

# RECOVERY OF ROUTINE IMMUNIZATION COVERAGE DISRUPTED BY COVID PANDEMIC: INDIA'S LESSONS IN MITIGATING THE CATASTROPHIC IMPACT ON IMMUNIZATION SERVICES DISRUPTED BY THE PANDEMIC

Jitendra Awale, Dr. Roma Solomon, Manojkumar Choudhary, Rina Dey  
CORE Group Partners Project (CGPP), India

## Background

The disruption in childhood immunization services due COVID-19 led to 2.1 million unvaccinated and under-vaccinated children. Government of India (GoI) and its immunization partners took a series of actions that halted the reverse trajectory of immunization services and showed recovery in RI coverage. In April 2020, the GoI declared immunization as an essential service and issued guidelines to resume the services in all places except containment zones. But caregivers were hesitant due to multiple reasons like the threat of COVID infection. The CGPP has deployed district and sub-district mobilization coordinators, Community Mobilisers in the 12 districts of Uttar Pradesh, India, to support Ministry of Health (MoH) officials through social mobilization, capacity building of frontline health workers, and supervision of RI services.

## Specific Aims & Objectives

- Describe steps taken by MoH, GoI and CGPP India to mitigate the damage and make the recovery of gains in Routine Immunization.
- Discuss the lessons learned about ensuring essential health services like immunization during pandemics.

## Methods

We performed a desk review of secondary data. Also, used CGPP India's administrative data and analyzed percentage points change in immunization coverage.

## Interventions

On the supply side, the government resumed the RI services, missed sessions substituted in the same week/month through special catch-up campaigns like Intensified Mission Indradhanush (IMI) 3.0, and 4.0 from Feb. 2021 to March 2022 and vaccinated 69,57,501 children. In CGPP work areas, over **1,400** additional sessions were organized by the government from October 2020 to March 2022.

CGPP used its two decades of experience in addressing vaccine hesitancy and community engagement and formed Community Action Groups (CAGs) of local influencers to support health workers and caregivers in social mobilization and session site support. Distributed messages on RI through WhatsApp, mosque, and E-rickshaw rallies to generate awareness. CAG members and ASHAs visited hesitant families to allay their fears.



A CGPP functionary discusses COVID-Appropriate Behaviors and vaccination with CAG members, Uttar Pradesh, India

## Results

All these synchronized efforts demonstrated signs of recovery of RI coverage. The full immunization coverage in the CGPP catch-up areas has significantly increased from 65.4 percent in December 2021 to 94.8 percent in September 2022.

## Conclusions

Strong political will and ownership by governments and a resilient immunization system ensured vaccines and supplies at session sites. Community confidence-building measures like ensuring physical distancing, masks, and hand-washing at session sites through ASHAs and local influencers supported achieving targets. CGPP teams ensured equity by reaching out to the most marginalized groups like nomads, migrants, etc. These learnings underline the significance of keeping immunization a top priority while designing any future pandemic response. The learnings can be replicated in other low and middle-income countries.

## Acknowledgments

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## References

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