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Government of India

Data collection & Reporting mechanism in vaccination campaigns: Lessons learned from Polio, Intensified Mission Indradhanush (IMI), Measles Rubella (MR) and Covid 19 vaccination campaigns in India

Presented by:
Dr. Veena Dhawan
National EPI Officer, India

South Asia Meeting

HPV Prevention and Control Landscape and the way forward.

13^h, 14^h and 15^h Dec 2022, New Delhi, India.



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Overview of the Universal Immunization Program (UIP)



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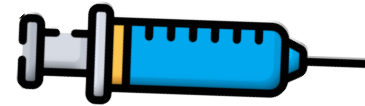
- Routine Immunization Programme in India started in 1978 as Expanded Programme of Immunization (EPI)
- Programme gained momentum and was expanded as Universal Immunization Programme (UIP) in 1985



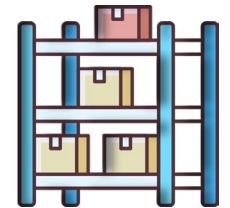
Annual target 26.7 million newborns; 29 million pregnant women



~12 million sessions planned per year



Vaccine against VPDs 11 nation wide; 1 subnationally (JE)



~30,000 cold chain points for storage and distribution of vaccines

Make in India: Largest vaccine manufacturing capacity in the world



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Vaccination Campaigns in India



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Polio (NID/SNIDs):

- one nationwide NID and two SubNational Immunization Day (SNIDs) for polio every year to maintain population immunity against wild poliovirus and to sustain polio free status
- During the Polio NID, ~160 million children are covered across all 36 States and UTs in 735 districts
- During two SNID rounds in selected states ~70 million children are covered



Measles Rubella (MR) Campaign:

- to target children aged 9 months to <15 years through a school based and out of school campaign and followed by 2 doses in routine immunization at 9-12 months & 16-24 months.
- MR campaign has been completed in 34 states.
- 324.3 million children were vaccinated against the target of 330.7 million with a coverage of 98.08%.



Mission Indradhanush (MI)/ Intensification of Routine Immunization :

- A flagship schemes of GOI to achieve FIC of 90% by focusing on partially vaccinated & unvaccinated children and pregnant women in pockets of low immunization coverage, high risk and hard-to-reach areas.
- Till date, a total of eleven phases of MI/IMI have been completed covering 701 districts across the country. A total of 44 million children and 11 million pregnant women have been vaccinated.



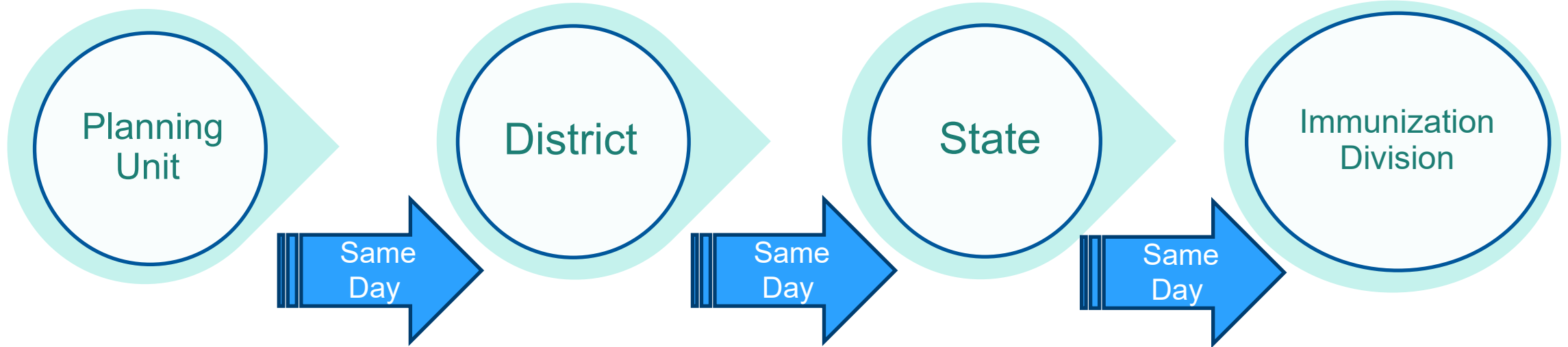
Covid-19 Vaccination Program:

- One of the world's largest vaccination programme
- More than 2 billion doses vaccinations among 12 years & above age group
- 97% beneficiaries received at least one dose of Covid vaccine & 90% beneficiaries received both the doses of Covid vaccine
- More than 221 million precaution dose administered

Data Management: Polio Campaign



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Data shared via:

- Excel sheets
- Google spread sheets
- Some state have their own data entry portals

Campaign data analysed separately

Recording and reporting of IMI data is done in standardized formats through dedicated IMI portal

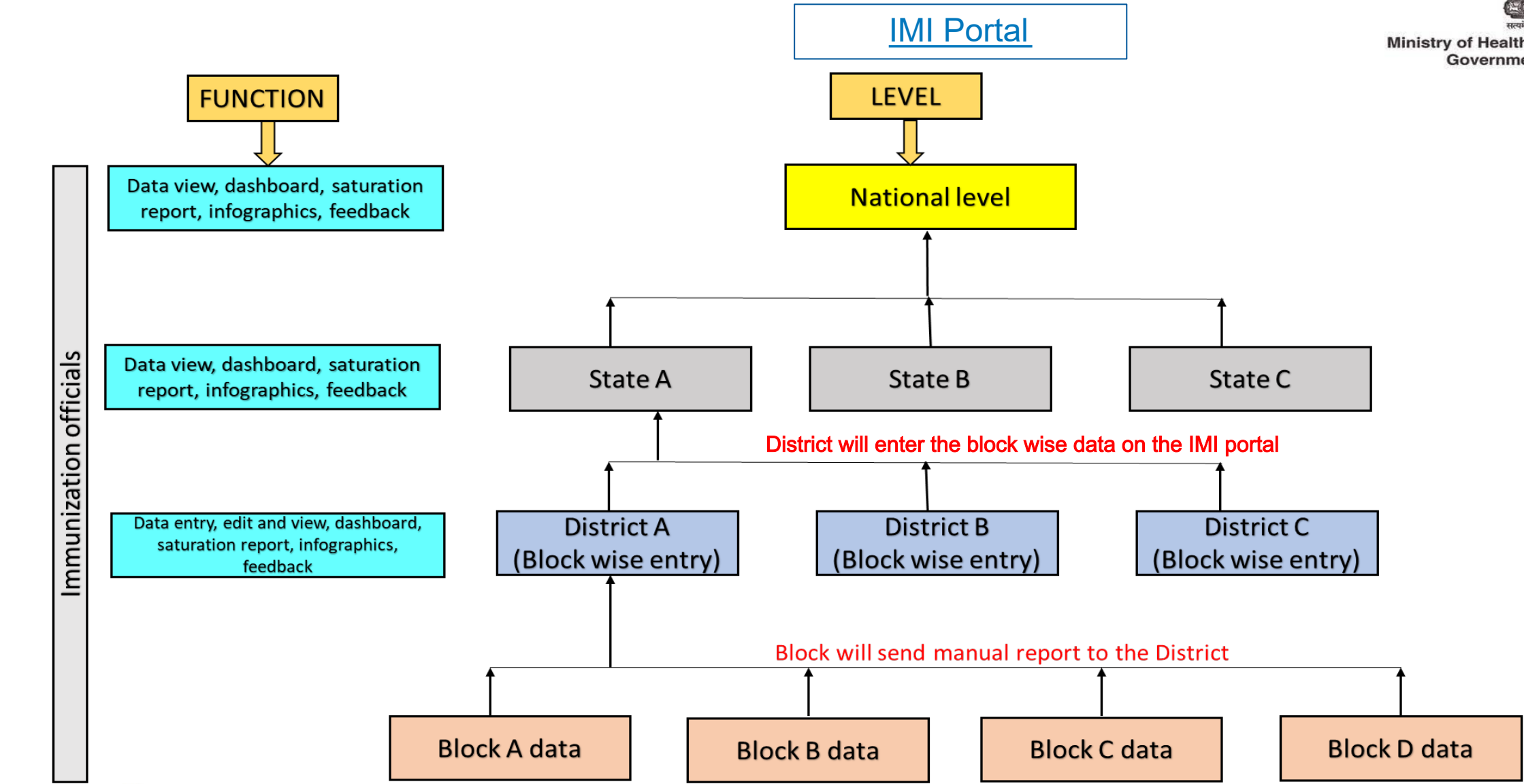
Intensified Mission Indradhanush (IMI) Portal

- To capture the block wise vaccine coverage & data on sessions planned / held, target / Immunized Children and Pregnant Women
- To monitor the coverage indicators of IMI and to provide different reports at different levels
- Monitoring the progress at each level
- Manage the data reporting and analysis online
- Generate reports of immunization coverage data up to block level
- Dashboard with dynamic reports and infographics, maps, and charts
- Updates on the activities being performed by various ministries/departments

Data Management: IMI Campaign



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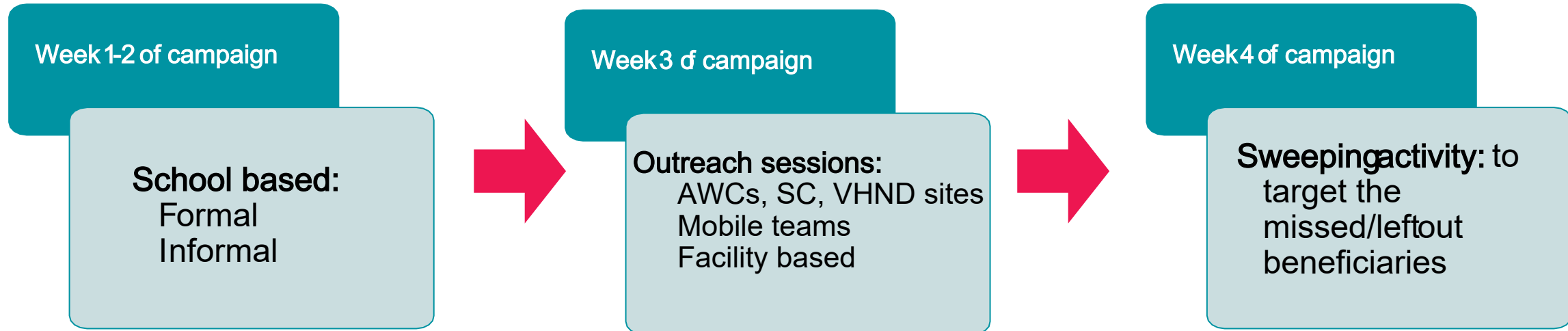


MR Vaccine Campaign: Strategy



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Target population: children aged 9 months to <15 years



Data Management: MR Campaign



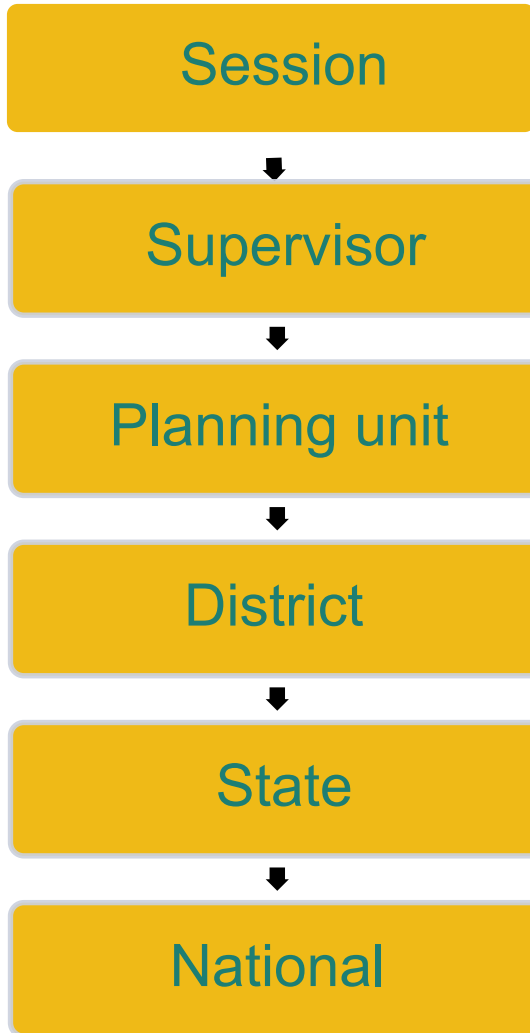
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During Campaign

- Manual reporting (electronic format)
- Daily and final consolidated

Under Routine Immunization

- Inclusion into Routine Immunization immediately after campaign (HMIS)

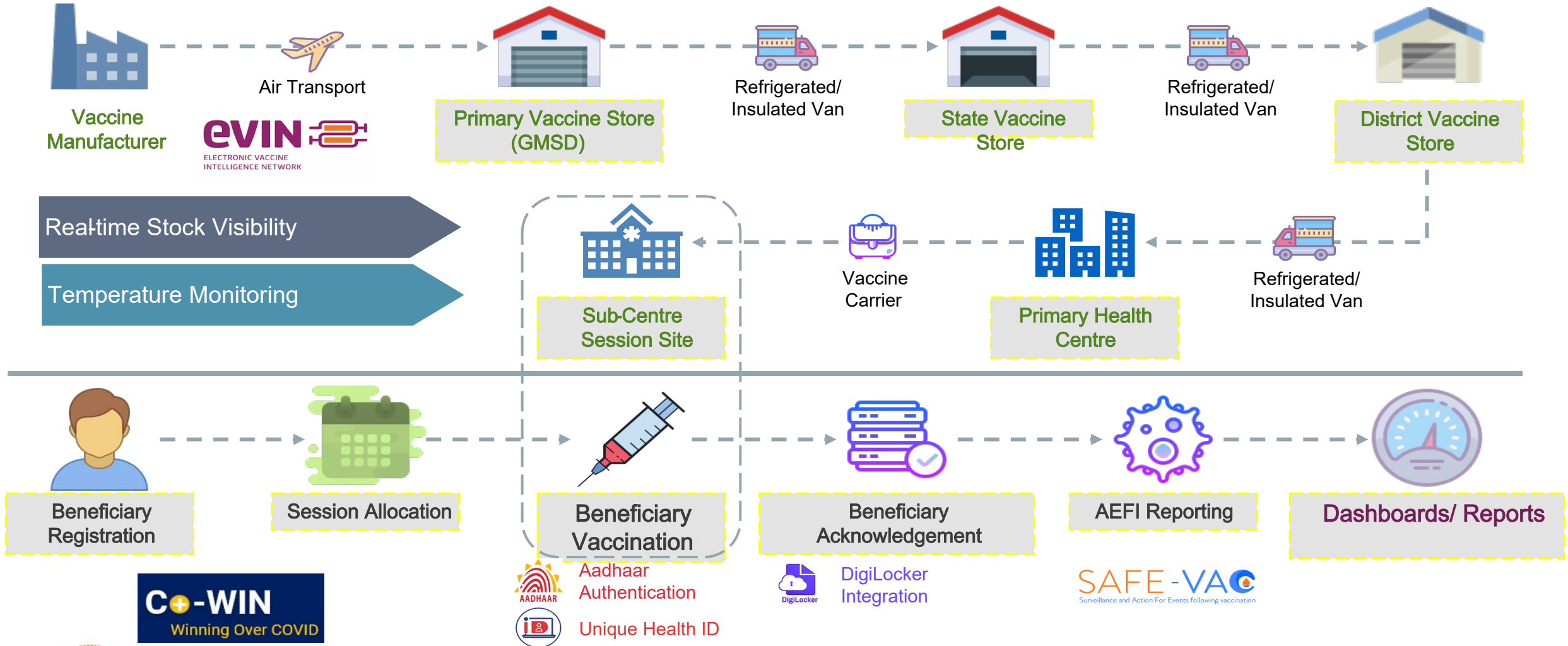


- Data recording and reporting done on prescribed formats specifically designed for MR vaccination campaign
- Reports sent up from every level in a timely manner (daily) to the next level up
- Assessment of coverage data using standard data collection tool to initiate appropriate actions

Data Management: Covid19 Vaccination (eVIN & CoWIN)



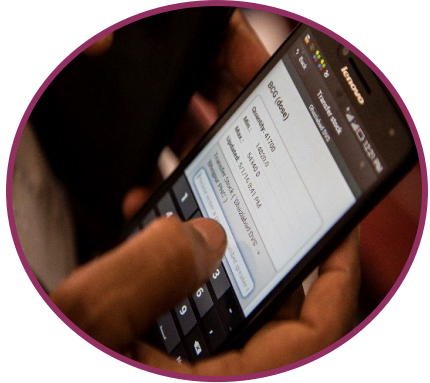
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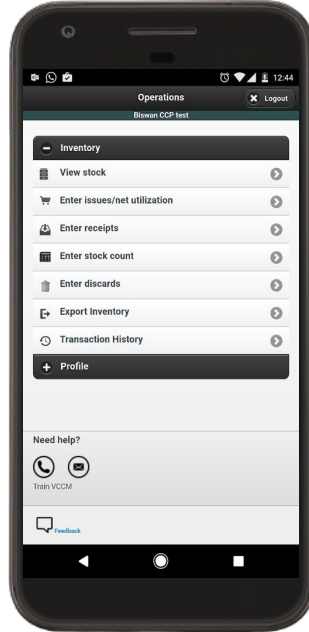
Digital-cloud based platform for real-time visibility of vaccine stocks and consumption patterns



Smartphone App
Easy-to-use mobile app for recording vaccine data



Temperature Logger
TL for accurate remote temperature monitoring in real time



How It Works

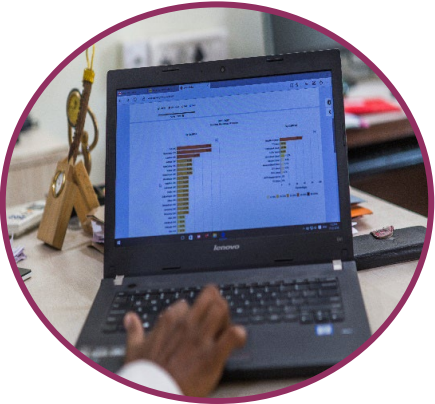
Health worker enters:

- issues
- receipts
- stock counts
- discards
- orders



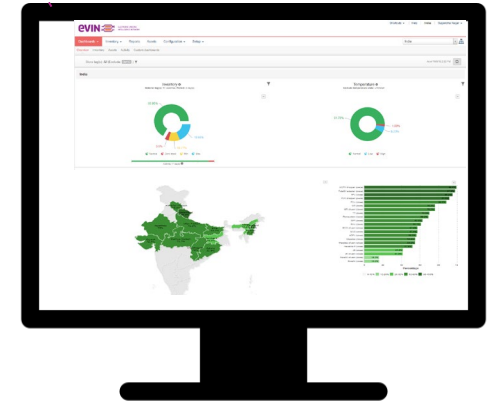
Health worker/ manager gets:

- real-time stock views
- alerts on low stock/expiry
- optimal order recommendations
- delivery status
- temperature alarms
- SOP reminders
- general announcements



Online Dashboard
Web interface for real-time visibility

- Integrated Vaccine Supply Chain Management System
- Implemented across 36 States/UTs & 755 Districts
- 29,525 Cold Chain Points
- 31,170 Temperature Loggers
- 37,497 eVIN Users





For the first time in the country a Digital System ensured:

Digital Acknowledgement

Every vaccination event is digitally acknowledged, and the acknowledgment is traceable and verifiable.

Dose intervals

Minimum interval between the first and second dose is maintained

Consistent vaccine schedules

A person who has been given first dose of a particular vaccine, receives the second dose of the very same vaccine and not another vaccine.

Verification and tracking

Each vaccine does is administered to an identifiable individual only, thus preventing pilferage and fraud

Adverse Events tracking

Beneficiaries, vaccine batch and vaccination centers can be tracked in case of adverse event following immunization.



Digitally Signed

Single Source of Truth

Offline-Verifiable



Instant Digital Certificate



Convenience in Slot Booking



Blended Registration
Digital & Offline Walk-ins
Mobile # | Choose from 9 Photo IDs





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HPV Vaccination Program



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HPV Vaccination Strategy



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DELIVERY STRATEGY:
Multi -age Cohort Campaign
for girls aged 9-14 years,
followed by Routine
Introduction for girls aged 9
years

TARGET ELIGIBILITY:

- **Grade/Class Based Approach for Schools** all girls enrolled in grade V to X) *
- **Age Based Approach for Out-of-School:** all girls aged 9-14 years

DELIVERY PLATFORM:

- **Schools For in-School Girls,** HPV vaccination will be provided primarily through **Schools** (formal/informal; Government/Aided/Private; Primary/Secondary).
- **Outreach Sessions For out-of-School Girls,** HPV vaccination will be provided through **Outreach Sessions** at Sub-Centers, AWCs, & VHNDs.
- **Health Facilities For School-Missed Girls,** HPV vaccination will be provided through identified **Health Facilities (HWCs/PHC/CHC/DH)** .
- **Mobile Teams For Girls in Hard to Reach Areas,** Mobile teams to vaccinate eligible girls in hard to reach areas.

CAMPAIGN DURATION (4 Weeks)

First & Second week School-based campaign & at identified Health Facilities
Third week Identified Health Facilities, Community Outreach & Mobile Teams
Fourth week (if required): Sweeping activity to target the missed/left-out eligible girls in sub-optimal coverage areas.



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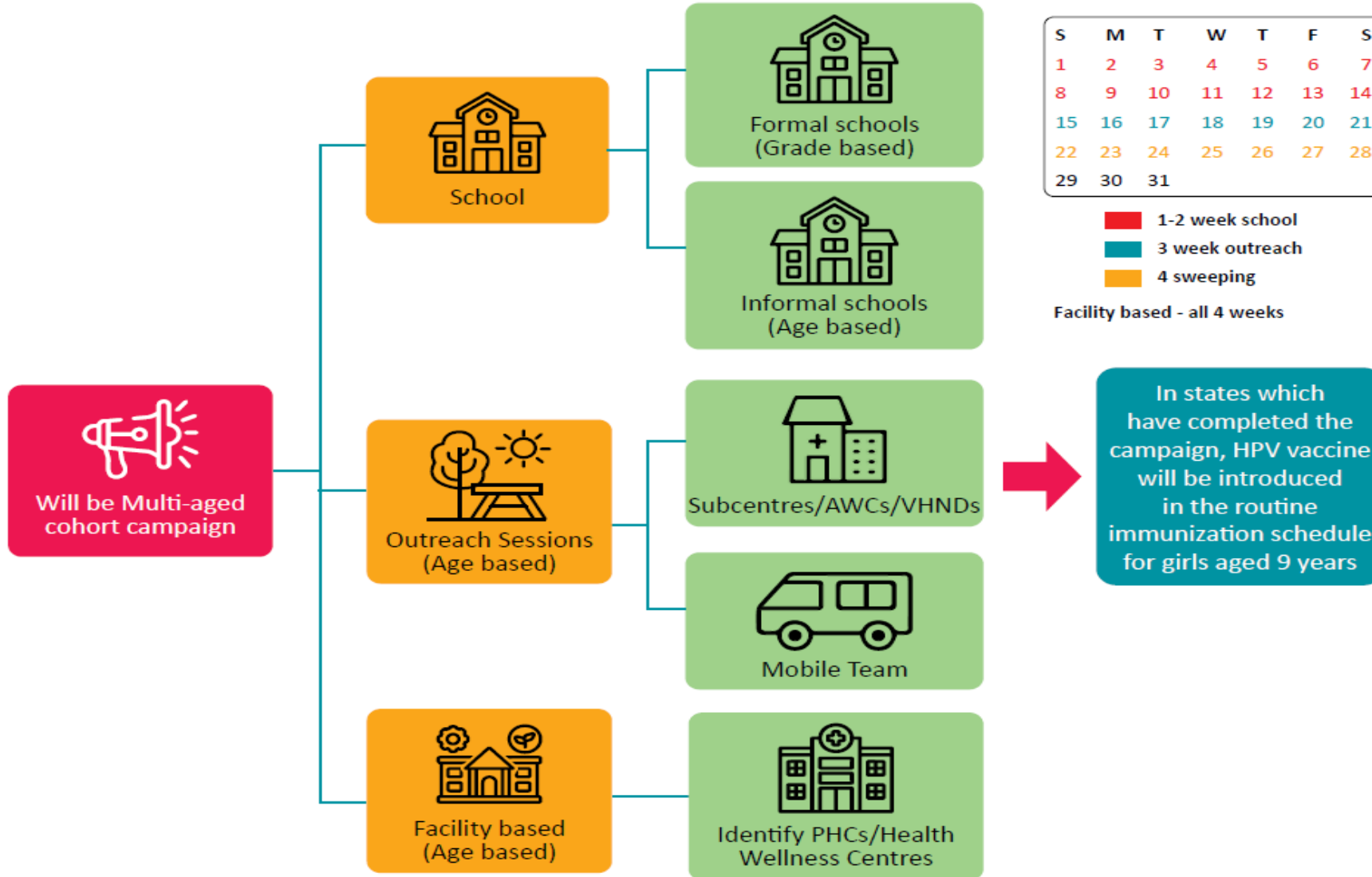
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HPV Vaccination Delivery Strategy



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Data management: HPV Vaccination Campaign



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U-WIN Module for HPV Vaccination



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- The UIP program managers at all levels (national, state, district, sub-district and planning units) will be added to the U-WIN Administrator module as users.
- Leveraging the CoWIN data of registered vaccinators and updation. Addition of any additional or hired vaccinator pool for the HPV campaign activity. Uploading the final list of Vaccinators on UWIN.
- Leveraging the session sites data sets of the 'Measles and Rubella Campaign' and CoWIN data sets of the COVID Vaccination Center (CVCs), especially in schools. Finalizing the list of session sites and locations for HPV vaccination drive and ensuring creation from the Planning Unit/Health Facility level in the Administrator Module of U-WIN.
- Due list of 9-14 years old girls, enrolled in schools will be prepared with the help of school authorities. During the preparatory phase schools would be given access to the previously enrolled 12-14 years old females on UWIN.
- Due list of out-of-school girls will be prepared with the help of Anganwadi Workers, ASHAs and local authorities to capture the information of the eligible beneficiaries in the defined format.
- Microplans will be prepared by assigning vaccinators, mobilizers and other human resources to the HPV session.



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Conclusion: Lessons Learned for HPV Vaccine Campaign



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Polio Campaign:

- Overall campaign capacities of the program every year
- booth activities followed by house to-house activity (mop-up rounds)
- Hard to reach areas vaccination strategy (Special teams, mobile sessions etc.)

IMI Campaign:

- Head Count Survey, Due listing of un-& under-vaccinated
- Resource mobilization (hired vaccinators)
- Additional Sessions
- Mobile teams

MR campaign:

- Primarily, School based campaign: week 1&2
- Health Facility & Community Outreach: week 3
- Sweeping activity: week 4, if required
- Manual Reporting by Vaccination Teams

Covid-19 Vaccine Campaign:

- **CoWIN:** Session planning, beneficiary registration, bulk uploading, slot booking, digital certificate, reminder, drop-out tracking, coverage report
- **eVIN:** Inventory management, real time stock visibility (doses & syringes), temperature monitoring,



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