting innovation, improving pandemic preparedness, and expanding cooperation among BRICS nations to address emerging global health challenges.

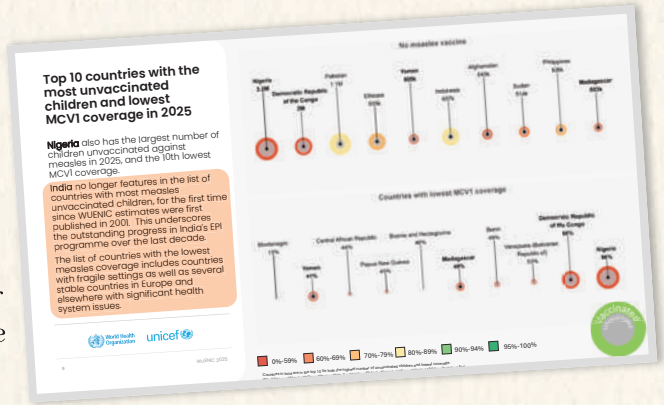
Addressing the meeting virtually, Union Minister of Health and Family Welfare Shri J P Nadda welcomed delegates from BRICS member and partner countries and thanked them for their active participation during India's BRICS Chairship. He noted that the strong participation reflected BRICS' growing role in promoting collaboration among countries of the Global South. Union Ministers of State for Health and Family Welfare, Shri Prataprao Jadhav and Smt. Anupriya Patel, also participated in the meeting.

Shri Nadda highlighted the people-centred policies, expanded healthcare access, digital public infrastructure, and improved service delivery in India that have strengthened country's health system. He also pointed out that BRICS countries accounted for nearly half of the world's tuberculosis burden and called for strengthening the BRICS TB Research Network to promote collaborative research, innovation, and equitable access to diagnostics, medicines, and vaccines. The Delegations also welcomed continued cooperation in BRICS Nuclear Medicine and reaffirmed support for the BRICS Vaccine R&D Centre to strengthen collaborative research and improve equitable access to safe and effective vaccines.

The meeting concluded with the adoption of the 16th BRICS Health Ministerial Declaration, reaffirming the commitment of member countries to deepen cooperation and establish stronger institutional partnerships.

India's Universal Immunization Programme Receives Accolades!

The 2025 WUENIC (WHO-UNICEF Estimates of National Immunization Coverage) Report has appreciated India' s success in the immunization domain. The Report acknowledges reduction in number of zero-dose children from 1.59 million in 2023 to 0.91 million in 2024, and further down to 0.68 million in 2025. National coverage for major childhood vaccines has surpassed the global average, highlighted by 97% coverage for DPT1 and 95% for both DPT3 and the second measles-containing vaccine dose (MCV2).



Once India was among the top ten countries with the highest number of unvaccinated children, but over the years, the country has worked on all the immunization concerns and challenges and successfully pulled out of that scenario.

NCCVMRC Marks 15 Years of Strengthening India's Immunization Supply Chain



The National Institute of Health and Family Welfare (NIHFW) celebrated the 15th Foundation Day of the National Cold Chain and Vaccine Management Resource Centre (NCCVMRC) on 27 July 2026, marking an important milestone in its efforts to strengthen India's immunization supply chain and vaccine management systems.

To commemorate the occasion, the Union Minister of Health and Family Welfare, Shri J P Nadda, recognizing NCCVMRC's significant contribution to the Universal Immunization Programme, highlighted the Centre's vital role in building the capacity of immunization professionals. He appreciated the excellent work by NCCVMRC in becoming an international Centre of Excellence in vaccine and cold chain management.

The celebration brought together senior government officials, public health experts, academicians, development partners, and alumni to reflect on NCCVMRC's 15-year journey and its contribution to strengthening vaccine logistics and immunization services across the country.
Over the past 15 years, NCCVMRC has played a pivotal role in improving vaccine storage, transportation, and cold chain management through technical guidance, training, and capacity building. As it enters the next phase of its journey, NIHFW reaffirmed its commitment to advancing innovation, strengthening immunization systems, and building a skilled public health workforce to ensure that every essential vaccine reaches every child safely and effectively.

SEAR-ITAG Meeting Focuses on Closing Immunity Gaps and Accelerating Measles Elimination



The 17th meeting of the WHO South-East Asia Regional Immunization Technical Advisory Group (SEAR-ITAG) was held from 23–25 September 2026 in New Delhi, bringing together representatives and immunization experts from countries across the South-East Asia Region. India was represented by the Additional Commissioner, Immunization, who shared an overview of the country's progress, achievements, and priorities under the Universal Immunization Program (UIP).

Additional Commissioner Dr. Pawan Kumar's presentation included the following key strategic priority areas:

- **Progress & Strategic Alignment:** Regional updates on the Vaccine Implementation Plan 2022–26, Immunization Agenda 2030 (IA2030), and NITAG maturity levels.
- **Disease Elimination Milestones:** Sustaining maternal and neonatal tetanus (MNTE) elimination, advancing Hepatitis B control, and strategies targeting measles and rubella elimination.
- **Innovation & Supply Chains:** Updates on new vaccine prioritization, combined vaccines, vaccine forecasting, and digital health solutions (UWIN).
- **Emerging Priorities:** Integrating climate change resilience into service delivery, vaccine research preparedness, addressing vaccine hesitancy, and vaccination in emergencies.
- **A collaborative step forward:** Strengthening regional health systems and protecting communities against vaccine-preventable diseases (VPDs).

The Additional Commissioner emphasized that these achievements have been made possible through strong leadership, effective interdepartmental coordination, accountability and governance at all

Continued on page 9

Immunization Action Group (IAG) Meeting- Progress Review



The Immunization Action Group (IAG) meeting was convened by the Ministry of Health and Family Welfare on 5th August 2026 in New Delhi, to review the progress of the Universal Immunization Program (UIP), with a focus on NFHS-6 data, zero-dose children, Measles & Rubella coverage, and VPD cases across States and UTs. The meeting was chaired by Ms. Aradhana Patnaik, Additional Secretary & Mission Director (NHM), co-chaired by Ms. Meera Srivastava, Joint Secretary (RCH) and facilitated by Dr Pawan Kumar, Additional Commissioner, Immunization. State officials, including Mission Directors (NHM) and State SEPIOs from 22 States, representatives from Gavi (virtually), and key stakeholders, including UNDP, UNICEF, WHO, JSI, ITSU, NCCVMRC, and the Gates Foundation, attended the meeting.

IAG was preceded by the Pre-Immunization Action Group (Pre-IAG) meeting held on 1st August 2026 under the chairpersonship of Dr Pawan Kumar, Additional Commissioner, Immunization, to review the activities supported under HSS-3. The meeting was attended by all implementing partners, namely WHO, UNICEF, UNDP and JSI. Representatives from ITSU and the Gates Foundation also participated in the meeting. The AS&MD during the IAG emphasized on the need to shift from just analysis to focused implementation and measurable improvement, using current village-level gaps and achieving ≥95% immunization coverage as the desired level. States were advised to strengthen village-level analysis, U-WIN tracking, monthly mop-up of missed children.



The meeting also highlighted the need to address human resource gaps, particularly shortages of ANMs and ASHAs, through appropriate deployment, training, and supportive supervision. Intensified monitoring was recommended in poor-performing, hard-to-reach, and vaccine-hesitant areas. Greater use of U-WIN drill-down data, timely line-listing, and gradual convergence with HMIS and NFHS findings was advised to support targeted planning and corrective action. The AS&MD further emphasized the importance of NFHS-6 data and advised States to examine district-wise findings, identify low-coverage villages and areas, and undertake focused corrective measures. Overall, the meeting stressed the need for implementation-focused action, continuous data-driven monitoring, targeted supportive supervision, and measurable improvement from the baseline, particularly in last-mile areas.

India Achieves a Major Milestone in the Prevention of Cervical Cancer

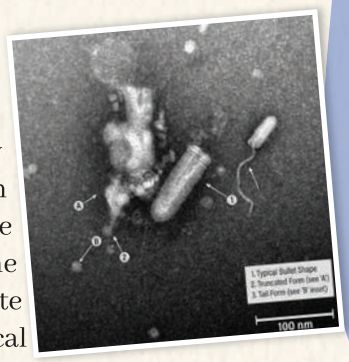
India has crossed a significant milestone in cervical cancer prevention, with more than 80 lakh (8 million) doses of the Human Papillomavirus (HPV) vaccine administered under the National HPV Vaccination Campaign since its launch in February 2026. The achievement marks an important step in the Government of India's efforts to strengthen preventive healthcare and expand protection against cervical cancer among future generations.



Launched by Prime Minister Shri Narendra Modi, the campaign provides free, voluntary, single-dose HPV vaccination to 14-year-old girls, with parental consent, at government health facilities. With approximately 1.2 crore girls in the annual eligible cohort, the initiative represents a major expansion of access to preventive healthcare. Community engagement through frontline health workers and the use of U-WIN, the digital platform has helped program mangers identify gaps and missed beneficiaries to bridge the gaps. Ensuring safe vaccination has remained a key priority. As the campaign enters its final phase, the focus remains on reaching every eligible girl. The achievement of 80 lakh doses demonstrates the scale of coordinated public health action and the government's continued commitment to cervical cancer prevention.

Centre Deploys National Joint Outbreak Response Team

A step towards One Health Approach



The inter-connectedness of human life, animal life and climate change have necessitated a multi-disciplinary approach to addressing diseases spread and control. Following the Chandipura Virus Disease outbreak (CHPV) in early August 2026, the MoHFW deployed a National Joint Outbreak Response Team (NJORT) to Gujarat and Rajasthan to strengthen the outbreak response. The multidisciplinary team, comprising experts from NCDC, ICMR and the Department of Animal Husbandry and Dairying (DAHD), will support state authorities in outbreak investigation, epidemiological assessment, clinical management, laboratory coordination, vector surveillance and public health response. The NCDC Public Health Emergency Operations Centre has also been activated to support the response.



The deployment is backed by an extensive scientific investigations, involving leading institutions, including NIE, ICMR-NIVCR, ICMR-NIV, ICMR-NIPCR and ICAR-NIVEDI. Investigations are examining the clinical spectrum of CHPV, transmission patterns, vector involvement, animal reservoirs and possible genetic changes in the virus.

A major focus is identifying the transmission cycle. Although sandflies are established vectors, scientists are also investigating whether mosquitoes, ticks or mites could contribute to transmission. Vector samples from affected areas are undergoing laboratory analysis, and officials have cautioned that no specific vector can yet be conclusively linked to the current outbreak.

Animal surveillance has also been expanded, with blood samples from cattle, buffaloes and goats. Milk samples are being tested to explore possible animal reservoirs. Meanwhile, whole-genome sequencing is also being undertaken to assess genetic variation and determine whether the circulating virus differs from strains associated with previous outbreaks.

The response is further strengthened by India's Hospital-based AES Surveillance Network, spanning 15 tertiary-care hospitals and generating epidemiological and laboratory evidence through standardized surveillance and advanced diagnostics. Together, these efforts reflect a coordinated One Health approach, integrating human, animal and vector surveillance.

SEAR-ITAG Meeting-Contd. from page 7



levels, beside the dedicated efforts of frontline health workers, and timely strengthening and updating of program guidelines.
Reaffirming India's commitment to the principle of "leaving no one behind," Dr Pawan Kumar underscored the country's continued focus on the elimination and control ofvaccine-preventable diseases, particularly Measles and Rubella, while reducing morbidity and mortality from vaccine-preventable diseases across the life course and ensuring equitable access to immunization services for all.

The SEAR-ITAG meeting called for shaping priorities for the next Regional Vaccine Implementation Plan beyond 2026, focusing on accelerating measles and rubella elimination, closing immunity gaps, strengthening surveillance and financing, and preventing future outbreaks.

India reaffirms its commitment to strengthening global pandemic preparedness and response at UN High-Level Meeting



Representing India at the UN High-Level Meeting on 'Pandemic Prevention, Preparedness and Response' in New York on 25th September, Union Health Secretary Smt. Punya Salila Srivastava reaffirmed India's commitment to strengthening global health security through international cooperation. She stressed the need to translate the lessons of the COVID-19 pandemic into sustained investment, institutional capacity and resilient health systems.

Addressing the meeting at the United Nations Headquarters, Smt. Srivastava outlined India's coordinated approach to pandemic prevention and response across government and society, which covers a wide range of potential health emergencies. She spoke of the country's efforts to expand laboratory networks, emergency coordination, health workforce, stockpiles and clinical care capacity to ensure that systems are equipped to respond effectively to health emergencies.

Drawing on India's experience during COVID-19, Smt. Srivastava called for digital public infrastructure to be recognised as a global public good. She noted that digital solutions played an important role in surveillance, vaccination, risk communication, supply chains and continuity of health services during the pandemic. She underscored the importance of solidarity and fair access to essential health products. During the COVID-19 pandemic, she shared that India supplied 300 million vaccine doses to around 100 countries and two UN entities, while providing medical assistance to over 150 countries, which reflected India's commitment to the principle of "One Earth, One Health" and to the Global South.

Referring to the WHO Pandemic Agreement adopted in May 2025, the Union Health Secretary described it as an important milestone and stressed that its credibility would depend on a fair Pathogen Access and Benefit Sharing (PABS) system.

Quality healthcare through strong primary care and smart use of digital technology

Additional Secretary & Mission Director, NHM, Smt. Aradhna Patnaik visited health facilities across Dadra & Nagar Haveli and Daman & Diu on 24 Sept 2026, to review healthcare delivery and assess the ground-level implementation of key NHM programmes. With health facilities in the UT certified under NQAS, the visit highlighted the emphasis on maintaining high standards of care. The extensive use of digital technology for monitoring and tracking health services has further enabled timely oversight, better coordination and stronger health system performance. The visit reflected how quality standards, technology and strong primary healthcare are coming together to strengthen public health services closer to communities.





Bringing primary healthcare closer to communities in Gujarat





Additional Secretary & MD (NHM), MoHFW, Smt. Aradhana Patnaik visited Ayushman Arogya Mandir–PHC Pransli and Ayushman Arogya Mandir–PHC Sasan in Gujarat on 25 Sept 2026, to review the implementation of National Health Mission programmes and assess healthcare delivery on the ground. The visit focused on strengthening frontline health infrastructure, improving service delivery mechanisms and ensuring that care remains patient-centric, accessible and responsive to community needs. The visit also highlighted the continued effort to strengthen comprehensive primary healthcare by bringing quality health services to the last mile, while improving health outcomes at the community level.

34th National T-VaCC Training





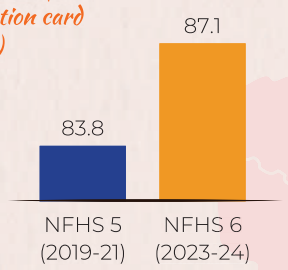
The 34th National Batch of the Training on Vaccine and Cold Chain Management (T-VaCC) was held at the National Institute of Health & Family Welfare (NIHFW) from 6–10 July 2026. Organized by the National Cold Chain and Vaccine Management Resource Centre (NCCVMRC), the five-day training programme focused on strengthening the skills of immunization programme managers in vaccine logistics and cold chain management under the Universal Immunization Programme (UIP). Present during the programme were also Dr. Pawan Kumar, Additional Commissioner (UIP), Dr. Ashish B Chakraborty, Deputy Commissioner from MoHFW and Dr. Rajesh Kumar, Nodal Officer, NCCVMRC & Head, Department of RBM, NIHFW.

The training brought participants from nine States and Union Territories, including Andhra Pradesh, Assam, Dadra & Nagar Haveli, Daman & Diu, Delhi, Karnataka, Kerala, Puducherry, Tamil Nadu, and Telangana. The diverse participation provided an opportunity for programme managers to exchange experiences, learn from one another, and discuss practical solutions to improve vaccine management.

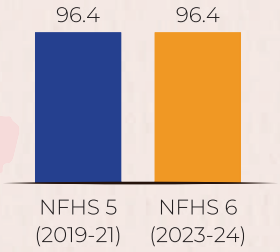
The sessions covered key aspects of vaccine logistics, cold chain management, and best practices to ensure the safe storage, handling, and transportation of vaccines. By strengthening the technical capacity of programme managers, the training supports the efficient delivery of vaccines and helps maintain vaccine quality throughout the supply chain.

Snap shot of NFHS - 5 & 6 on Immunization

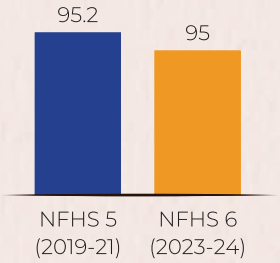
Children age 12-23 months fully vaccinated based on information from vaccination card only (%)



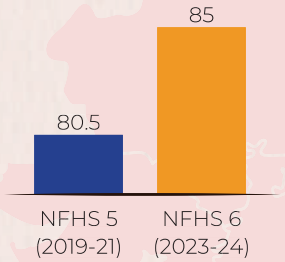
Children age 12-23 months who have received any vaccine (%)



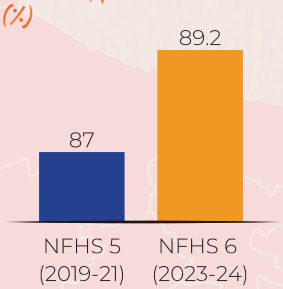
Children age 12-23 months who have received BCG (%)



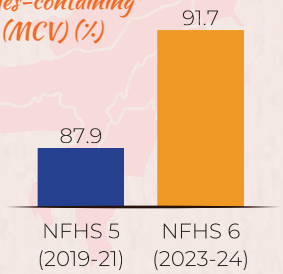
Children age 12-23 months who have received 3 doses of polio vaccine8 (%)



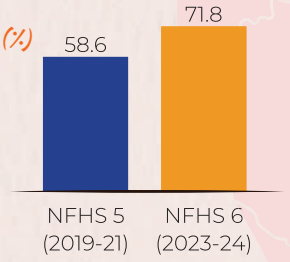
Children age 12-23 months who have received 3 doses of pentavalent vaccine (%)



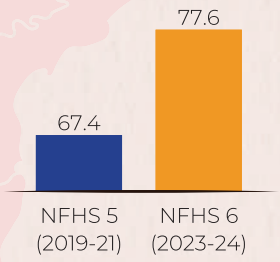
Children age 12-23 months who have received the first dose of measles-containing vaccine (MCV) (%)



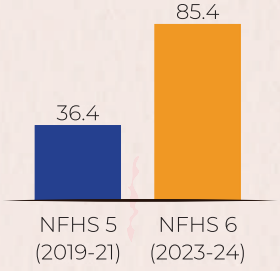
Children age 24-35 months who have received a second dose of measles-containing vaccine (MCV) (%)



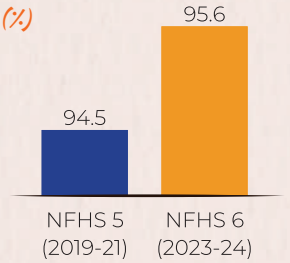
Children age 12-23 months who have received birth dose of hepatitis B vaccine (%)



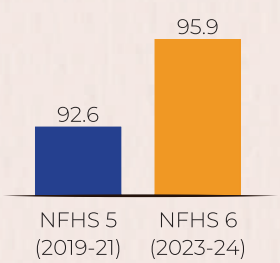
Children age 12-23 months who have received 3 doses of rotavirus vaccine (%)



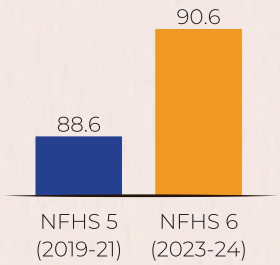
Children age 12-23 months who received most of their vaccinations in a public health facility (%)



Mothers who had any antenatal care visits (%)



Institutional births (%)



Decoding NFHS - 6 Insights

Macro level data from States*

A Ready Reckoner

An effort is made here to provide at a glance NHFS-6 data for 35 states and UTs, except Manipur which was not covered in Round -6.

Andaman & Nicobar Islands

Strengthening Timely Protection and Continuity of Immunization

The Andaman & Nicobar Islands recorded significant gains in key immunization indicators between NFHS-5 and NFHS-6, particularly in birth-dose, measles vaccination and completion of primary infant vaccine series. Birth-dose of Hepatitis B vaccine coverage recorded the most notable improvement, increasing by 37.1 percentage points, from 59.5% in NFHS-5 to 96.6% in NFHS-6. First dose Measles-containing Vaccine (MCV1) increased from 84.0% to 96.0%, while second dose Measles-containing Vaccine MCV2 coverage rose from 77.4% to 90.9%—a gain of 13.5 percentage points. 3 doses of polio vaccine increased from 80.9% to 92.2%, while 3 doses of pentavalent vaccine remained high at 92.3%. At the same time, any vaccination and BCG coverage remained high at 97.2%, although both declined marginally from 98.2% during the NHFF-5. Card-verified Full Immunization Coverage (FIC) declined from 96.0% to 91.3%, suggesting the need to further strengthen documentation and record retention.

Andhra Pradesh

Records Massive 3 doses of rotavirus vaccine and Measles Gains in NFHS-6

Andhra Pradesh's childhood immunization data from NFHS-5 to NFHS-6 reveals significant progress, with all targeted indicators crossing the 90% threshold. Foundational healthcare contact expanded, as children receiving any vaccine rose from 95.0% to a near-universal 97.7%. Crucially, this translated into better verifiable schedule completion, with card-verified full immunization growing from 88.0% to 92.3%. The state also achieved massive surges in specific antigen delivery. MCV1 coverage climbed from 87.1% to 96.0% and MCV2 improve from 57.5% to 84.1% in NFHS-6, the 3 doses of rotavirus vaccine leaped dramatically from 75.5% to 92.7%, reflecting a maturing and resilient health infrastructure.

Arunachal Pradesh

Steady Progress Across Challenging Terrain

Arunachal Pradesh recorded substantial improvement in Full Immunization Coverage (FIC) between NFHS-5 and NFHS-6, with card-verified FIC increasing from 76.4% to 89.1%, a gain of 12.7 percentage points. The improvement reflects stronger routine immunization delivery across geographically challenging areas. 3 doses of polio vaccine increased from 69.0% to 78.6%, while 3 doses of pentavalent vaccine rose from 77.6% to 82.0%. MCV1 coverage increased from 80.7% to 83.8% and MCV2 coverage increasd from 51.9% to 65.7%, while Birth-dose of Hepatitis B vaccine coverage rose from 65.1% to 74.7%. Foundational coverage remained strong, with any vaccine coverage at 90.8% and BCG at 89.3%, compared with 90.6% and 87.9% in NFHS-5 respectively.

Assam

Broad-Based Gains in Routine Immunization

Assam recorded strong improvement in Full Immunization Coverage, with card-verified FIC rising from 71.8% to 87.7%, an increase of 15.9 percentage points. Foundational reach also remained high, with any vaccine coverage at 95.5% and BCG at 94.0%. MCV1 coverage increased substantially from 82.8% to 90.5% and MCV2 increaded from 35.5% to 68.1%. Birth-dose of Hepatitis B vaccine coverage also improved markedly, from 53.9% to 71.7%, a gain of 17.8 percentage points. Coverage of the primary vaccine series strengthened as well. 3 doses of polio vaccine increased from 73.4% to 84.1%, while 3 doses of pentavalent vaccine rose from 82.5% to 88.6%.

Bihar

Steady Progress Across a High-Volume State

Bihar recorded steady improvement in Full Immunization Coverage, with card-verified FIC increasing from 82.7% to 86.0% between NFHS-5 and NFHS-6 while iMCV2 increased from 55.7% to 66.2%. Progress was observed across several key antigens. MCV1 coverage increased from 85.7% to 89.9%, the 3 doses of pentavalent vaccine rose from 85.2% to 87.6%. 3 doses of polio vaccine coverage also improved from 75.5% to 79.3%. Birth-dose of Hepatitis B vaccine coverage increased from 68.2% to 74.9%, indicating improvement in timely protection following birth.

Chandigarh

High Coverage with Strong Booster Retention

Chandigarh maintained a high level of immunization coverage, with card-verified FIC increasing from 82.8% to 85.9% between NFHS-5 and NFHS-6. Children aged 12–23 months receiving any vaccine, increased from 96.8% to 100%. Receiving 3 doses of pentavalent vaccine, improved substantially from 87.9% to 93.6%. Receiving the MCV1increased from 87.9% to 90.7%. MCV2 coverage has also increased from 75.5% to 91.8% in NFHS-6. Receiving 3 doses of rotavirus vaccine, recorded improvement, rising from 84.9% to 93.6% during this period.

Chhattisgarh

Almost Maintaining Coverage Amid Routine-Series Gaps

Chhattisgarh recorded largely stable Full Immunization Coverage, with card-verified FIC changing marginally from 84.8% to 84.6% between NFHS-5 and NFHS-6. The MCV2 increased from 56.3% to 64.1%. BCG coverage decreased from 96.4% to 93.2%, while 3 doses of polio vaccine declined from 84.2% to 81.3% and 3 doses of pentavalent vaccine from 87.5% to 85.4%. These changes indicate the need for renewed attention to completion of routine multi-dose schedules. In contrast, Birth-dose of Hepatitis B vaccine coverage improved from 70.6% to 77.7%, a gain of 7.1 percentage points, indicating progress in timely postnatal vaccination.

Dadra & Nagar Haveli and Daman & Diu

Stronger Birth-Dose Protection Amid Routine-Series Gaps

Dadra & Nagar Haveli and Daman & Diu recorded strong gains in birth-dose immunization between NFHS-5 and NFHS-6, alongside modest declines in the completion of some multi-dose vaccines. Any vaccination and BCG coverage reached 100.0%, up from 99.4% and 98.1%, respectively. The most notable improvement was in Birth-dose of Hepatitis B vaccine coverage, which increased by 25.4 percentage points, from 69.9% to 95.3%. This indicates substantial strengthening of timely immunization.

MCV1 coverage also improved from 96.2% to 98.9%, maintaining very high first-dose measles protection. However, some indicators showed a decline. Card-verified Full Immunization Coverage (FIC) decreased from 93.4% to 90.5%. 3 doses of polio vaccine declined from 96.1% to 91.6%, while 3 doses of pentavalent vaccine decreased from 97.2% to 95.1%. MCV2 coverage also fell from 84.2% to 80.8%, indicating a need for stronger follow-up for scheduled doses.



Delhi

Renewed focus on MR and Full Immunization Coverage

NCT of Delhi showed a mixed immunization profile between NFHS-5 and NFHS-6. Card-verified FIC declined from 79.4% to 70.0%, while foundational reach also decreased, with any-vaccine coverage falling from 96.8% to 87.5% and BCG from 96.7% to 87.3%. MCV1 declined from 90.1% to 83.9%. MCV2 coverage is also declined from 83.5% to 61.7% in NFHS-6. In contrast, 3 doses of polio vaccine coverage increased from 80.2% to 86.0%. 3 doses of pentavalent vaccine declined modestly from 85.0% to 82.9%, while Hepatitis-B birth-dose coverage also declined from 75.1% to 73.6%. The NFHS-6 profile points to the need for renewed focus on routine immunization reach and completion, particularly in an urban setting characterized by population mobility and access to services.



Goa

Strong Gains in Booster Coverage and Routine Immunization

Goa recorded substantial improvement in several key immunization indicators between NFHS-5 and NFHS-6, particularly in completion of the measles schedule and primary vaccine series. The most notable gain was in MCV2 coverage among children aged 24–35 months, which increased sharply from 33.0% to 88.3%, a gain of 55.3 percentage points. Card-verified Full Immunization Coverage (FIC) also improved from 91.0% to 94.4%. Primary-series coverage remained high and strengthened further. MCV1 and 3 doses of pentavalent vaccine both increased to 98.6%, from 92.9% and 90.8%, respectively. 3 doses of polio vaccine coverage also rose from 88.3% to 93.8%. Birth-dose of Hepatitis B vaccine coverage increased from 80.2% to 91.9%, while BCG coverage remained high at 98.6%.



Gujarat

Stronger Birth-Dose and Booster Coverage

Gujarat recorded important gains in Birth-dose of Hepatitis B vaccine and second-dose measles coverage between NFHS-5 and NFHS-6, while Full Immunization Coverage remained broadly stable. Birth-dose of Hepatitis B vaccine coverage increased substantially from 62.8% to 86.0%, a gain of 23.2 percentage points. MCV2 coverage also rose from 50.8% to 70.2%, an improvement of 19.4 percentage points, indicating progress in follow-up beyond the first year of life. Card-verified FIC remained almost unchanged, at 85.0% in NFHS-5 and 84.5% in NFHS-6. However, some primary-series indicators improved. 3 doses of polio vaccine increased from 79.6% to 83.6%, while MCV1 rose from 86.8% to 89.2%. Foundational coverage remained high, with any vaccine at 96.3% and BCG at 95.7%.



Haryana

Broad Improvement Across Key Immunization Indicators

Haryana recorded steady improvement in Full Immunization Coverage between NFHS-5 and NFHS-6, accompanied by strong gains in birth-dose and second dose measles vaccine coverage. Card-verified FIC increased from 81.1% to 86.2%, a gain of 5.1 percentage points. Birth-dose of Hepatitis B vaccine coverage rose substantially from 66.6% to 84.7%, while MCV2 coverage increased from 56.7% to 73.9%. There was also modest improvement in primary-series coverage. MCV1 increased from 89.4% to 90.1%, while 3 doses of polio vaccine rose from 80.6% to 82.2%. 3 doses of pentavalent vaccine remained high at 86.8%. Foundational coverage also remained strong, with any vaccine at 95.6% and BCG at 94.2%.

Himachal Pradesh

High Coverage with Improved MCV2 Retention

Himachal Pradesh continued to demonstrate high levels of foundational and primary immunization coverage in NFHS-6, along with improvement in MCV2. Any vaccine coverage remained high at 98.5% and BCG coverage at 97.9%. MCV1 also remained at a high level of 95.7%, while 3 doses of pentavalent vaccine stood at 95.2%. 3 doses of polio vaccine coverage improved from 90.1% to 92.6%. A notable gain was recorded in MCV2 coverage, which increased from 69.2% to 77.2%, an improvement of 8.0 percentage points. Birth-dose of Hepatitis B vaccine coverage remained high at 91.2%. However, card-verified FIC declined from 96.4% to 86.3%. This change contrasts with the continued high levels recorded for several individual vaccine indicators and should therefore be considered alongside the broader NFHS-6 coverage profile.

Jammu & Kashmir

Strong Gains Across Birth-Dose and Measles Coverage

Jammu & Kashmir recorded steady improvement across several key immunization indicators between NFHS-5 and NFHS-6. Foundational coverage strengthened, while both birth-dose and measles vaccination showed notable gains. Any vaccine coverage increased from 95.7% to 97.7%, while BCG coverage rose from 95.1% to 97.5%. Birth-dose of Hepatitis B vaccine coverage also improved from 88.1% to 94.1%, indicating stronger timely protection following birth. Measles vaccination recorded gains at both stages. MCV1 coverage increased from 91.7% to 95.0%, while MCV2 coverage rose from 73.6% to 82.4%, a gain of 8.8 percentage points. 3 doses of polio vaccine coverage crossed the 90% level, increasing from 87.6% to 90.3%, while 3 doses of pentavalent vaccine remained high at 93.6%, compared with 92.8% in NFHS-5. Card-verified Full Immunization Coverage (FIC) declined modestly from 96.5% to 93.7%, but remained at a high level.

Jharkhand

Strong Expansion in Full and Booster Immunization

Jharkhand recorded substantial improvement in Full Immunization Coverage between NFHS-5 and NFHS-6, alongside notable gains in second-dose measles vaccination. Card-verified FIC increased from 79.2% to 87.6%, a gain of 8.4 percentage points. MCV2 coverage also improved significantly, rising from 59.8% to 70.7%, an increase of 10.9 percentage points. Progress was also observed across primary-series indicators. MCV1 coverage increased from 86.9% to 89.5%, while 3 doses of polio vaccine rose from 76.7% to 79.6%. 3 doses of pentavalent vaccine increased from 86.0% to 87.3%. Birth-dose of Hepatitis B vaccine coverage improved from 61.3% to 65.7%, although it remained comparatively lower than several other indicators. Foundational coverage remained strong, with any vaccine at 95.9% and BCG at 94.9%.

Karnataka

Comprehensive Consolidation Across Perinatal and Toddler Touchpoints

Karnataka recorded broad-based immunization gains between NFHS-5 and NFHS-6, strengthening coverage across birth-dose protection. Card-verified Full Immunization Coverage (FIC) rose from 88.3% to 91.8%. The strongest improvement was observed in MCV2, which increased from 62.4% to 79.4%, indicating substantial improvement in completion beyond the first measles dose. Coverage of MCV1 also strengthened, rising from 91.4% to 95.6%, while Hepatitis-B birth dose increased from 84.5% to 92.5%. 3 doses of polio vaccine coverage improved from 87.5% to 91.3%, and 3 doses of pentavalent vaccine from 92.3% to 93.3%. Foundational reach remained high, with 96.8% of children receiving any vaccine and 96.4% receiving BCG.

Kerala

Substantial Gains in Toddler Immunization Retention

Kerala recorded a major improvement between NFHS-5 and NFHS-6, particularly in completing vaccination beyond the first measles dose, while maintaining steady gains across primary antigens. The most striking change was in MCV2, which rose from 31.9% to 83.3%, a gain of 51.4 percentage points. This substantially narrowed the gap between first- and second-dose measles coverage. MCV1 also increased from 88.9% to 92.8%, while 3 doses of polio vaccine rose from 84.1% to 88.6% and 3 doses of pentavalent vaccine from 85.9% to 88.8%. Hepatitis-B birth-dose coverage improved from 81.4% to 86.9%. Card-verified FIC increased modestly from 85.2% to 86.8%, while foundational reach remained high, with any-vaccine coverage at 97.6% and BCG at 96.8%.

Ladakh

Near-Universal Primary Antigen Coverage

Ladakh maintained exceptionally high immunization reach in NFHS-6, with substantial gains across birth-dose protection and primary childhood antigens. MCV1 increased from 92.9% to 98.1%, while 3 doses of pentavalent vaccine rose from 95.0% to 98.7% and 3 doses of polio vaccine from 88.2% to 94.1%. Hepatitis-B birth-dose coverage recorded a particularly strong improvement, rising from 89.8% to 98.2%. MCV2 also improved from 74.2% to 85.7%, indicating stronger retention after the first measles dose. Card-verified FIC, however, declined from 100.0% to 95.6%, although it remained at a very high level. Foundational reach was near-universal, with any-vaccine and BCG coverage both at 99.0%.

Lakshadweep

Stronger Coverage with a Persistent Birth-Dose Gap

Lakshadweep recorded gains in overall and primary immunization coverage between NFHS-5 and NFHS-6, Card-verified FIC increased from 91.7% to 95.0%, while MCV1 rose from 91.0% to 93.7%. 3 doses of polio vaccine improved from 86.1% to 90.5%, and 3 doses of pentavalent vaccine increased from 91.0% to 93.7%. MCV2 recorded a substantial gain from 12.5% to 37.2%, but very low coverage compared to National coverage. Despite this improvement, the wide gap with MCV1 indicates considerable scope for strengthening follow-up and completion of the second measles dose. In contrast, Hepatitis-B birth-dose coverage declined from 94.2% to 83.0%, pointing to a need for stronger immediate post-delivery vaccination and tracking mechanisms.

Madhya Pradesh

Steady Multi-Dose Consolidation

Madhya Pradesh recorded steady improvement between NFHS-5 and NFHS-6, with gains across full immunization, birth-dose protection and primary antigens. Card-verified FIC increased from 83.3% to 85.8%, MCV1 rising from 88.1% to 92.0%, while Hepatitis-B birth-dose coverage improved from 81.9% to 86.5%. 3 doses of polio vaccine increased from 81.4% to 85.4%, and 3 doses of pentavalent vaccine from 87.9% to 88.6%. MCV2 also improved, from 63.9% to 67.0%, indicating gradual strengthening of later-dose completion. Foundational reach remained high, with any-vaccine coverage at 97.0% and BCG at 95.7%. Overall, the state shows consistent, incremental consolidation across the immunization schedule, with further scope to strengthen completion of later doses.



Maharashtra

Strong Gains in Birth-Dose and Routine Immunization

Maharashtra recorded substantial improvement across both early and later stages of the immunization schedule between NFHS-5 and NFHS-6. The most notable gain was in Hepatitis-B birth-dose coverage, which rose sharply from 50.5% to 76.2%, MCV1 increased from 85.0% to 93.5%, while 3 doses of pentavalent vaccine rising from 83.6% to 90.4%. 3 doses of polio vaccine-3 also improved from 79.0% to 85.5%. Card-verified FIC rose by 6.9 percentage points, from 81.7% to 88.6%. Foundational reach remained strong, with any-vaccine coverage at 96.3% and BCG at 94.7%. Maharashtra's NFHS-6 profile therefore reflects broad-based strengthening, particularly in birth-dose protection and completion of the routine childhood schedule.

Major Improvement in MCV2 and Primary Reach

Meghalaya



Meghalaya recorded substantial gains across the immunization continuum between NFHS-5 and NFHS-6, particularly in later-dose measles protection. MCV2 increased sharply from 25.9% to 60.0%, representing a significant improvement in retention beyond the first measles dose. MCV1 also rose from 72.5% to 83.2%, while 3 doses of polio vaccine increased from 68.5% to 78.2% and 3 doses of pentavalent vaccine from 73.5% to 79.3%. Hepatitis-B birth-dose coverage recorded a strong improvement of 21.0 percentage points, rising from 46.5% to 67.5%. Card-verified FIC increased from 80.0% to 84.9%, alongside gains in foundational reach, with any-vaccine coverage at 91.3% and BCG at 90.4%.



Mizoram

Strong Antigen-Level Gains with a Documentation Gap

Mizoram showed marked improvement across individual immunization indicators between NFHS-5 and NFHS-6, while card-verified FIC declined from 83.7% to 74.0%, Hepatitis-B birth-dose coverage increased sharply from 59.8% to 88.4%, MCV1 rose from 81.0% to 89.5%, 3 doses of polio vaccine from 76.2% to 86.7%, and MCV2 from 48.7% to 59.6%. Foundational reach also strengthened substantially, with any-vaccine coverage rising from 86.4% to 96.0% and BCG from 83.4% to 92.6%.

Significant MCV2 Improvement Amid Low Overall Coverage

Nagaland



Nagaland made important gains between NFHS-5 and NFHS-6, particularly in completing the measles vaccination schedule. MCV2 increased by 21.6 percentage points, from 41.1% to 62.7%, while MCV1 rose from 74.0% to 79.4%. Hepatitis-B birth-dose coverage increased from 40.8% to 46.4%, while 3 doses of polio vaccine improved from 65.4% to 68.5% and 3 doses of pentavalent vaccine from 71.7% to 73.4%. Card-verified FIC increased modestly from 71.3% to 74.2%. Foundational contact remained comparatively stronger, with any-vaccine coverage at 91.1% and BCG at 86.0%.

Odisha

Sustained High Coverage and Strong MCV2 Completion

Odisha maintained a strong immunization profile between NFHS-5 and NFHS-6, Card-verified FIC increased from 90.7% to 92.7%, while MCV2 rose from 78.9% to 86.3%. MCV1 coverage is 94.0%, despite a modest decline from 95.9%. 3 doses of polio vaccine increased from 91.7% to 92.3%, and 3 doses of pentavalent vaccine declined from 95.0% to 93.8%. Hepatitis-B birth-dose coverage also improved slightly, from 88.6% to 89.6%. Foundational reach remained near-universal, with any-vaccine coverage at 96.1% and BCG at 95.3%.

Punjab

Stronger Vaccine Reach with Gains in Measles and 3 doses of rotavirus vaccine Coverage

Punjab recorded mixed progress in immunization between NFHS-5 and NFHS-6. Any vaccine coverage increased from 96.3% to 97.9%, indicating sustained high initial reach. However, card-verified Full Immunization Coverage declined from 85.2% to 79.9%. 3 doses of pentavalent vaccine coverage also decreased from 88.5% to 86.7%. In contrast, important antigen-specific gains were observed. MCV1 coverage increased from 88.1% to 92.3%, 3 doses of Rotavirus vaccine coverage recorded a substantial increase from 65.9% to 80.4%.

Puducherry

Strong Birth-Dose and 3 doses of polio vaccine Gains

Puducherry maintained a high immunization baseline while recording notable gains in birth-dose and 3 doses of polio vaccine coverage between NFHS-5 and NFHS-6. Hepatitis-B birth-dose coverage increased substantially from 81.1% to 92.8%, while 3 doses of polio vaccine rose from 87.3% to 94.4%. MCV1 remained exceptionally high, increasing from 95.6% to 97.1%. Card-verified FIC remained unchanged at 89.7%. MCV2 also remained stable at a high 85.0%, compared with 84.6% in NFHS-5. 3 doses of pentavalent vaccine decreased from 92.3% to 91.6%, while foundational reach remained strong, with any-vaccine coverage at 97.1% and BCG at 95.8%. Overall, Puducherry's NFHS-6 profile reflects strong continuity in routine immunization, complemented by substantial improvement in immediate birth-dose protection and 3 doses of polio vaccine completion.

Rajasthan

Stronger Birth-Dose Protection Amid FIC Decline

Rajasthan recorded gains in Hepatitis-B birth-dose and MCV2 coverage between NFHS-5 and NFHS-6, alongside a decline in card-verified FIC. Hepatitis-B birth-dose coverage increased from 75.0% to 82.6%, while MCV2 rose from 52.3% to 57.6%. MCV1, declined from 91.1% to 90.3% in NFHS-6. 3 doses of polio vaccine broadly stable at 84.3%, while 3 doses of pentavalent vaccine declined from 89.4% to 87.2%. Card-verified FIC, however, fell from 85.3% to 75.0%, despite relatively strong foundational reach, with any-vaccine coverage at 95.2% and BCG at 92.9%.

Sikkim

Exceptional MCV2 Transformation and High Overall Coverage

Sikkim recorded one of the strongest improvements between NFHS-5 and NFHS-6, particularly in later-dose measles protection and overall full immunization. MCV2 increased from 35.7% to 85.6%, a gain of 49.9 percentage points, substantially narrowing the gap between MCV1 and MCV2. Card-verified FIC also rose from 87.6% to 95.1%, Hepatitis-B birth-dose coverage increased from 87.6% to 94.4%, while MCV1 rose from 90.5% to 94.5%. 3 doses of pentavalent vaccine increased from 93.3% to 94.5%, and 3 doses of polio vaccine from 89.0% to 92.9%. Foundational reach remained high, with any-vaccine and BCG coverage both at 96.2%. Sikkim's NFHS-6 profile demonstrates broad-based consolidation, with the exceptional MCV2 improvement standing out as the defining achievement.

Tamil Nadu

High Baseline with Continued System Stability

Tamil Nadu maintained a strong immunization profile between NFHS-5 and NFHS-6, with high coverage across primary antigens and modest strengthening of birth-dose protection. Hepatitis-B birth-dose coverage increased from 84.9% to 90.6%, while MCV1 declined from 95.8% to 94.5%. MCV2 was broadly stable, increasing slightly from 75.0% to 75.6%. 3 doses of polio vaccine improved marginally from 91.5% to 92.1%, while 3 doses of pentavalent vaccine declined modestly from 94.9% to 92.8%. Card-verified FIC declined to 89.7%, compared with 90.4% previously. Foundational reach continued to be strong, with any-vaccine coverage at 96.2% and BCG at 95.0%. Tamil Nadu's NFHS-6 profile therefore reflects resilient high-level coverage, with scope for targeted efforts to strengthen remaining gaps in later-dose completion.

Telangana

Strong Gains in Birth-Dose Protection and MCV2

Telangana recorded substantial improvement in both birth-dose protection and later-stage measles vaccination between NFHS-5 and NFHS-6. Hepatitis-B birth-dose coverage increased from 73.9% to 88.9%. MCV2 also rose sharply from 63.1% to 78.6%, narrowing the gap between first- and second-dose measles protection. MCV1 increased from 90.6% to 92.9%, while 3 doses of polio vaccine improved from 81.6% to 83.3%. Card-verified FIC remained broadly stable at 87.9%, compared with 87.4% in NFHS-5. 3 doses of pentavalent vaccine declined from 89.3% to 88.7%. while foundational reach remained high, with any-vaccine coverage at 96.0% and BCG at 95.1%. Overall, Telangana demonstrates stronger retention through later vaccination stages alongside substantial progress in immediate birth-dose protection.

Tripura

Significant Full-Immunization and Birth-Dose Gain

Tripura recorded substantial improvement in card-verified full immunization between NFHS-5 and NFHS-6 accompanied by gains in birth-dose and MCV2 coverage. Card-verified FIC increased from 77.1% to 87.8%. Hepatitis-B birth-dose coverage rose from 61.2% to 75.0%, while MCV2 increased from 49.5% to 62.0% 3 doses of polio vaccine improved from 73.4% to 78.2%. However, 3 doses of pentavalent vaccine declined from 85.9% to 80.0%, and MCV1 from 86.3% to 82.7%. Foundational coverage also remained below the levels seen in several higher-performing states, with any-vaccine coverage at 89.3% and BCG at 87.0%. The NFHS-6 pattern suggests meaningful progress in full immunization and later-dose retention, while sustaining primary-dose coverage remains an important priority.

Uttar Pradesh

Broad-Based Expansion Across the Immunization Schedule

Uttar Pradesh recorded substantial gains across full immunization, primary antigens and later-dose completion between NFHS-5 and NFHS-6. Card-verified FIC increased from 78.4% to 88.6%, a gain of 10.2 percentage points. MCV2 rose from 58.8% to 72.6%, while MCV1 increased from 83.4% to 90.4%. 3 doses of polio vaccine coverage improved by 10.2 percentage points, from 74.3% to 84.5%, while 3 doses of pentavalent vaccine increased from 81.3% to 88.1%. Hepatitis-B birth-dose coverage also improved, from 50.4% to 57.3%. Foundational contact remained strong, with any-vaccine coverage at 95.9% and BCG at 94.3%. Uttar Pradesh's NFHS-6 results therefore demonstrate broad-based system strengthening at scale, although further efforts are needed to close remaining gaps in later-dose and birth-dose coverage.

Uttarakhand

Strong Baseline with Gains in Later-Dose Completion

Uttarakhand strengthened an already high immunization baseline between NFHS-5 and NFHS-6, with notable gains in birth-dose protection, MCV2 and overall FIC. Hepatitis-B birth-dose coverage increased from 68.5% to 79.7%, while MCV2 rose from 71.3% to 83.2%. Card-verified FIC increased from 88.6% to 90.8%. MCV1 increased from 90.9% to 95.4%, 3 doses of pentavalent vaccine from 89.7% to 93.7%, and 3 doses of polio vaccine from 84.0% to 87.1%. Foundational reach remained exceptionally high, with any-vaccine coverage at 98.3% and BCG at 97.9%.

West Bengal

High Coverage with Strong MCV2 Acceleration

West Bengal further strengthened its already high immunization baseline between NFHS-5 and NFHS-6. Card-verified FIC increased from 90.8% to 93.9%, while MCV2 recorded a substantial gain, rising from 72.6% to 86.2%. MCV1 remained exceptionally high, increasing from 94.4% to 95.3%. Hepatitis-B birth-dose coverage improved from 70.2% to 89.0%. 3 doses of pentavalent vaccine dclined from 95.3% to 93.7%, while 3 doses of polio vaccine declined from 90.8% to 88.7%. Foundational reach remained near-universal, with any-vaccine coverage at 98.0% and BCG at 97.3%. West Bengal's NFHS-6 profile demonstrates strong system consolidation, with the marked improvement in MCV2 indicating better retention beyond infancy.

In summation, it can be posited that NFHS- 6 has recorded major surge in the overall FIC, albeit with some states lagging behind on a few indicators. Interestingly, there have been substantial gains in the immunization coverage since the NFHS 6 survey in 2023-24, the overall FIC reaching to over 98 percent as of 2025-2026.

*Provisional based on NFHS fact sheet (https://www.nfhsiips.in/nfhsuser/release-details.php)

"From Blessings to Protection": Chandigarh's Innovative Partnership for Immunization



Members of the transgender (Kinner) community traditionally visit families during marriages and following the birth of a child to offer blessings. Recognizing that the birth of a child is one of the most important occasions for families, Chandigarh's Immunization Department saw an opportunity to transform these traditional visits into meaningful moments for generating health awareness.

With this vision, the Immunization Department engaged with leaders of the transgender community, held consultations, and trained community members on key immunization messages. The transgender community members were encouraged to use their visits to families not only to offer blessings but also to share simple and powerful messages on the importance of vaccination and to remind families that protecting a newborn from vaccine-preventable diseases is also a form of blessing. In this way, a familiar social interaction was transformed into a platform for public health advocacy. The initiative quickly began creating a positive response. Families appreciated receiving immunization messages from members of the transgender community, while the community members themselves felt proud to contribute to a noble public health cause. The initiative also received appreciation from the media, bringing visibility to an approach that was simple, inclusive, and deeply rooted in the community.

Encouraged by the response, Chandigarh's Immunization Department took yet another innovative step further. To make the message more memorable and provide families with something useful, an attractive A4-size Immunization Photo Frame was designed. The frame carries important information on immunization for children and pregnant women, information about the Hello-VAXI app, and good wishes from the Chandigarh Health Department. It also provides space for a photograph of the newborn child or newly married couple, turning an ordinary household item into a lasting reminder of the importance of vaccination. The innovation also addresses practical challenges faced by frontline health workers, such as parents and caregivers sometimes arriving for vaccination without the Mother and Child Protection (MCP) card because it may have been misplaced, lost during house shifting, or damaged. This can make it difficult for ANMs to determine which vaccines a child has already received, particularly when caregivers are unable to recall the vaccination history. To address this challenge, a special pocket has been incorporated at the back of the photo frame to safely store the MCP card. Chandigarh transformed a traditional custom into a powerful public health initiative by partnering

Continued on page 23

Photo Feature

Ayushmann Arogaya Mandir (AAM) Mayur Vihar phase 1 and Pandav Nagar

Clean pathways, comfortable reception area for waiting visitors, feeding room for mothers with infants, separate lines for senior citizens, water cooler for visitors, attractive IEC materials display, well staked



Training of Trainers (ToT) on Routine Immunization in Manipur

A three- day Training of Trainers (ToT) from 10 - 12 June 2026 was organized by The State Health Society & NHM, Manipur for the District Family Welfare Officers (DFWOs), District Immunization Officers (DIOs), and a few selected Medical Officers of Manipur, with an aim to strengthen their technical and managerial capacity in planning, implementation, monitoring, and communication aspects of the Routine Immunization (RI) programme across the state. A total of 31 participants, from different districts of Manipur, actively participated in the training.



The ToT covered key operational components of the Routine Immunization programme, including the preparation of micro plans, emphasizing beneficiary estimation, session planning, use of the U-WIN platform for beneficiary registration and developing communication plan to mobilize community and address vaccine hesitancy issue. The training adopted a participatory approach, practical exercises, demonstrations, and discussion on field challenges faced by districts. The trained DFWOs, DIOs, and Medical Officers will serve as master trainers and conduct cascade trainings for remaining Medical Officers, ANMs, Health Workers, and other frontline functionaries in their respective districts. This is expected to improve the overall immunization coverage in the state.

Reported by: State Immunization Division, Manipur

From Blessings to Protection - Contd. from page 22



with the transgender community to boost childhood immunization. This low-cost strategy demonstrates that effective public health doesn't always require expensive technology; when communities are given an opportunity to become partners in health, even a traditional visit can become a moment of advocacy, a gift can become a health tool, and a blessing can become a commitment to protect every child through timely immunization.

Reported by: State Immunization Officer, UT Chandigarh

Ayushmann Arogaya Mandir (AAM) Mayur Vihar phase 1 and Pandav Nagar

pharmacy, Ashas in pink coats, ANMs administrating RI vaccination to children and in some cases to expectant mothers and also simultaneously entering data in UWIN. Medical officer in charge taking a round to see things are going well looked unreal and unexpectedly true and happening. Anyone can check in with an identity card, meet the MO for their ailment, go to pharmacy, collect drugs, all free of cost. An average AAM is the answer to public's health related solutions in the country!



Human Interest Stories

Palzom Butti – an Example of Courage, Commitment and Extraordinary Resolve

Immunization, a continuous and time bound activity, cannot be hampered, whatever the climatic conditions. Our frontline workers are at the forefront, risking their lives at times, during inclement weather conditions. The story of Palzom Butti, a health worker posted at Sub-Centre Khanjar in Lahaul & Spiti during the Pulse Polio Vaccination Drive on 28 June 2026 was extensively covered by the news media, exemplifying her commitment to duty and extraordinary courage.



Palzom was on her vaccination duty to ensure that every eligible child would receive the life-saving vaccine on time. The nearest Cold Chain Point for the vaccination team was CH Udaipur, located approximately 30 km away from the area of duty. Despite the difficult terrain and challenging geographical conditions of Lahaul & Spiti, she proceeded towards her assigned area with dedication and a strong sense of responsibility. A sudden rise in water at Dondal Nalla near Karpat and difficult road conditions created a dangerous situation and posed a serious risk to her safety. With an overflowing nallah, she crossed the affected stretch with the assistance of a JCB machine, a rather heroic act on her part. Despite the emergency of sudden challenging circumstances, Palzom Butti showed remarkable courage, presence of mind and calculated risk in crossing over the nallah to be at her destination on time. The mission- EVERY CHILD, EVERY DOSE — TOGETHER, WE CAN ERADICATE POLIO, was exemplified by our resolute frontline worker Palzom Butti.

Reported by: State Immunization Officer, Himachal Pradesh

Beyond the Booth – Beyond the Distance

Do Boond Zindagi Ki!

India has been declared Polio free since 2014, but polio drops continue to be administered in India as some of our neighbouring countries still have the disease prevailing there. Both central and state governments put in immense efforts to ensure that every child gets polio drops to safeguard them from the dreaded disease.



During one such Pulse Polio campaign in the Nalchha block of Dhar district of the state of Madhya Pradesh, the health department team came out with an innovative idea to ensure that every child mattered and reaching them with polio drops remained a priority of the department.

The Mohanpura village, near Rangaon, under the Bhilatlawada Sub-Health Centre is predominantly inhabited by tribal communities who live in geographically scattered and isolated locations. During the campaign, ASHA worker Mrs. Anna Sevaram Parmar made a commendable effort to ensure that children in transit were not missed. While children were travelling by bullock carts with their families from Tirla block towards Nalchha block for agricultural work, Mrs Anna Severam checked their polio vaccination status and immediately administered two drops of polio vaccine to all eligible children.

This effort reflected the health system's unwavering commitment to administer life-saving polio vaccine beyond the booth. No distance is seen as too far and no circumstances unsurmountable when the mission was to protect every child against polio!

Continued on page 25

Beyond the Mountains: The Frontline Heroes of Ladakh

In the high-altitude landscapes of Ladakh, delivering a vaccine is often a journey of extraordinary courage. For frontline health workers, reaching a child can mean walking for hours through snow-covered trails, crossing steep mountain paths and carrying vaccine carriers across terrain where vehicles cannot travel.



During the recent Pulse Polio Immunization Day, the health teams of Zanskar demonstrated this determination in the most challenging conditions. ANMs, Community Health Officers (CHOs) and NHM staff travelled through heavy snowfall and freezing alpine winds to reach children in remote pockets of Lugnak and Shaday valleys, located far from the headquarters. Combining horseback journeys with long stretches on foot, the team travelled through the night to ensure that the precious polio vaccine reached the children who needed it.

The spirit of service is equally visible across Nubra and Nyoma blocks. In Hunder Dok, ANM Tsering Yangdol and ASHA Tsering Laskit trek for nearly an hour because there is no road connecting the main highway to the Sub-Centre. With no mobile network, every field visit requires careful planning and determination. In Waris, ANM Tsering Kunzes and ASHA Tsering Angmo similarly carry vaccines on foot through steep and slippery mountain routes.



In Nyoma, ANM Chemat Lamo and CHO Tenzin Yangkey serve highly mobile nomadic communities living in scattered temporary settlements. Finding children and families requires extensive travel across the high-altitude landscape.

At Dipling in Khaltsi block, ANM Padma Dolker and ASHA Rigzin Dolker continue their work despite heavy snowfall, difficult access and unreliable connectivity.

With winter temperatures falling to around -25°C to -28°C, maintaining the vaccine cold chain adds another layer of challenge. Yet, these frontline workers continue to move forward. Their journeys remind us that immunization is not simply about reaching a health facility—it is about ensuring that health services reach every child, wherever they live. For these health workers, no mountain is too high, no journey too difficult, and no child too far to reach!

Reported by: State Immunization Officer, UT Ladakh

Beyond the Booth - Contd. from page 24

Behind this achievement was the role of effective pre-campaign training conducted by the Chief Block Medical Officer (CBMO), Block Programme Manager (BPM), and Block Community Mobilizer (BCM) with the mission “Every Child, Every Time”.

All health workers were clearly instructed that no eligible child should be missed—whether the child was travelling or in the fields, or in any other difficult circumstances. ASHA worker Anna Sevaram Parmar demonstrated her resolve and motivational skills to convince caregivers in transit.

Reported by: DIO District Dhar Madhya Pradesh

Every Vaccinated Child is a Step Towards a Healthier Community



For Ms. Neha, Auxiliary Nurse Midwife (ANM) at UPHC Police Line, Meerut, immunization is much more than administering vaccines. She has been working since 2018 with communities in densely populated and underserved areas in Subhash Nagar, Purva Shaikhlal and Jumman Pura, where many families depend on daily-wages, working as street vendors, pulling e-rickshaw or working in small-scale manufacturing units.

For families managing uncertain incomes and demanding work schedules, accessing routine health services can sometimes be difficult. Neha and her team therefore, take a community-centred approach to ensure that economic and social circumstances do not become barriers to essential healthcare.

Building trust is at the heart of her work. Neha works closely with ASHA workers, Mahila Arogya Samitis, community leaders and local influencers to promote vaccination and address their concerns. Mothers' meetings provide an important platform where women discuss issues relating to vaccination, maternal health and newborn care to receive accurate information in a supportive environment. Neha maintains a headcount and tracking register covering pregnant women, newborns, children and dropout beneficiaries. This helps the team identify children who have missed scheduled vaccinations and undertake timely follow-up, ensuring continuity of care.

In communities where vaccination may not always be seen as a priority, or where hesitancy exists, Neha relies on dialogue rather than assertion. Religious leaders, respected community members and Mahila Arogya Samiti members are engaged to address misconceptions and build confidence among hesitant families. Flip books and pictorial IEC materials on immunization help her in making the conversations simple and accessible. Even families who primarily use private healthcare are encouraged to follow the recommended immunization schedule and maintain vaccination records.

Neha, expressed that seeing a healthy mother and a fully immunized child is her best reward. Every family persuaded, every missed vaccination followed up and every child protected reinforces her commitment to the community. To quote her philosophy around her job, "Community trust, continuous communication, and meticulous tracking are the foundations of successful immunization programme. Every child vaccinated today is a healthier citizen tomorrow."

Reported by: Shafeeque Ahmad

Profiling Tapas Kumar Patra- SEPIO, Odisha



Visiting ITSU team with the SEPIO

When targets are met and success is acknowledged widely, it is often the result of astute leadership and great teamwork. Leaders often have their individual style of motivating their teams to achieve targets. When a job is accomplished. some may attribute it to teamwork, while others may like to take the entire credit to themselves. SEPIO, Dr. Tapas Kumar Patra who joined the immunization department as Deputy Director in 2016 and currently working as a SEPIO since 2019, is a picture of calm composure with a decade long experience in immunization, who unhesitatingly ascribes all his achievements to nothing but the teamwork. When asked what his average day was like, without getting into semantics, he just says it is the management of immunization tasks for the entire state.

Continued on page 27

Profiling Tapas Kumar Patra - Contd. from page 26



A man of a few words, one has to prod him into discussion. When asked to define the status of immunization in the state, he says that Odisha's FIC has reached to one of the highest in the national average at over 90%, which he ascribes to the integrated strategy approach by handling the program at a micro level through identified poorest performing villages.

The State, he shares, prepares its communication strategy and plan for immunization with expert input from the IEC team. The state also receives IEC materials from the Centre, which at times is adapted in Odiya language for wider dissemination. For demand generation and sensitizing the community, both mass media, including television, radio and print media on the one hand, and interpersonal media including folk media, miking, social mobilization and Mothers' meets on the other are put to use. Communication he says is used both as a pro-active measure for informing and sensitizing people at large and also in times of outbreaks and epidemic or pandemic times to inform and educate people, especially cautioning them on the dos and don'ts.

Dr. Patra further shares that special IEC programs are undertaken for low performing blocks in various areas, by producing block-specific materials keeping in view the problems faced within that block, including reasons for vaccine hesitancy, and addressing misinformation, if noticed. Based on evidence and data, he says, the tribal areas in the state do better than the coastal areas in Odisha in terms of vaccination reach and access.

With a huge backup of almost 50,000 ASHAs and many thousand Anganwadi workers and ANMs, the dissemination of information according to the SEPIO is almost perfect, reaching to every household.

In general, he says, there is negligible vaccine hesitancy, which makes the task from the supply side easier. He acknowledges some amount of vaccine hesitancy at an individual level, but not at community level, in normal circumstances. In some cases, however like the outbreak of diphtheria last year, which saw a few deaths, including that of a sixty-year-old person, the team worked closely with block level influencers to clear doubts and alleviate the fears of the community.

In case of outbreaks, the state takes the assistance of medical colleges for investigation and sample testing. The hospitals attached with medical colleges also work in tertiary care. In case of, say an issue of water contamination, the state would caution the concerned department. When it comes to AEFI situations, the media handling is done at the level of the DIO from the state information apparatus.

The true test of camaraderie, empathy and goodwill is often visible in times of adversity. Dr. Patra suffered a stroke a few months back which led to his hospitalization.

It amazed not only his family, but the hospital staff to see a huge inflow of his well-wishers from various echelons of government and para staff who thronged there to check on him. The visitors included the most senior to the junior most colleagues who wished him early recovery. He feels indebted to each one and feels that it surely was due to their prayers and sincere wishes that he was back to work so soon.

Personal respect for people and human dignity is what takes a person far. He shared that in his long career; he has often found that many of his juniors have been senior to him in age. So that it does not seem disrespectful giving them instructions, he said he always addresses them as 'elder brother', which has never failed him in building an instant rapport and getting them interested in delivering the results. Whether it is his strategy or his inherent nature, it makes Dr. Tapas Kumar Patra very popular among his peers and seniors alike!

Research Publications

India's Journey Towards Immunization Agenda 2030:
Overcoming Challenges and Achieving Milestones - A Comprehensive Review

This comprehensive review critically analyzes India's strategic roadmap toward the Immunization Agenda 2030. Through targeted, systemic initiatives such as Intensified Mission Indradhanush and expanded fiscal backing under the National Health Mission, India has substantially reduced its number of zero-dose children while achieving DTP1 coverage rates that notably surpass global benchmarks. Key to this public health transformation is data informed decision-making and the integration of digital tracking platforms for real-time beneficiary monitoring, illustrating how robust institutional coordination can ensure health equity across the world's largest birth cohort. The review discusses the institutional foundations needed to address upcoming demographic transitions and complex environmental health challenges.

Read the full paper here:
https://iasp.ac.in/uploads/journal/4-1783068621.pdf

Does Migration Affect a Child's Immunization Coverage?
A Cross-Sectional Analytical Study of India

Maternal migration significantly disrupts routine child immunization. NFHS-5 data shows a 17-percentage-point gap in full vaccination between children of recent migrant and non-migrant mothers, with recent migrants having lower odds of immunization across all wealth and social groups. Drawing on migration theories, the paper explores the mechanisms that may underlie this association. The pattern persists across wealth quintiles and social groups, suggesting that migration-related vulnerability is not explained by socio- economic disadvantage alone. Children whose mothers had migrated three or more years earlier had substantially higher coverage, highlighting the immediate post-migration period as a critical window of vulnerability. As India's urban population grows toward 46.5% by 2050, addressing migration dynamics is vital for adaptive immunization programming.

Read the full paper here:
https://www.mdpi.com/2076-393X/14/9/744

Media Echo

- Community-led push towards universal immunisation Read More
- India cuts down on number of zero-dose children by 50% Read More
- India's first dengue vaccine approved: DCGI clears Takeda's Qdenga for those aged 4 to 60 Read More
- India to set up more viral research labs in medical colleges to strengthen disease surveillance Read More
- BRICS Health Meet focuses on digital health records, AI and continuum of care Read More
- India's immunization program reduced child mortality but highlights need for coordinating health, education policies Read More

Scan here for more immunization news

Advisor
Dr. Pritu Dhalaria

The Team
Jaishri Jethwaney
Nishant Shukla
Shah Faisal
Shafeeque Ahmad

Layout and Design
Wasif Jamal

Social Media Initiative





