



IAPSM - PUBLIC HEALTH INFOGRAPHICS (IPHI)



Graphic-e-Health



Edition: 1



Issue: 6



**July
2025**



THEME

**TICK THE TIKA
CHECKLIST - PROTECT
CHILDHOOD**

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Co-Chairperson

Dr. Krupal Joshi

Chief Coordinator

Dr. Krishna Jasani

Assistant Coordinators

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IAPSM - PUBLIC HEALTH INFOGRAPHICS (IPHI)



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(Metabolic syndrome)



TICK THE TIKA

PROTECT THE CHILDHOOD



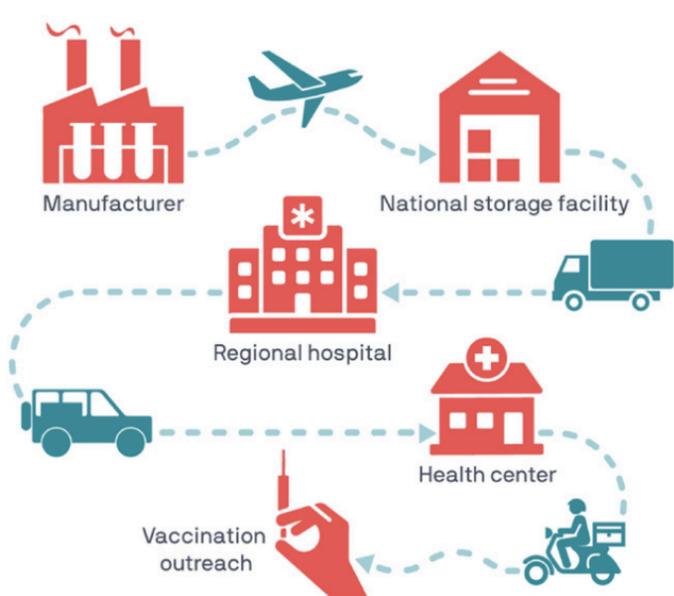
COLD CHAIN AND LOGISTICS

Immunization Supply Chain in India (ISC) ensures that **Right vaccine** is always available in the **Right quantity** at the **Right place** and is stored, distributed in the **Right conditions**

Cold Chain is a system of storing and transporting vaccines at recommended temperatures from the point of manufacture to the point of use. The key elements of the cold-chain are:

- **Personnel:** to manage vaccine storage and distribution at each level
- **Equipment:** to store and transport vaccine and monitor their storage temperature
- **Procedures:** to ensure correct utilization of equipment and ensure vaccines are stored and transported safely.

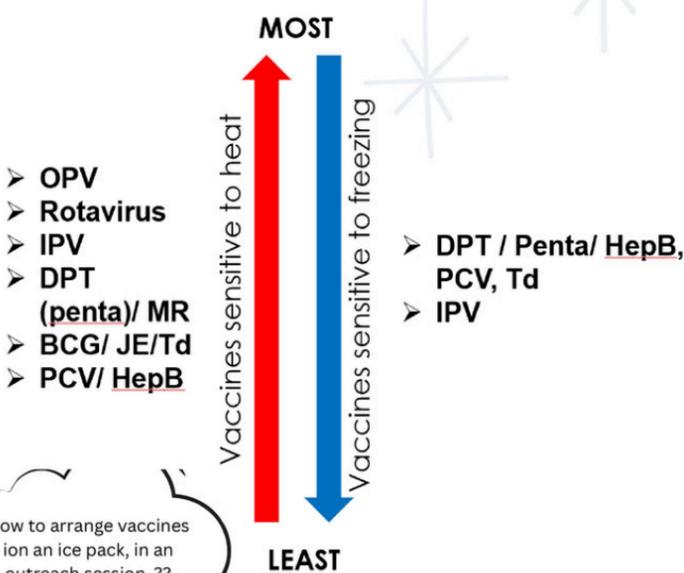
Vaccine from manufacturer to beneficiary



Cold chain equipments



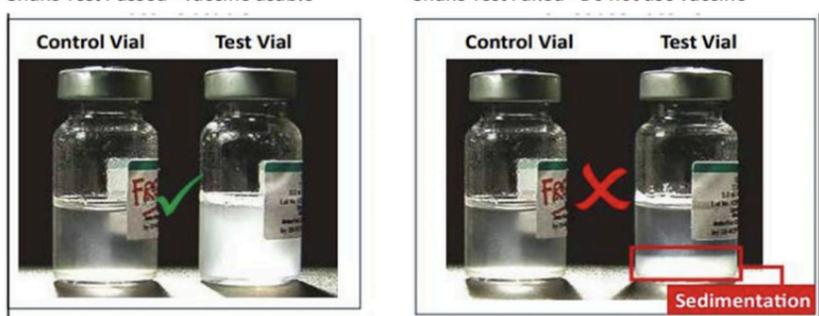
Heat or Freeze sensitivity



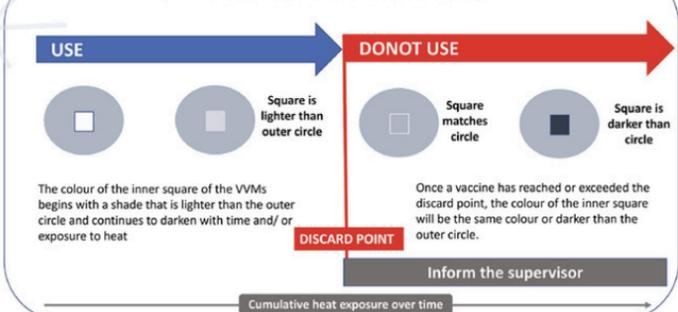
How to arrange vaccines on an ice pack, in an outreach session..??



Fig. no. 5.19: Procedure of Shake test



Vaccine Vial Monitors



If heat damaged how to know?

If freeze damaged how to know?

Created by:
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Reference: Routine immunization manual for Medical Officers

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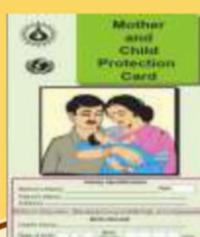


NATIONAL IMMUNIZATION SCHEDULE

Two lives, one vaccine, you and your baby are both safe

This is Chotu's shield and it will protect him from dangerous disease

Pregnant woman



- ✓ Td-1 : early in pregnancy
- ✓ Td-2 : 4 weeks after Td-1
- ✓ Td-B: if pregnancy occur within 3 years of last pregnancy and 2 Td doses were received.

At Birth



The 1st Protection for your baby

- ✓ BCG
- ✓ HEP-B-Birth Dose
- ✓ OPV-0

These doses will make Chotu stronger each week

Second round makes your Chotu's protection even stronger

At 6 weeks



- ✓ OPV-1
- ✓ Pentavalent-1
- ✓ PCV-1
- ✓ ROTA-1
- ✓ fIPV

At 10 weeks



- ✓ OPV-2
- ✓ Pentavalent-2
- ✓ ROTA-2

Now Chotu's army is well-trained!

It keeps away fever and rash illnesses that can harm Chotu

At 14 weeks



- ✓ OPV-3
- ✓ Pentavalent-3
- ✓ PCV-2
- ✓ ROTA-3
- ✓ fIPV-2

At 9 months



- ✓ MR-1
- ✓ JE-1
- ✓ Vitamin A-1
- ✓ PCV-Boster
- ✓ fIPV-Boster

Boosters refresh Chotu's protection for the next stage

Booster keeps your Chotu's defense alive and strong

At 16-24 months



- ✓ MR-2
- ✓ JE-2
- ✓ Vitamin A-2
- ✓ DPT-Boster
- ✓ OPV-Boster

At 5-6 years



- ✓ DPT-Boster

Vitamin A

VITAMIN A 3-9	DATE OF ADMINISTRATION (mm/dd/yyyy)
VIT-A-3	/ /
VIT-A-4	/ /
VIT-A-5	/ /
VIT-A-6	/ /
VIT-A-7	/ /
VIT-A-8	/ /
VIT-A-9	/ /

16-18 months- Then one dose every 6 months up to the age of 5 years.

Where's my shield? Please don't delay!

One dose at 10, one more at 16- stay protected, and strong.

At 10 & 16 years



- ✓ TD-1
- ✓ TD-2



Dr Nilufar Mondal, PG-2, GMC, Bhopal

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Assistant Coordinators

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<https://www.mohfw.gov.in/sites/default/files/National%20Immunization%20Schedule.pdf>

<https://resources.risemohfw.in/uploads/2022/12/30/fipv-3rd-dose-leaflet-v6.pdf>



Tick The TIKAA Today: Protect Childhood



References:

[National_Immunization_Schedule.pdf](#)

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TICK THE TIKA CHECKLIST

PROTECT THE CHILDHOOD



FROM COLD CHAIN TO CONFIDENCE
THE DIGITAL JOURNEY OF EVERY VACCINE DOSE
POWERED BY EVIN & U-WIN

CHECK 1 : ORIGIN OF PROTECTION

FROM MANUFACTURER TO NATIONAL STORE

VACCINES ARE PRODUCED AT WORLD-CLASS FACILITIES LIKE BHARAT BIOTECH AND SERUM INSTITUTE OF INDIA, THEN SHIPPED UNDER STRICT COLD CHAIN PROTOCOLS TO NATIONAL STORES.

MAINTAINED AT +2°C
TO +8°C

TRANSPORT VIA GPS-
ENABLED COLD BOXES

EVIN TRACKING
INITIATED AT DISPATCH

IT BEGINS HERE — IN LABS AND FACTORIES COMMITTED TO GLOBAL STANDARDS.

CHECK 2 : COLD CHAIN DISTRIBUTION

NATIONAL
STORE



STATE
STORE



DISTRICT
STORE



PHC
STORE



EVIN ENSURES NO BREAK IN TEMPERATURE

ALERT FOR EXPIRY & BUFFER STOCKS

COLD CHAIN ISN'T JUST COLD—IT'S MONITORED 24X7

CHECK 3 : THE LAST MILE : PHC → SESSION SITE

VACCINES ARE SAFELY CARRIED TO OUTREACH SITES BY HA/ANM USING VACCINE CARRIERS.



PRIMARY HEALTH
CENTER

VCCH : VACCINE STOCK MAINTAINANCE & DISTRIBUTION
 ALTERNATE VACCINE DELIVERY: ENSURES TIMELY TRANSPORT
 EVIN-ENABLED COLD CHAIN FOR STOCK & TEMPERATURE ALERTS

SUPERVISOR VERIFIES SESSION MICRO-PLAN



RI VACCINATION
SITE

EVERY SESSION STARTS WITH TRUST IN A BLUE BOX.

CHECK 4 : SESSION SITE PREPAREDNESS

ENSURING SAFETY & QUALITY AT GROUND LEVEL

- EMERGENCY AEFI KITS (ADRENALINE, SOPS) ARE READY
- VACCINE VIAL MONITORS
- 4 KEY MESSAGES ARE GIVEN
- SUPERVISORS CONDUCT CHECKS USING WHO'S ODK TOOLKIT
- VACCINE AND DILUENT BATCH MATCH
- SAFE INJECTION PRACTICES

ANMS SET UP CLEAN, SHADED, WELL-LIT SESSION SITES

PREPARED SITES = PROTECTED CHILDREN.



CHECK 5 : DIGITAL TRACKING & RECORD

SAFE VACCINATION & DIGITAL TRACKING



- CHILD RECEIVES VACCINE WITH VERIFIED VVM
- MOTHER RECEIVES SMS FOR NEXT DUE DOSE
- U-WIN RECORD LINKED TO BIRTH CERTIFICATE & IMMUNIZATION CARD
- U-WIN HELPS TRACK EVERY CHILD, ENSURING NO ONE IS LEFT BEHIND.
- DIGITAL RECORD. LIFETIME PROTECTION.
- SAFE-VAC ENSURES AEFI SURVEILLANCE QUALITY

INDIA'S VACCINES AND COLD CHAINS ARE SMART AND DIGITALLY GUARDED

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 ELECTRONIC VACCINE INTELLIGENCE NETWORK (EVIN) - UNDP INDIA <https://www.undp.org/india/projects/electronic-vaccine-intelligence-network-evin>
 U-WIN IMMUNIZATION PLATFORM - GOVERNMENT OF INDIA (<https://uwinindia.org>)
 MCP CARD - MOHFW (https://nhm.gov.in/new_updates_2018/nhm_components/immunization/guidelines_for_immunization/mcp_card_english_version.pdf)
 UNIVERSAL IMMUNIZATION PROGRAMME - MOHFW OVERVIEW (<https://www.mohfw.gov.in/?q=en/major-programmes/universal-immunization-programme-uip>)
 NATIONAL HEALTH PORTAL: UNIVERSAL IMMUNIZATION PROGRAMME (https://www.nhp.gov.in/universal-immunization-programme_pg)

SCAN TO EXPLORE UIP HANDBOOK FOR MEDICAL OFFICERS 2024



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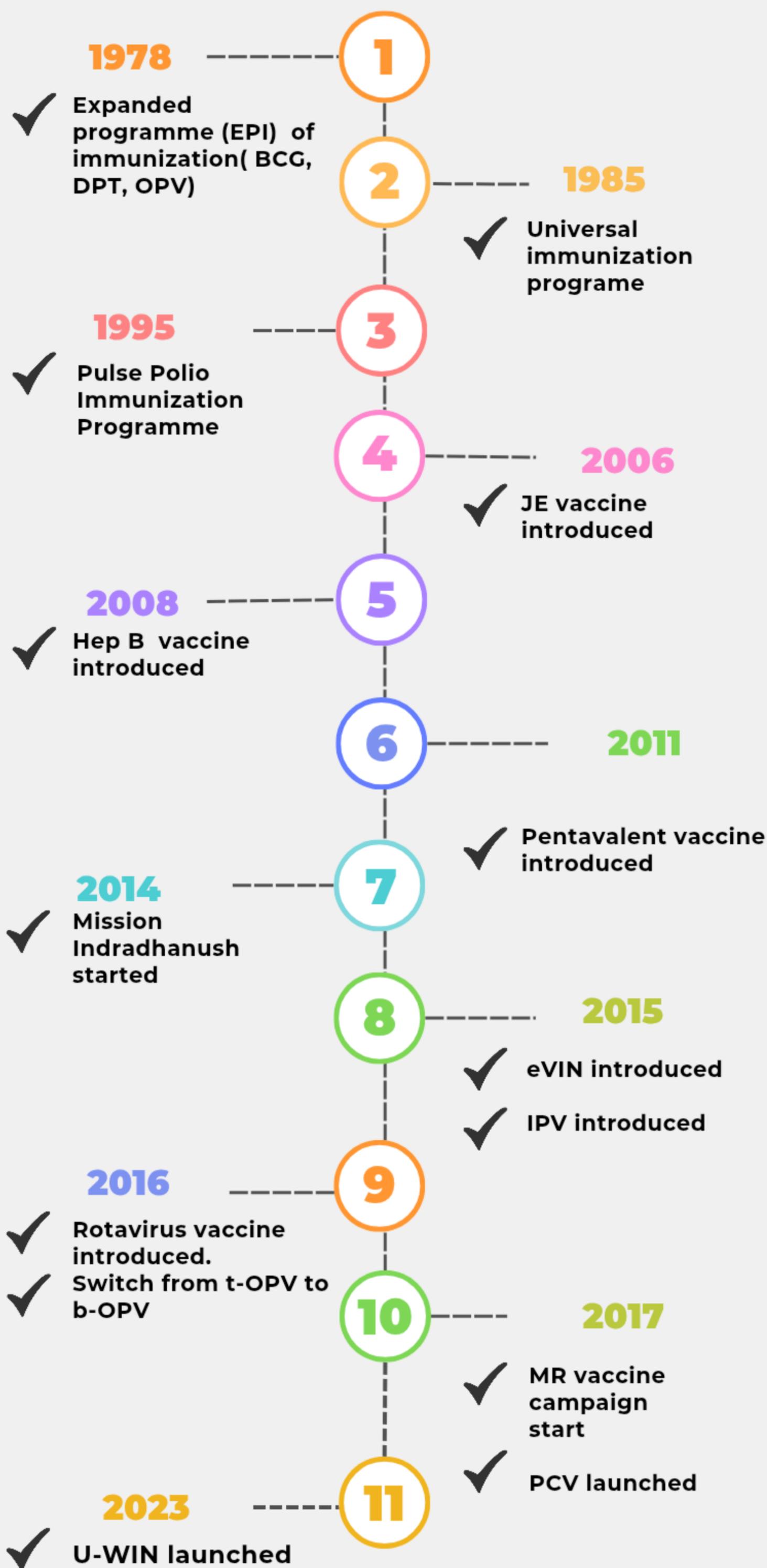
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“TICK THE TIKA CHECKLIST- PROTECT THE CHILDHOOD”



IMMUNIZATION MILESTONES-INDIA



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 SOURCE:
 1.<https://nhm.gov.in/index1.php?lang=1&level=2&sublinkid=824&lid=220>



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CO- CHAIRPERSON Dr. Krupal Joshi	ASST. COORDINATORS Dr. Nanda Kumar Dr. Nidhi Patel Dr. Ramakrishnan



TICK THE TIKA CHECKLIST

PROTECT THE CHILDHOOD



EVERY VACCINE COUNTS, EVERY REPORT MATTERS

SAFE SHOTS, STRONG TRUST - AEFI PREPAREDNESS SAVES LIVES



WHAT IS AEFI?



ANY UNTOWARD MEDICAL OCCURRENCE WHICH FOLLOWS IMMUNIZATION AND WHICH DOES NOT NECESSARILY HAVE A CAUSAL RELATIONSHIP WITH THE USAGE OF VACCINE. IT MAY BE ANY UNFAVORABLE OR UNINTENDED DISEASE SYMPTOM, SIGN OR ABNORMAL LABORATORY FINDING



CAUSE SPECIFIC TYPES OF AEFI



VACCINE PRODUCT RELATED REACTION

VACCINE QUALITY DEFECT RELATED

IMMUNIZATION ERROR RELATED

IMMUNIZATION TRIGGERED STRESS RESPONSE

COINCIDENTAL EVENT



TYPES OF AEFI BY SYMPTOMS SEVERITY?



COMMON/MINOR

- LOCAL REACTIONS LIKE PAIN, SWELLING AND REDNESS
- SYSTEMIC REACTIONS LIKE FEVER > 38C, IRRITABILITY, MALAISE AND OTHER SYSTEMIC SYMPTOMS



SEVERE

- CAN BE DISABLING AND RARELY LIFE THREATENING
- MOST DO NOT LEAD TO LONG TERM PROBLEMS
- MUST BE REPORTED
- EX. SEIZURES, HYPOTONIC HYPORESPONSIVE EPISODES (HHE), PROLONGED CRYING, THROMBOCYTOPENIA



SERIOUS

- DEATH
- HOSPITALIZATION
- CLUSTERS
- DISABILITY
- CONGENITAL ANOMOLY/ BIRTH DEFECT
- MEDIA REPORTS/ COMMUNITY OR PARENTAL CONCERNS



TYPES OF AEFI REPORTINGS



ROUTINE REPORTING

- AEFI REGISTERS AT HEALTHCARE FACILITIES
- ALL MINOR, SEVERE AND SERIOUS REACTIONS ARE TO BE RECORDED
- MONTHLY PROGRESS REPORT IN FORM OF MONTHLY HMIS REPORTING

SEVERE AND SERIOUS AEFI CASE REPORTING FORM (CRF)

1. DETECTION

- SITE LEVEL
- BY ASHA/ANM/AWW/ CAREGIVER/PVT PRACTITIONER
- COMPLETE PART A OF CRF

2. MO I/C

- ONFIRM AEFI
- PROVIDE FIRST AID
- COMPLETE PART B,C,D OF CRF
- REPORT TO DIO
- TIME LIMIT 24 HOURS

3. DIO

- COMPLETE PART E OF CRF
- GENERATE CASE ID THROUGH SAFE-VAC
- PLAN FOR INVESTIGATION MEETING
- TIME LIMIT 24 HOURS

4. STATE

- SIO IF REQUIRED WILL NOTIFY TO STATE AEFI COMMITTEE
- IF NECESSARY WILL CONVENE STATE AEFI COMMITTEE MEETING

5. NATIONAL

- IMMUNIZATION DIVISION, MOHFW
- NATIONAL AEFI SECRETARIAT
- COLLATE AND REVIEW ALL REPORTS FOR IMMEDIATE RESPONSE AND FEEDBACK

SEVERE AND SERIOUS AEFI CASE INVESTIGATION FORM (CIF)

ROLE OF DISTRICT IMMUNIZATION OFFICER OR MOH IN URBAN AREA

- ON RECEIPT OF AEFI NOTIFICATION, COMPLETE CIF ALONG WITH HOSPITAL/ LAB RECORDS
- CONDUCT VERBAL AUTOPSY IF APPLICABLE
- CONVENE DIST AEFI COMMITTEE MEETING
- IF INDICATED AND RECOMMENDED, SHIP SPECIMENS TO APPROPRIATE LABS ALONG WITH LAB REQUEST FORM (LRF)
- TIME LIMIT : COMPLETE WITHIN 21 DAYS FROM NOTIFICATION

ROLE OF STATE IMMUNIZATION OFFICER

- INFORM STATE AEFI COMMITTEE
- CONDUCT A CAUSALITY ASSESSMENT
- REQUEST FOR ADDITIONAL INFORMATION IF NECESSARY

ROLE OF IMMUNIZATION DIVISION, MOHFW & NATIONAL AEFI SECRETARIAT

- INFORM NATIONAL AEFI COMMITTEE, DCG(I), CDSCO
- INFORM THE VACCINE MANUFACTURER AND REVIEW GMP

AEFI REPORTING CHANNELS AND FREQUENCY

REPORTING CHANNEL	CRF AND CIF	AEFI REGISTER	SAFE-VAC	HMIS
FREQ	IMMEDIATE NOTIFICATION AND REPORTING	WEEKLY	IMMEDIATE	MONTHLY
TYPE OF REACTION	SERIOUS AND SEVERE	SERIOUS, SEVERE AND MINOR	SERIOUS, SEVERE AND MINOR	SERIOUS, SEVERE AND MINOR



PREPAREDNESS BUILDS TRUST. TRUST BUILDS VACCINATION COVERAGE!

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 ASSISTANT COORDINATORS :
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 DR. NIDHI PATEL
 DR. RAMAKRISHNAN

SOURCES

- NATIONAL AEFI SURVEILLANCE AND RESPONSE OPERATIONAL GUIDELINES 2024 (MOHFW / ITSU)
- AEFI RESOURCE MATERIALS HUB (CRF, CIF, SOPS, CHECKLISTS) - ITSU
- NATIONAL QUALITY ASSURANCE STANDARDS FOR AEFI SURVEILLANCE - JSI / NHM
- PHARMACOVIGILANCE GUIDANCE DOCUMENT FOR HUMAN VACCINES - CDSCO

SCAN TO EXPLORE NATIONAL AEFI SURVEILLANCE AND RESPONSE OPERATIONAL GUIDELINES 2024



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PCMC'S POST GRADUATE MEDICAL INSTITUTE & YCM HOSPITAL, PIMPRI, PUNE, MH-411018

TICK THE TIKKA TODAY TO PROTECT ALL



A tikka (shot) hurts for a moment, but keeps me healthy for years. Being vaccinated means I can go to school and play with friends safely.



FAMILY

We understand that they protect them from dangerous diseases. Getting all children vaccinated keeps our whole family healthy.

WHAT DO THEY HAVE TO TELL US?

ASHA

I remind mothers about vaccine schedules and manage records. Vaccines are free and available at all nearby health centers.



PUBLIC HEALTH EXPERT
Vaccines help to eradicate deadly diseases.
A vaccinated child means fewer hospital visits, lower expenses for families and government.

Don't forget to keep the Card Updated. Vaccines Sahi hai





TICK THE TIKA CHECKLIST

PROTECT THE CHILDHOOD



COMPLETE EVERY SHOT – SAFEGUARD EVERY CHILDHOOD!

DOSE	SITE	VACCINE		DISEASE PREVENTED
0.05 ml <1month 0.1 ML >1month	ID, LEFT UPPER ARM	BCG	BIRTH 	TUBERCULOSIS HEPATITIS-B POLIOMYELITIS
0.5 ML 2 DROPS	IM, ANTEROLATERAL SIDE OF MID THIGH- LEFT ORAL	HEP-B OPV		
0.5 ML 0.5 ML 0.5 ML 2 DROPS 5 DROPS/2 ML	IM, ANTEROLATERAL SIDE OF LEFT MID THIGH IM, ANTEROLATERAL SIDE OF RIGHT MID THIGH ID, UPPER ARM RIGHT DELTOID ORAL ORAL	PENTA-1 PCV-1 FIPV-1 OPV-1 RVV-1	6 WEEKS 	DIPHTHERIA, PERTUSSIS, TETANUS, HEPATITIS B, HIB PNEUMOCOCCAL PNEUMONIA & MENINGITIS POLIOMYELITIS POLIOMYELITIS ROTAVIRUS DIARRHOEA
0.5 ML 2 DROPS 5 DROPS/2 ML	IM, ANTEROLATERAL SIDE OF LEFT MID THIGH ORAL ORAL	PENTA-2 OPV-2 RVV-2	10 WEEKS	DIPHTHERIA, PERTUSSIS, TETANUS, HEPATITIS B, HIB POLIOMYELITIS ROTAVIRUS DIARRHOEA
0.5 ML 0.5 ML 0.5 ML 2 DROPS 5 DROPS/2 ML	IM, ANTEROLATERAL SIDE OF LEFT MID THIGH IM, ANTEROLATERAL SIDE OF RIGHT MID THIGH ID, UPPER ARM RIGHT DELTOID ORAL ORAL	PENTA-3 PCV-2 FIPV-2 OPV-3 RVV-3	14 WEEKS 	DIPHTHERIA, PERTUSSIS, TETANUS, HEPATITIS B, HIB PNEUMOCOCCAL PNEUMONIA & MENINGITIS POLIOMYELITIS POLIOMYELITIS ROTAVIRUS DIARRHOEA
0.5 ML 0.5 ML 0.5 ML 0.5 ML	SC, UPPER ARM RIGHT DELTOID KILLED : IM, ANTEROLATERAL SIDE OF LEFT MID THIGH LIVE ATTENUATED : SC, UPPER ARM LEFT DELTOID ID, UPPER ARM RIGHT DELTOID IM, ANTEROLATERAL SIDE OF RIGHT MID THIGH	MR-1 JE-1 FIPV-3 PCV-B	9 MONTHS 	MEASLES, RUBELLA JAPANESE ENCEPHALITIS POLIOMYELITIS PNEUMOCOCCAL PNEUMONIA & MENINGITIS
0.5 ML 0.5 ML 0.5 ML 2 DROPS	IM, ANTEROLATERAL SIDE OF LEFT MID THIGH SC, UPPER ARM RIGHT DELTOID KILLED : IM, ANTEROLATERAL SIDE OF LEFT MID THIGH LIVE ATTENUATED : SC, UPPER ARM LEFT DELTOID ORAL	DPT-B-1 MR-2 JE-2 OPV-B	16-23 MONTHS 	DIPHTHERIA, PERTUSSIS, TETANUS MEASLES, RUBELLA JAPANESE ENCEPHALITIS POLIOMYELITIS
0.5 ML	IM, ANTEROLATERAL SIDE OF LEFT MID THIGH	DPT-B-2	5-6 YRS	DIPHTHERIA, PERTUSSIS, TETANUS
0.5 ML	IM, UPPER ARM LEFT	Td	10 & 16 YRS	DIPHTHERIA, TETANUS
<p>Td in Pregnancy</p> <ul style="list-style-type: none"> Td-1 Early in pregnancy: 0.5 ml IM Upper Arm (Deltoid) Td-2 to 4 weeks after Td-1 0.5 ml IM Upper Arm (Deltoid) Td-Booster If 2 doses in last 3 years: once before 36 weeks; else, anytime before delivery (even in labor if not given). 0.5 ml IM 			<p>VITAMIN A SUPPLEMENTATION (9 MONTHS - 5 YEARS)</p> <ul style="list-style-type: none"> 1ST DOSE - 9 MONTHS (WITH MR-1) 1 ML (1 LAKH IU) ORAL 2ND DOSE-9TH DOSE EVERY 6 MONTHS AFTER 1ST DOSE (UP TO 5 YEARS) 2 ML (2 LAKH IU EACH) - ORAL 	

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SOURCES

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https://www.nhp.gov.in/universal-immunization-programme_pg

SCAN TO EXPLORE INDIA'S NATIONAL IMMUNIZATION SCHEDULE (MOHFW)



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Tick the Tika: One Check, Lifelong Protect!



At Birth
BCG
Hepatitis B
OPV 0

10 weeks
OPV 2
Penta 2
Rota-2

9-12 months
MR 1
JE -1
PCV Booster
Fractional IPV booster
Vit A

6 weeks
OPV 1
Penta 1
Rota -1
Fractional IPV-1
PCV -1

14 weeks
OPV 3
Penta 3
Rota-3
Fractional IPV-2
PCV-2



16 – 24 months
DPT Booster 1
MR 2
OPV Booster
JE 2

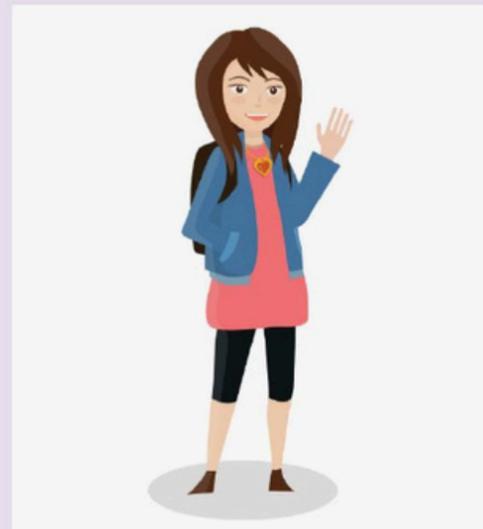
16 – 18 months
Vitamin A
(one dose
every 6 months
upto 5 years)



5-6 years
DPT Booster 2



10-16 years
Td



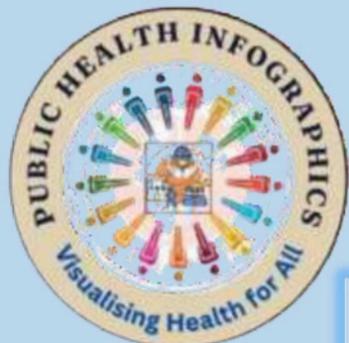
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Assistant Coordinators
Dr. Nanda Kumar
Dr. Nidhi Patel
Dr. Ramakrishnan

Chairperson
Dr. Annarao Kulkarni
Co - Chairperson
Dr. Krupal Joshi

Source : National Health Mission (India), Ministry of Health & Family Welfare. National Immunization Schedule [Internet]. New Delhi: National Health Mission; [cited 2025 Jul 29]. Available from: https://nhm.gov.in/New_Updates_2018/NHM_Components/Immunization/report/National_%20Immunization_Schedule.pdf.



"TICK THE TIKA CHECKLIST PROTECT CHILDHOOD"

ONE TIKA AT A TIME, SHIELD EVERY CHILD

STRENGTHENING HEALTH, SECURING FUTURES — ONE VACCINE AT A TIME

- Timely vaccination
- No missed opportunity
- Catch-up allowed
- Maintain a minimum interval

- Safe administration
- Follow open vial policy
- Proper record keeping
- Consider contraindications
- Vitamin A supplementation

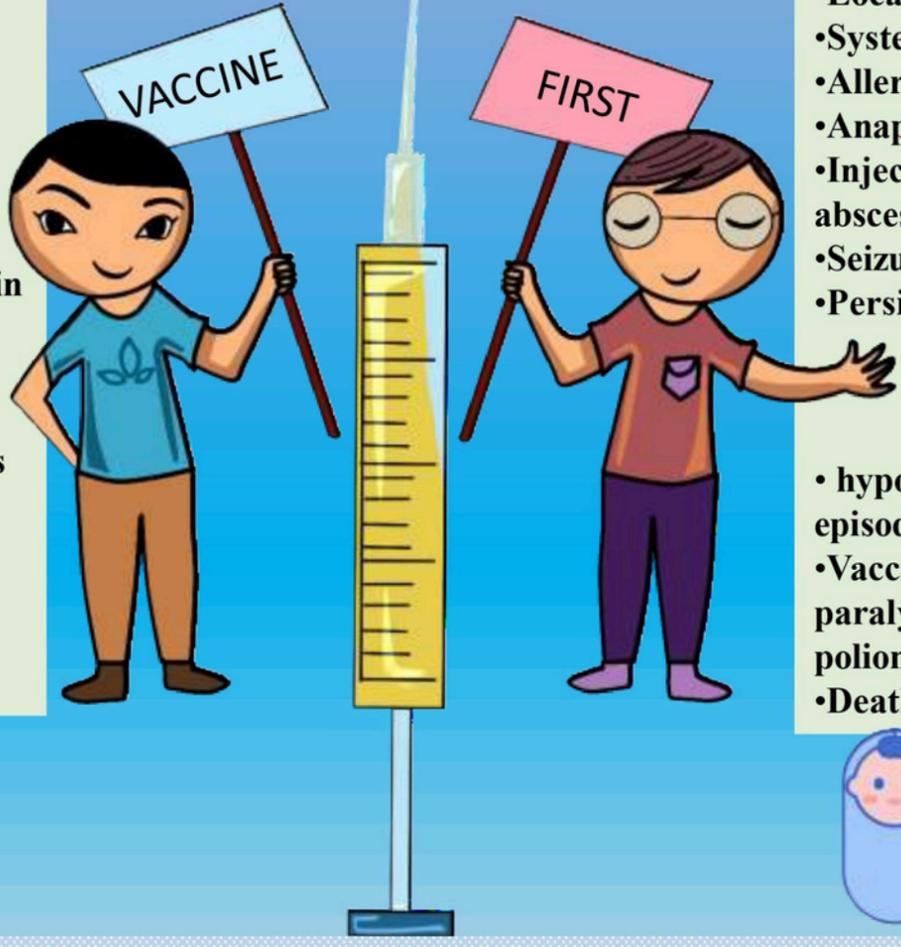


RECENT ADVANCES

- Electronic Vaccine Intelligence Network (eVIN)
- Remote temperature monitoring systems
- Freeze indicators and vaccine vial monitors (VVM)
- GPS-enabled cold chain tracking
- Solar-powered refrigerators
- Smart vaccine carriers
- Mobile apps for inventory and temperature tracking
- AI-based cold chain optimization

ADVERSE REACTIONS

- Local reactions
- Systemic reactions
- Allergic reactions
- Anaphylaxis
- Injection site abscess
- Seizures
- Persistent crying
- hyporesponsive episode (HHE)
- Vaccine-associated paralytic poliomyelitis (VAPP)
- Death



IMMUNISATION: A GLOBAL SHIELD FOR EVERY GENERATION

Investing in Vaccination Today to Secure Every Child's Tomorrow.



OBJECTIVES

- ★ Demonstrate it is humanly possible to have less disease and more life, if people – and their communities – protect themselves and their loved ones from vaccine-preventable diseases through immunization.
- ★ Encourage governments to turn vaccines into vaccinations through strong immunization programmes at local and national levels to deliver on the promise of immunization for all.

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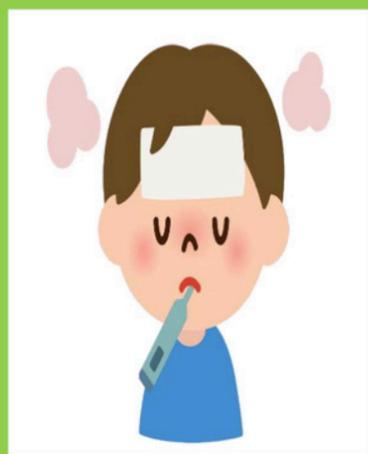
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3. Immunization Handbook for Medical Officers (MoHFW/NHM)
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MILD SYMPTOMS



Pain & Swelling at injection site



Fever



Irritability



Malaise

MODERATE – SEVERE SYMPTOMS



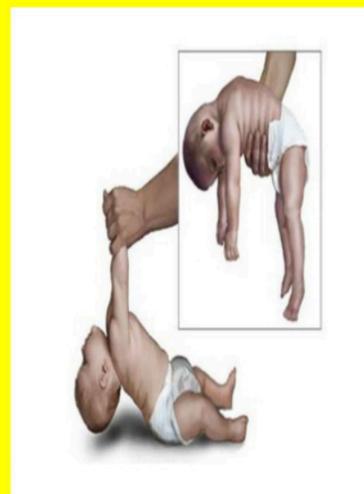
High Fever



Seizure



Anaphylaxis



Hypotonia

SERIOUS SYMPTOMS



Unresponsive



Hospitalisation



Disability

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TICK THE TEEKA CHECKLIST: PROTECT CHILDHOOD



Through innovations and technology

1



Universal Immunization Programme (UIP) Coverage in India

Covers 12 vaccine-preventable diseases

As per NFHS-5: Fully immunized children (12-23 months)

Urban-Rural gap and state-level variations still persist

U-WIN RCH ANMOL MISSION 4 INDRADHANUSH TRACKER



Easy Steps to Use These Apps

✓ For Parents and ASHAs:

1. Download apps from play store
2. Enter your child's birth date or vaccination details
3. Receive reminders before each due vaccine
4. Mark each dose as completed to maintain digital records
5. Follow instructions for next visit based on app generated schedule

5

Targets Achieved Through Technology

- ✓ Reduced dropout rates between BCG and measles in pilot districts using app reminders
- ⌚ Faster vaccine supply tracking through eVIN system
- 📊 Real-time dashboards for block- and district-level monitoring
- 📄 Digital immunization records reduce dependency on paper-based systems
- 👏 Enhanced coordination between parents, health workers, and policymakers

Scan for sources



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3. National Health Mission eVIN

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2

Reasons for Lower UIP Coverage

- ✗ Missed or delayed vaccinations due to lack of awareness
- ✈ Migration of families and unregistered births
- 🕒 Inadequate reminder systems
- 📉 Poor cold chain tracking in remote areas
- 📄 Paper-based record-keeping leading to errors or loss



3

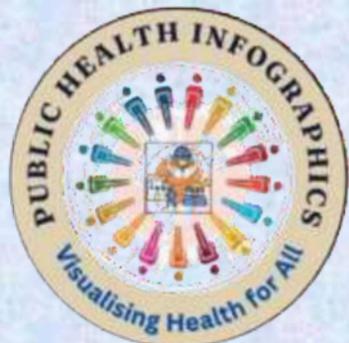
How to Improve UIP Coverage Using Innovation & Technology



Vaccination -- Reminder App

- Enables Digital tracking
- Vaccine reminders to parents
- Syncs with ASHA/ANMS data
- Identifies missed children
- Send SMS alerts in Regional languages





1st – 7th August 2025

BREASTFEEDING WEEK



Invest In Breastfeeding, Invest In The Future



World Health Organization

- Provides ideal nutrition for infants
- Strengthens the baby's immune system
- Promotes healthy weight and development
- Enhances mother-baby bonding
- Lowers risk of breast and ovarian cancers in mothers
- Is cost-effective and always available



- Provides complete and easily digestible nutrition
- Strengthens immunity with antibodies
- Lowers risk of infections (ear, respiratory, GI)
- Supports healthy weight and growth
- Promotes brain and cognitive development
- Reduces risk of chronic diseases later in life

Promote Exclusive Breastfeeding

Only Mother's Milk for the First 6 Months – Nothing More, Nothing Less!

- Duration: Recommended for the first 6 months of life by WHO, UNICEF, and the Indian Academy of Paediatrics (IAP).
- No additional foods or fluids: No water, juice, formula, or solid foods.
- After 6 months, complementary feeding should begin while continuing breastfeeding up to 2 years or beyond.

KEY POINTS

- ✓ Mothers need regular breastfeeding counselling until their baby is 2 years old.
- ✓ Breastfeeding counselling helps mothers find solutions to breastfeeding challenges
- ✓ Training in breastfeeding counselling helps health workers to listen to, empower and support women.
- ✓ Create breastfeeding-friendly health systems by making hospitals and clinics safe, supportive spaces for breastfeeding through the Baby-Friendly Hospital Initiative and beyond.



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1. [World Breastfeeding Week 2024](#)
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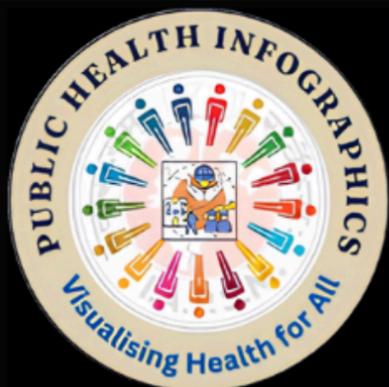


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AYUSHMAN BHARAT DIGITAL MISSION

Your Health Your Records Your Power

WHAT IT IS ?

A Government of India program to keep all your health records in one secure digital account – accessible anywhere in the country.



BENEFITS FOR YOU



One Health ID for Life



Faster Registration



Access Anywhere



Safe & Private



FREE for Everyone

JOIN IN 3 SIMPLE STEPS



Visit: abdm.gov.in or download ABHA App



Create: Your 14-digit ABHA Number (Aadhaar / Driving Licence)



Link: Your prescriptions, test results & reports

WHY IT MATTERS



Never lose a medical record



Save time at hospitals



Get better treatment anywhere



Empower yourself with your health data

“ Carry Your Health in Your Pocket ! ”

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Source
Ayushman Bharat Digital Mission
site: <https://abdm.gov.in>

IPHI
TEAM

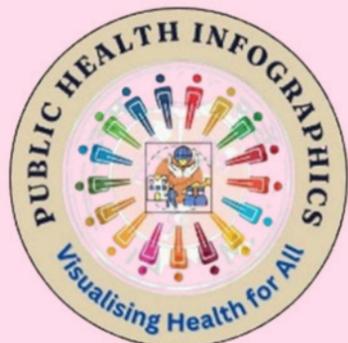


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It's Time to Prioritize Mental Health in the Workplace

WHO Comprehensive Mental Health Action Plan 2013–2030

“Hope Begins with a Conversation”

Blooming Mind



Positive Thinking



National Mental Health Programme (NMHP)

• **Aim:** Accessible & affordable mental healthcare for all, esp. underserved.

• **Objectives:** Promote mental health, prevent illness, reduce disability, integrate into general care, reduce stigma.

• **Components:** Treatment, rehabilitation, prevention, promotion, and community participation.

• **Major Scheme:** District Mental Health Programme (DMHP) – OPD/IPD care, staff training, awareness (IEC), school & community linkages.

• **Focus:** Depression, anxiety, psychosis, substance abuse, child/adolescent care, suicide prevention

When to Talk About Mental Health:

1. When You Notice Behavioural Changes
2. When There Are Signs of Emotional Distress
3. During High-Stress Life Events
4. When Someone Mentions Suicide or Self-Harm
5. When You Feel Overwhelmed
6. After Traumatic Experiences
7. During Mental Health Awareness Days or Events
8. When Someone Opens Up to You
9. During Routine Health Check-Ups
10. Encouraging Others to Seek Help

Mental Health Matters—Every Mind Counts



Mind Matters Most

• **MANAS App:** Mobile app developed by the Ministry of Health & AIIMS to monitor and promote mental well-being.

• **KIRAN Helpline:** 24x7 toll-free helpline – 1800-599-0019

• **Mental Health in Schools & Colleges:** Under the School Health Programme (Ayushman Bharat), counselling and awareness are promoted.

The best time to talk about mental health is **ANYTIME SOMEONE NEEDS SUPPORT**

- World Suicide Prevention Day (10th Sept)
- World Mental Health Day (10th Oct)



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Metabolic Syndrome

Stop the Silent Storm Before It Starts

Know the Signs, Change the Outcome



Abdominal obesity, Hyperglycaemia, Hypertension and Dyslipidaemia

Causes

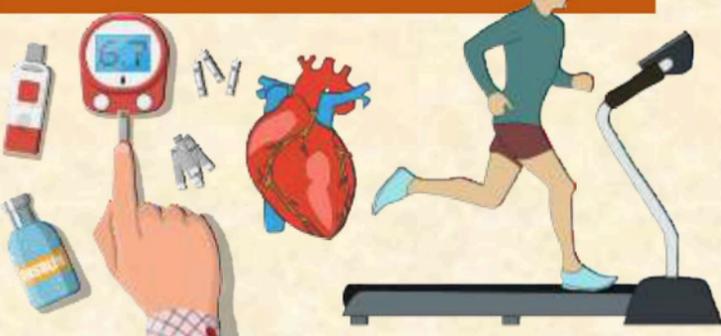
- Central (abdominal) obesity
- Insulin resistance
- Unhealthy diet
- Physical inactivity
- Genetic predisposition
- Hormonal imbalances (e.g., PCOS, Cushing's)
- Aging
- Smoking
- Excessive alcohol consumption
- Chronic stress
- Poor sleep quality



Protective measures against metabolic syndrome:

- Regular physical activity (at least 30 minutes per day)
- A healthy, balanced diet rich in fruits, vegetables, and whole grains
- Maintaining a healthy weight
- Limiting intake of sugar and refined carbohydrates
- Reducing saturated fats and trans fats in the diet
- Avoiding tobacco and alcohol consumption
- Managing stress through techniques like meditation or yoga
- Controlling blood pressure and blood glucose if elevated
- Increasing fiber intake

Metabolic Syndrome: A Constellation of Risks, A Call for Prevention



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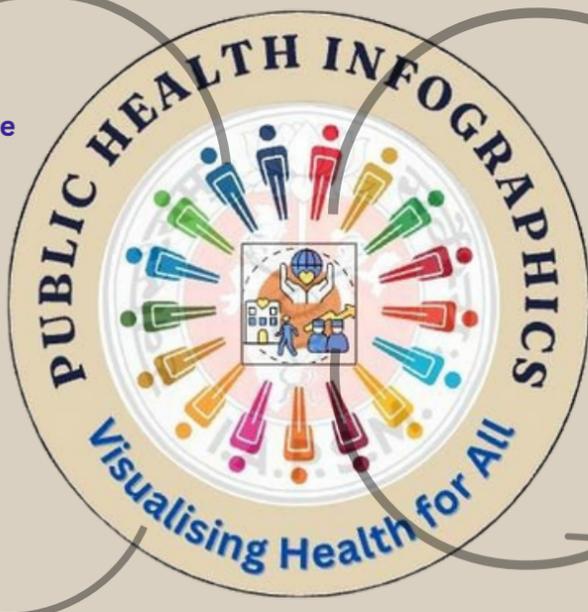
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Graphic-e-Health

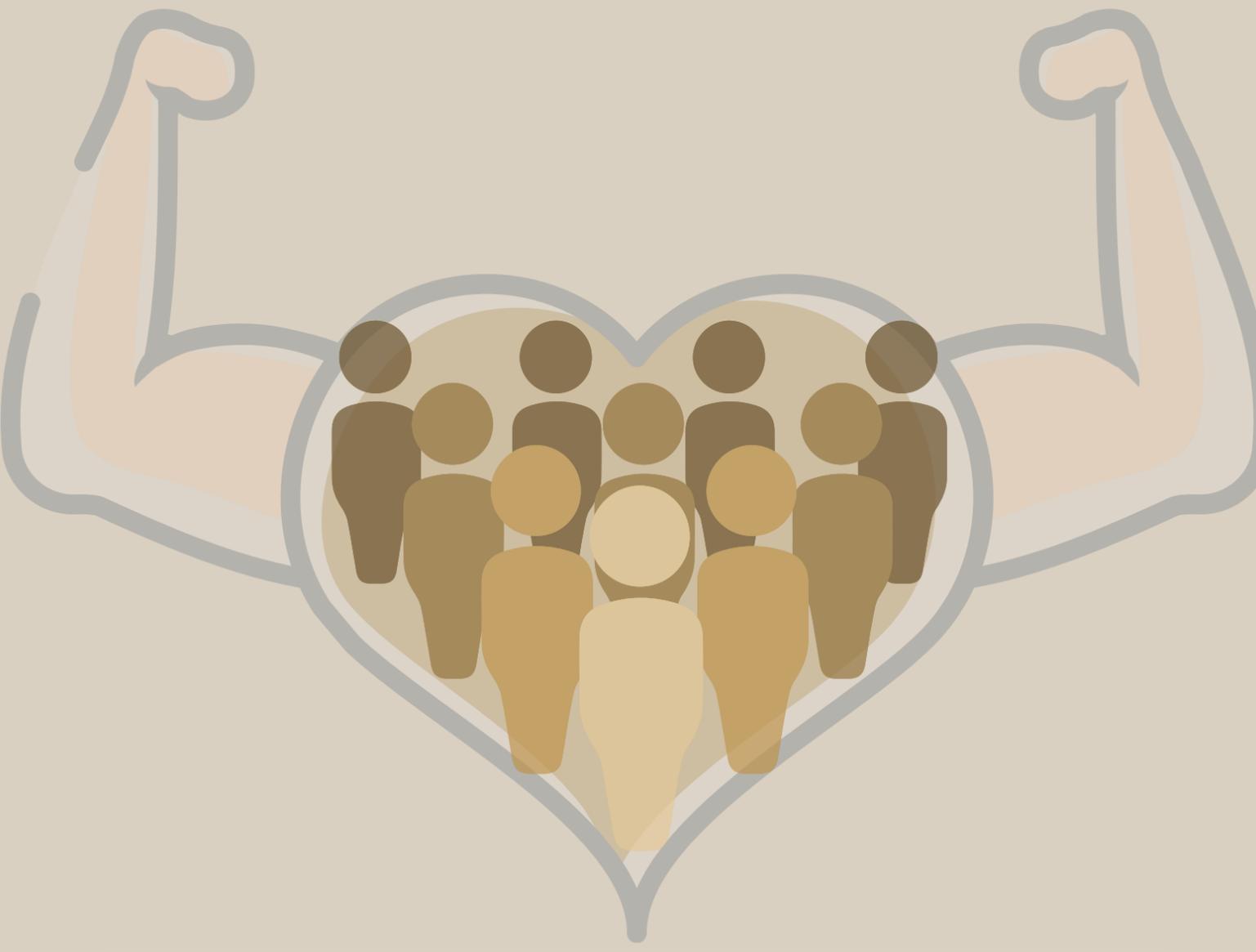


Highlights how infographics can educate the public about the health system and its services

Represents use of infographics to enhance collaboration and communication between public health professionals and the community

Tagline for this initiative

Represents the role of infographics in making public health data clear and simplified



Dear IAPSM Members,

“ Thank you for taking the time to explore our latest Public Health Infographics Edition. It is gratifying to know that these visual resources contribute to enhancing public health knowledge within our IAPSM community.

Your continued support and engagement with the Public Health Infographics initiative are truly appreciated. Our aim is to consistently improve the quality and relevance of our content, ensuring it serves as a useful resource for all. If you have any suggestions, feedback, or ideas for future infographic topics, we encourage you to reach out to us at iapsminfographics.iphi@gmail.com. We welcome your insights and are eager to incorporate changes that can enrich your experience.

Together, let's make this initiative even more impactful for our community.”



Best Regards,
Team IAPSM Public Health Infographics

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