



DPHICON 2024

PUBLIC HEALTH - ENHANCING THROUGH SYNERGIES



U-WIN

DIGITAL PLATFORM FOR IMMUNIZATION



DIRECTORATE OF PUBLIC HEALTH AND PREVENTIVE MEDICINE
STATE IMMUNIZATION DIVISION



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FOREWORD

The Universal Immunization Programme (UIP) in India has long been a vital initiative aimed at safeguarding the health of newborns and pregnant women by providing vaccines against 12 Vaccine Preventable Diseases (VPDs). In Tamil Nadu, this program has achieved remarkable success, consistently exceeding 98% immunization coverage and administering approximately 1.4 crore vaccine doses annually. The introduction of the U-WIN platform marks a significant advancement in our approach to immunization management, harnessing lessons learned from the Co-WIN system used during the COVID-19 vaccination campaign to create a robust digital infrastructure.

This documentation outlines the implementation and evolution of U-WIN, which aims to enhance tracking, reporting, and management of immunization services across the state. By facilitating individualized tracking, real-time updates, and comprehensive data management, U-WIN empowers healthcare providers and improves accessibility for citizens. As we embrace new technologies to strengthen our public health initiatives, the U-WIN platform represents our commitment to building a healthier future for all, ensuring that no child is left unprotected. Through collaborative efforts and ongoing innovations, we are well-positioned to achieve our immunization goals and reinforce the foundations of public health in India.

Dr.T.S.Selvavinagayam

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EXECUTIVE SUMMARY

The Universal Immunization Programme (UIP) in India aims to protect newborns and pregnant women by administering vaccines against 12 Vaccine Preventable Diseases (VPDs). Tamil Nadu has excelled in immunization performance, achieving over 98% coverage, translating to approximately 1.4 crore vaccine doses administered annually. The Fully Immunized (FI) coverage for 2023-24 is reported at 98%, supported by the National Family Health Survey (NFHS) Round 5, which shows an improvement to 90.4%.

To enhance immunization tracking and management, the U-WIN platform was launched in January 2023, integrating successful features from the Co-WIN system used during the COVID-19 vaccination drive. U-WIN focuses on individualized tracking of beneficiaries' vaccination statuses, digitization of session planning, real-time updates on immunization record and generation of e-Vaccination certificate.

In Tamil Nadu the U-WIN platform was piloted in Dindigul and Erode on January 27, 2023, following extensive training from January 20-27. By August 1, 2023 U-WIN was successfully rolled out across Tamil Nadu, with significant training conducted for around 17,000 health personnel. However, challenges persist, including reluctance to input data, inconsistent scheduling of vaccination sessions, and delays in delivery outcome reporting. Despite these hurdles, U-WIN offers a comprehensive digital solution for immunization services, allowing for efficient data management, real-time tracking, empowering healthcare providers and accessibility to immunization services for citizens anywhere in India.

Henceforth, U-WIN platform will be the platform for real time immunization recording and reporting and eVIN platform will oversee vaccine-Stock and Cold Chain Management. API linkage between PICME and U-WIN is prioritized to reduce data entry for health workers, allowing more focus on community health.

Moving forward, Government of India through UNDP has planned for certain changes, replacing 'ASHA' with 'Mobilizer' in U-WIN portal allowing users to tag various health workers during vaccinations and Identifying high-risk areas for targeted interventions and enabling documentation of all AEFI which can be registered by Vaccinators, as session sites already been tagged with concerned HSC and Streamlining cold chain contingency plan, simplifying data entry, and an immunization waste disposal feature ensuring accountability by confirming disposal methods.

INTRODUCTION:

Immunization programme in India was introduced in 1978 as Expanded Programme of Immunization (EPI). The program gained momentum in 1985 and was expanded as Universal Immunization Programme (UIP). UIP is one of the largest public health programmes targeting close of 2.67 crore newborns and 2.9 crore pregnant women annually (1). It is one of the most cost-effective public health interventions and largely responsible for reduction of Vaccine Preventable under-5mortality rate.

Immunization in Tamil Nadu

In Tamil Nadu, under the UIP, 11 Vaccines are being provided against the 12 Vaccine Preventable Diseases (VPDs) for all children and pregnant mothers which includes Tuberculosis, Diphtheria, Pertussis, Hepatitis B, Hemophilus Influenza, Tetanus, Poliomyelitis, Measles, Rubella, Rota Virus, Pneumococcal and Japanese Encephalitis (in 14 selected endemic districts) [2].

Annually, around 10 lakhs pregnant women, 9.16 lakhs children/ infants are being covered under this UIP programme in Tamil Nadu [3] and the state stands out as one of the few states in India with exemplary immunization performance, showcasing a steadfast commitment to public health. Our dedicated public health staff have made remarkable strides in immunization coverage, consistently achieving over 98% across the state [3]. This outstanding effort translates to an average of 1.4 crore vaccine doses administered each year, safeguarding the health of our communities.

As per Sustainable Development Goals (SDG) India index 2023-24, published on 15.07.2024, Tamil Nadu has achieved 12th position with a composite score of 77 points in SDG 3 - Good health and wellbeing [4].



Further, according to the Tamil Nadu Health Management Information System (TNHMIS), the Fully Immunized (FI) coverage for the year 2023-24 stands at an impressive 98%. This achievement is further supported by the National Family Health Survey (NFHS) Round 5, published in 2021, which confirms an overall improvement in the state's Full Immunization Coverage, now at 90.4% [5]. Table 1 shows the comparison of immunization performance as per TNHMIS 2023-24 and NFHS-5 survey.

Table 1: Immunization Performance as per TNHMIS 2023-24 and NFHS -5 survey

Vaccines	TNHMIS 2023-24 (April to March)	NFHS-5 (2019-20)
BCG	95%	97.6%
OPV 3	98%	91.5%
Pentavalent 3	98%	94.8%
MR 1 st dose	100%	95.8%
Fully Immunized	98%	90.4%

While the Tamil Nadu Health Management Information System (TNHMIS) and Integrated Health Information Platform effectively collect data on vaccination coverage, both have notable **limitations**. They do not generate the line list of beneficiaries, or provide due lists for vaccinators. These shortcomings can lead to decreased reliability of the data, hindering the ability to track individual vaccination statuses and follow up effectively.

EVOLUTION OF UWIN:

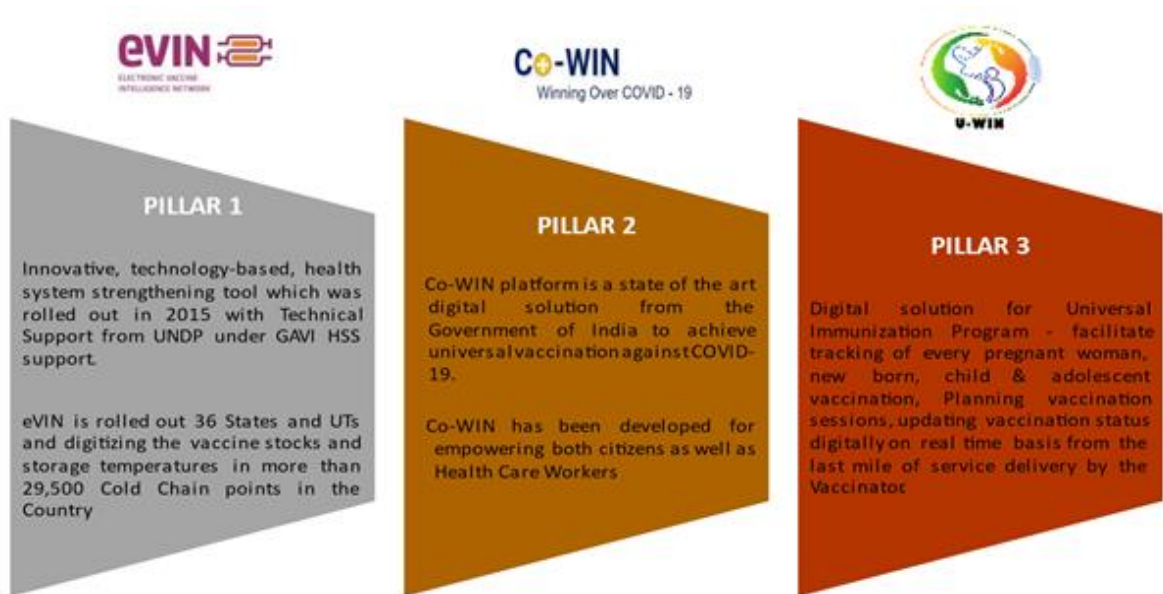
COVID-19 pandemic emerged in late 2019 spread worldwide rapidly evoked unprecedented response leading to an accelerated use of new technologies including newer vaccine technologies [6]. Apart from being a vaccine powerhouse, India made a technological stride when it launched the indigenously developed software application called CoWIN.[7] Co-WIN (Winning over COVID-19), the digital backbone of India's COVID-19 vaccination program, was implemented to facilitate the planning, execution, monitoring, and evaluation of the national vaccination drive. This scalable IT platform served as a comprehensive solution for COVID-19 vaccination across the entire country, featuring both citizen and administrator interfaces.

The Co-WIN platform proved to be all-inclusive and provided an end-to-end solution for the entire public health system, from vaccinators to national-level officials (8). Due to the high commitment and support from each state and union territory, Co-WIN enabled the seamless launch and rapid implementation of the world's largest COVID-19 vaccination campaign.

From Co-WIN to U-WIN

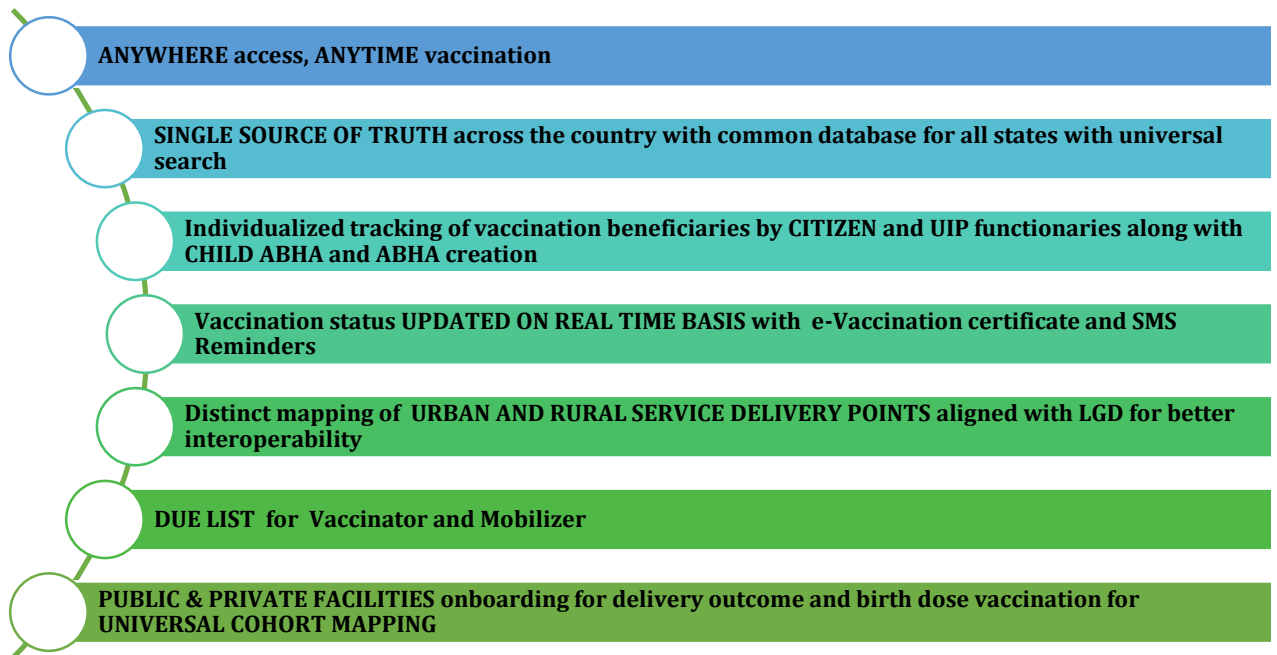
Harvesting the benefits of Co-WIN, Public Health department of Tamil Nadu Government requested the Government of India to replicate the Co-WIN platform for Routine Immunization monitoring (RI) (Annexure). Incidentally in September 2022, Government of India, informed that the government was planning to repurpose digital health platforms Arogya Setu and Co-WIN, adding that Co-WIN would be used for carrying out the 12 essential vaccination programs under the Universal Immunization Programme. The key features and information from the Co-WIN implementation were set to be leveraged for UWIN, which included aspects such as the registration and vaccination of each pregnant woman, registration of Pregnancy outcome and birth including Still birth, the administration of birth doses for newborns, and subsequent vaccination events [9].

Electronic Vaccine Intelligence Network (eVIN) platform supports the Government of India's Universal Immunization Programme by delivering real-time information on vaccine stocks, flows, and storage temperatures at cold chain points across states and union territories. Leveraging these 2 pillars eVIN and Co-WIN, the 3rd pillar UWIN was launched by MoHFW. in January 2023 [10].



BENEFITS OF UWIN

UWIN aims to provide individualized **tracking of beneficiaries'** vaccination statuses **digitization of session planning**, and **real-time updates on vaccination** status from the last mile of service delivery by the vaccinator. It was introduced in a phased manner to capture data on immunization services, ensuring a smooth rollout and allowing for mid-course corrections during implementation. This initiative built upon the lessons learned from Co-WIN, further enhancing the efficiency and effectiveness of immunization programs across the country.



FEATURES OF UWIN

U-WIN acts as a **single source of information for immunization services**, updating vaccination status, delivery outcome, planning of RI sessions and reports like antigen-wise coverage, etc. There will be **digital registrations** of all pregnant women and newborns for individualized tracking for vaccination, reminders for upcoming doses and follow-up of dropouts. Healthcare workers and programme managers will be able to **generate real-time data of routine immunization sessions** and vaccination coverage for better planning and vaccine distribution [11].

1. Online Self Registration:

All Pregnant women can self-register on U-WIN vaccination platform to create onetime registration. If already registered on CoWIN, need to use same mobile number to access U-WIN wherein woman can tag herself as Pregnant women and new registration of child can also be done using existing guardian's account. Registration can be also done through walk-in/on-site mode at nearest vaccination center.

2. Generation of ABHA:

Registered Newborns & Children can also have an ABHA based on their parent's Aadhaar Number.

3. Search Vaccination Centers:

The beneficiary can search nearby vaccination center using State/District filter in order to get vaccination at desired center.

4. Scheduling of appointment for vaccination:

The beneficiary can take online appointment for desired vaccination session & vaccination center as per his/her choice. All vaccines are available at all sessions.

5. Digitalizing Vaccination Record:

Each vaccine dose is administered to an identifiable individual only, after due verification. Digital vaccination record of all pregnant women & children gets created real time.

6. Digital Acknowledgement:

Beneficiary will get digital acknowledgement for vaccination every time dose would be administered and receive digital e-Vaccination certificate. Beneficiary can download & save the certificate in mobile phone applications which would be easily available for future use.

7. Notifications and Reminders:

Beneficiaries will get text SMS notifications and reminders with next due dates of their subsequent vaccination.

8. Ensuring dose intervals:

Adherence will be further strengthened with minimum dose interval between two doses through U-WIN system.

9. Provision to get vaccinated across country:

With digitalization of vaccination system, vaccination services can be availed " Anywhere " in the country at scheduled vaccination sessions.

10. Integration with SAFEVAC:

UWIN has been integrated with SAFEVAC for reporting any Adverse Events Following Immunization (AEFI).

11. Line list and Due list generation:

UWIN produces a comprehensive line list of beneficiaries and provides due lists for vaccinators, enhancing the tracking of individual vaccination statuses and facilitating timely follow-ups.

IMPLEMENTATION

UWIN Implementation in India

U-WIN was implemented in a phased manner.

1. Pilot phase:

UWIN was launched on 11th January 2023 by Secretary, Health and Family Welfare Department, Government of India, (MoHFW). All modules including the Admin Module, Session Planning Module, Vaccinator Module, Delivery Module, Mobiliser Module, and Self-Registration Module were tested. Based on inputs from the states, 65 pilot districts were identified, with 32 districts in urban settings and 33 districts primarily in rural areas (Annexure 2). Virtual training to Pilot districts was done by the National team on 16th January.

Fig 1 showing the selected districts all over India for pilot phase



UWIN implementation in Tamil Nadu:

1. Pilot phase:

Under U-WIN, mapping of health facilities in pilot districts was carried out, utilizing the Local Government (LG) Directory and LG codes. Districts, sub-districts, and villages/wards were created accordingly. The system automatically generated sub-districts and villages/wards, tagging non-LGD blocks, villages, and urban local bodies to their respective health service delivery structures (health blocks/health villages) (Annexure 3).

Pilot launch of U-WIN platform were carried out in two districts Dindigul and Erode on 27th January 2023 by Director of Public Health & Preventive Medicine, Joint Director (Immunisation), District Health Officers and UNDP Team (Annexure 5).

State level, district level and block trainings were conducted prior to the launch of UWIN from 20th January 2023 to 27th January 2023 for pilot districts (Annexure 4).



Pilot launch of U-WIN platform in two districts Dindigul and Erode

UP SCALING:

INDIA

The platform was scaled up nationwide, with Nagaland being the first state to conduct a training program on the subject. Nationwide **Rollout of U-WIN Portal for Tracking Routine Immunizations** were planned



Participants during the training of trainers on nationwide scale-up of U-WIN, Kohima, Nagaland

TAMIL NADU:

A **State level sensitization workshop** on U-WIN platform for Deputy Director of Health Services, City Health Officers was conducted in two batches at Chennai from 27th June 2023 to 1st July 2023 for 134 participants (Annexure 6)



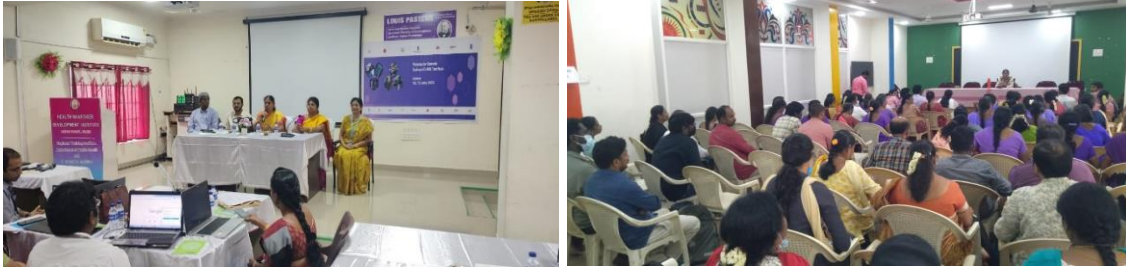
State level sensitization workshop of U-WIN platform at Chennai

Regional workshops were held at Regional Training Institutes, with a total of 206 participants.



Regional workshop on U-WIN platform at HFWTC and Salem HDMI

Further, **District level and Block level trainings** were conducted in the month of July, 2023 with 2,871 and 16,463 participants respectively.



District level training on UWIN platform held at Salem

The UWIN digital platform underwent a significant expansion, reaching all districts of Tamil Nadu by **August 1, 2023**. This strategic rollout aimed to enhance the state's immunization efforts by providing a comprehensive system for tracking vaccination coverage and ensuring efficient data management.

CURRENT STATISTICS –UWIN, TAMIL NADU, 2024

As of now, **4,728 health facilities** have been enrolled under UWIN falling short of the expected 5,260. **Delivery Point Managers - Private** registration have reached **1,854**, below the target of 2,651. However, the number of Government health facilities and Delivery Managers enrollment exceeded expectations, with 2,927 created against an expectation of 2,623. Encouragingly, **11,312 sub-centers** have been registered under UWIN, surpassing the anticipated 10,282, which will improve access to vaccinations. The number of **session sites creation** in UWIN also exceeded expectations, with 50,274 compared to the target of 44,525. While the number of **vaccinators registration** stands at **12,821**, slightly below the expected 12,987, it remains substantial for supporting vaccination efforts. The **healthcare professional registry** shows 16,974 registered against an expected 18,635 due to Vacancies and non-compliance.

Lastly, the health facility registry is currently under development with TNHSRP. Overall, while some areas have not met targets, **substantial progress** has been made in establishing the necessary infrastructure under UWIN for linking with ABDM.



Table 2 shows the status of infrastructure in Tamil Nadu by UWIN.

Table 2 showing U-WIN Infrastructure status in Tamil Nadu, 2023- 2024

S.No	Infrastructure	Expected	Created
1	Number of Health Facility	5,260	4,728
2	Number of Delivery Point Manager	2,651	1,854
3	Number of Both Health Facility & Delivery Manager	2,623	2,927
4	Number of Sub-Centre	10,282	11,312
5	Number of Session Sites	44,525	50,274
6	Number of Vaccinators	12,987	12,821
7	Healthcare Professionals registry	18,635	16,974
8	Health Facility registry	Under process with TNHSRP	

Table 3 presents the UWIN performance report for Tamil Nadu, revealing that most **performance parameters fall below 50%**, indicating poor utilization of the UWIN portal. Pregnancy registration and vaccination rates are at only 46.09% and 21.68%, respectively, while entries for pregnancy outcomes cover just 41.5% of the population.

Alarming, child registration through UWIN stands at a mere 8.42%. Additionally, the percentage of **outreach sessions held compared to those targeted is only 24.70%**, highlighting that sessions are not being effectively created using the UWIN platform. This data underscores the need for political commitment, refresher training. Periodical review and supervision and to improve the utilization of the UWIN portal.

Table 3 showing U-WIN Performance report of Tamil Nadu, August 2023-July 2024

S.No	Parameters	Expected	Achieved	%
1	Pregnant Women Registration	9,58,843	4,41,903	46.09
2	Pregnancy Vaccination	9,58,843	2,07,916	21.68
3	Pregnancy outcome	8,76,964	3,64,041	41.51
1	Infant Registration	8,76,964	6,06,130	69.12
2	Birth Dose Vaccination	8,76,964	3,56,881	40.70
1	Child Registration	8,79,733	74,078	8.42
2	Session targeted vs Planned	6,03,288	3,64,656	60.44
3	Session targeted vs Held	3,64,656	1,49,023	24.70

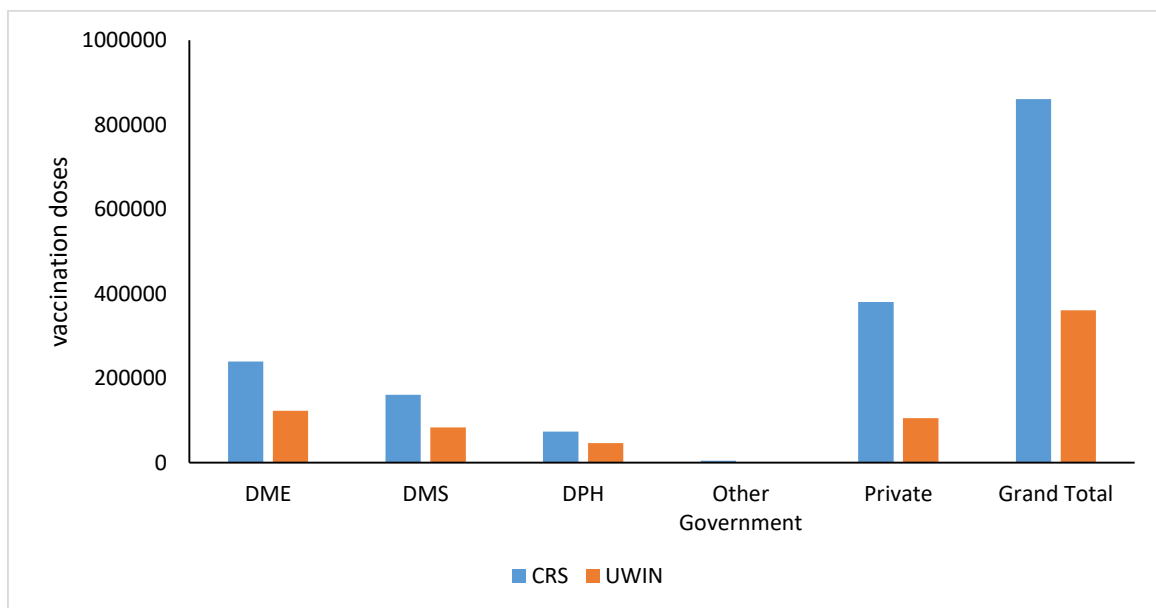
Figure 2 compares CRS (Civil Registration System) and UWIN (UIP Module of Co-WIN) and highlights significant disparities in registration figures across various sectors. In the Directorate of Medical Education and Research (DME&R), CRS recorded 239,872 registrations, while UWIN only achieved 1,23,303, indicating underutilization of the portal. The Directorate of Medical and Rural Health Services (DM&RHS) reported 1,61,073 registrations through CRS, compared to 83,796 via UWIN.

The Directorate of Public Health and Preventive Medicine (DPH&PM) shows similar trends, with CRS at 73,760 and UWIN at 46,520. Other government entities reported 4,868 registrations through CRS and just 1,415 through UWIN.

The private sector reflects the most considerable gap, with CRS at 3,80,776 compared to UWIN's 1,05,824 registrations.

These figures reflect data entry and review processes in U-WIN, which supplement the HMIS and IHIP systems. As we are switching over from one portal to another the deficiency is only in reporting and not actual performance which suggest a critical need for improved engagement and training to enhance the effectiveness of the UWIN portal.

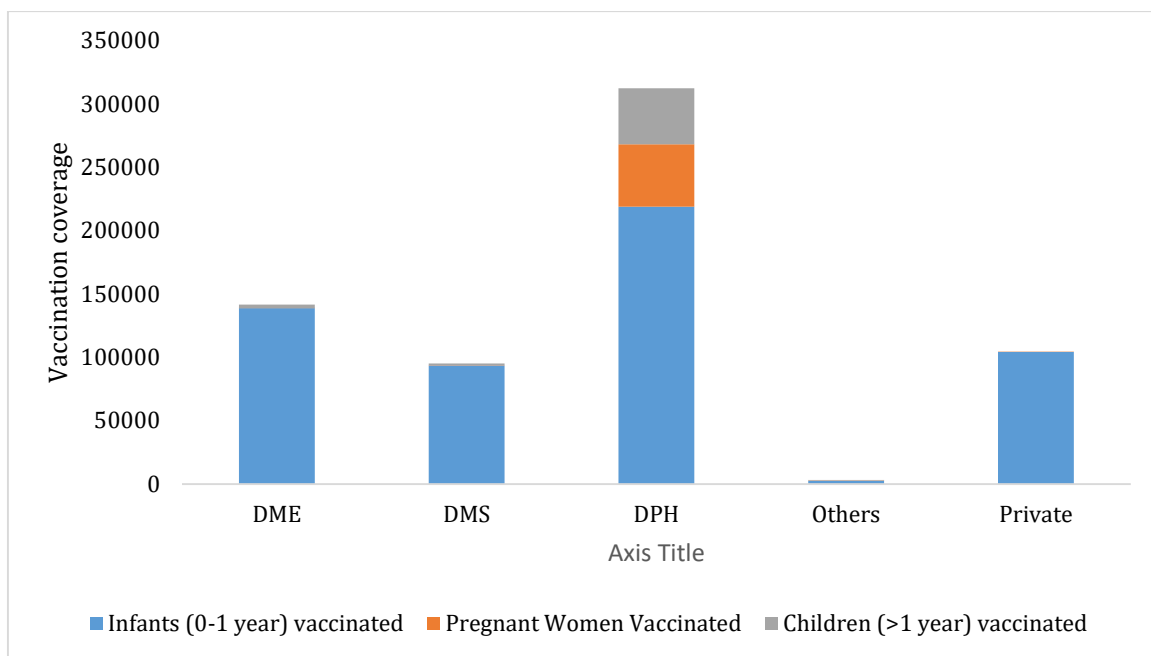
Fig 2: Institution wise comparison of delivery performance by CRS and UWIN in Tamil Nadu, 2023-2024



The vaccination coverage under different directorates and private sector are shown in figure 3. UWIN portal provides an overview of the coverage across different groups. In the Directorate of Medical Education and Research (DME&R), a total of 1,38,754 infants (aged 0-1 year) were tagged and vaccinated, along with 100 pregnant women and 2,815 children over 1 year. The Directorate of Medical and Rural Health Services (DM&RHS) reported 93,726 infants tagged and vaccinated, 75 pregnant women, and 1,389 children.

The Directorate of Public Health and Preventive Medicine (DPH) demonstrated the highest vaccination figures, with 2,18,806 infants, 49,244 pregnant women, and 44,201 children vaccinated. In the "Others" category, there were 2,517 infants, 165 pregnant women, and 438 children tagged and vaccinated. The private sector reported 1,04,125 infants tagged and vaccinated, along with 311 pregnant women, but no vaccinations for children over 1 year.

Fig 3: U-WIN vaccination coverage by institutions, Tamil Nadu, 2023-2024



There are notable discrepancies in vaccination performance through UWIN portal across different categories. Specifically, 22% of pregnancy vaccinations and 41% of Birth dose

vaccinations administered at delivery points are being recorded in the UWIN system. However, **outreach vaccination** details are significantly lagging, with only **7%** of those records registered.

Fig 4: Vaccination coverage during pregnancy, Birth dose vaccination at delivery points and outreach sessions

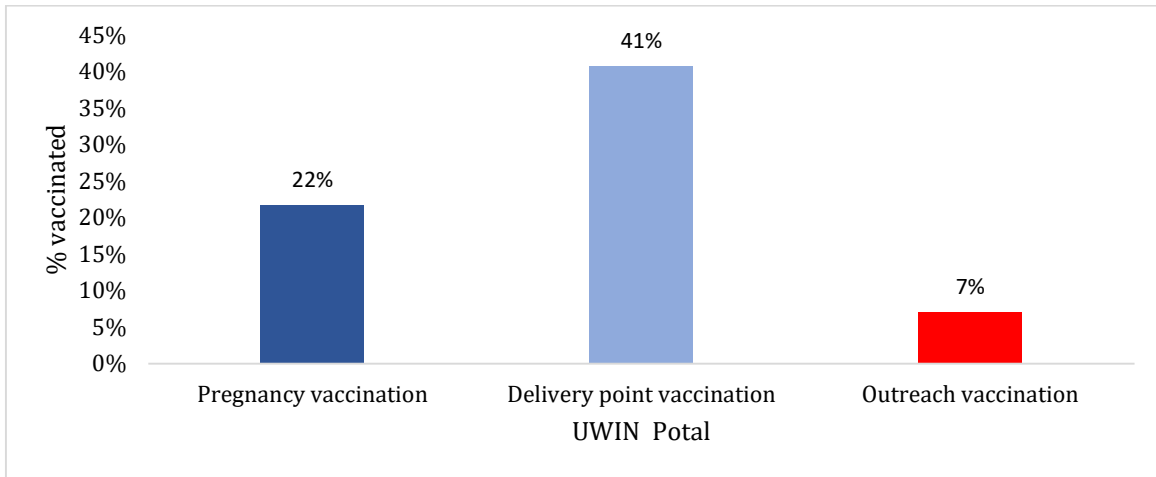
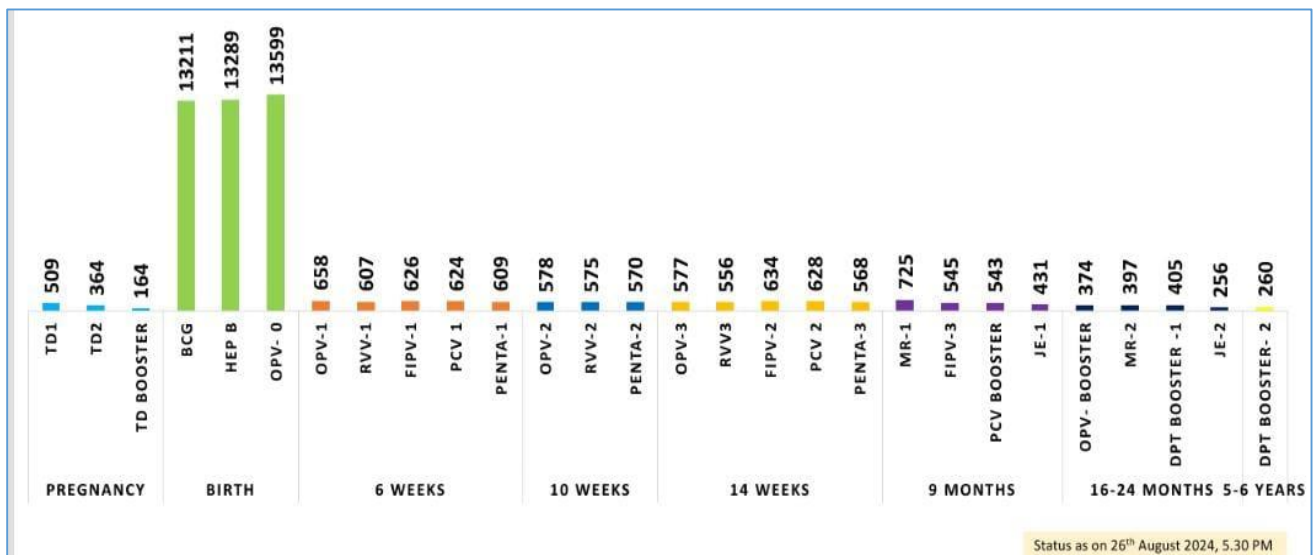


Fig5: Vaccination coverage based on the vaccination schedule:



KEY ISSUES AND CHALLENGES

1. Reluctance to Input Data into the UWIN Portal

VHNs and UHNs often express hesitance in entering data into the UWIN portal due to overwhelming workload.

2. Vaccination Sessions 'Not Scheduled'

The health facility managers are not consistently scheduling vaccination sessions digitally. This oversight leads to confusion and missed opportunities for community vaccination.

3. Delivery Outcome Tracking

Achieving optimal delivery outcomes requires collaboration across multiple levels, including Medical College Hospitals, Government Hospitals, Primary Health Centers and private health facilities.

4. Delay in Delivery Outcome Entries

There are significant delays in entering delivery outcomes, which affects timely reporting due to frequent change of HR and challenges in data collections. **Inadequate Notification of Private Hospital Delivery Outcomes in IHIP**

Actual delivery outcomes from private hospitals are not being communicated effectively, resulting in gaps in data and oversight.

5. Poor Vaccination Entries at Outreach Session Sites

Outreach vaccination sessions are experiencing poor data entry rates, which can compromise the assessment of program effectiveness and resource allocation.

6. Lack of Regular Review Meetings at district level

While regular monthly review meetings based on UWIN performance are held at the district level, participation and follow-through on action items remain inconsistent.

7. Transition between the portals

Data entry and reviewing in U-WIN, is in addition to HMIS and IHIP systems. As we transition between portals, the deficiencies are primarily in reporting rather than actual performance. This indicates a critical need for enhanced engagement and training to improve the effectiveness of the U-WIN portal.

RECOMMENDATIONS

1. Henceforth, **Immunization coverage** will be reported and reviewed using the **UWIN** platform, enhancing the accuracy and efficiency of data management.
2. Vaccine stocks and cold chain management will be monitored through the **eVIN** platform, ensuring optimal storage and distribution of vaccines.
3. **API Linkage** will be prioritized by sending repeated reminders to the Government of India to link **PICME** and **UWIN** data. This integration is expected to reduce double data entry and alleviate the **workload** for Village Health Nurses (VHNs) and Urban Health Nurses (UHNs), allowing them to focus more on community health.
4. With some technical issues being identified with PICME 3.0, UWIN will facilitate a **seamless flow of information**, ensuring that vaccination data is accurately captured and easily accessible. This strategic approach will significantly improve the overall efficiency of immunization efforts.

WAY FORWARD DIGITAL MICROPLAN IN U-WIN

The Government of India, in collaboration with UNDP, is set to implement the digital micro plan under the UWIN initiative.

1. The Vaccinator will be capturing **geo coordinates** at the session sites when starting the session, enabling better tracking.
2. **High-risk areas** will be identified from the selected villages and wards to prioritize interventions. Additionally, there will be an option to indicate whether an **influencer** will be identified; if so, the name of the influencer will be recorded for future collaboration.
3. At the time of creating a session, a field will be available to tag **AEFI** (Adverse Events Following Immunization) and other relevant details, which will be presented in a dropdown format for easy selection. AEFI can be registered by the vaccinator as options already available at Vaccinator and DIO dashboard.
4. Users will also have the option to add a linked AEFI (Adverse Events Following Immunization) center while setting up the session or session site, with the dropdown populated by a line list of available centers. The supervisory plan will be implemented **by UNICEF through the U Mentor platform**, ensuring effective oversight and support.
5. There will be a **cold chain contingency plan** where users will fill in the details only once. They will have the option to download this information as a PDF for printing, streamlining the process for future reference.
6. For the **Immunization waste disposal plan**, the system will prompt users to indicate whether the waste is disposed of terminally by the health facility. If the answer is YES, the loop will be closed. If the response is NO, users will be asked to provide the name of the identified agency responsible for disposal. If they confirm the agency, they will enter its name; if not, it will be marked as 'Not disposed,' ensuring clarity and **accountability in waste management**.

ACKNOWLEDGEMENT

We express our heartfelt gratitude to the Government of India (GoI) and UNDP for the invaluable Standard Operating Procedures document, which served crucial for the formulation of the UWIN process document.

Additionally, we extend our sincere appreciation to UNDP for their continuous efforts in implementing the eVIN, CoWIN and UWIN across all the states of the country. Also, the insightful presentations during the National Workshop on Improved and Inclusive RI Microplanning not only clarified the objectives of inclusive planning but also highlighted the necessary improvements to be made within UWIN, which greatly assisted us in formulating the process document.

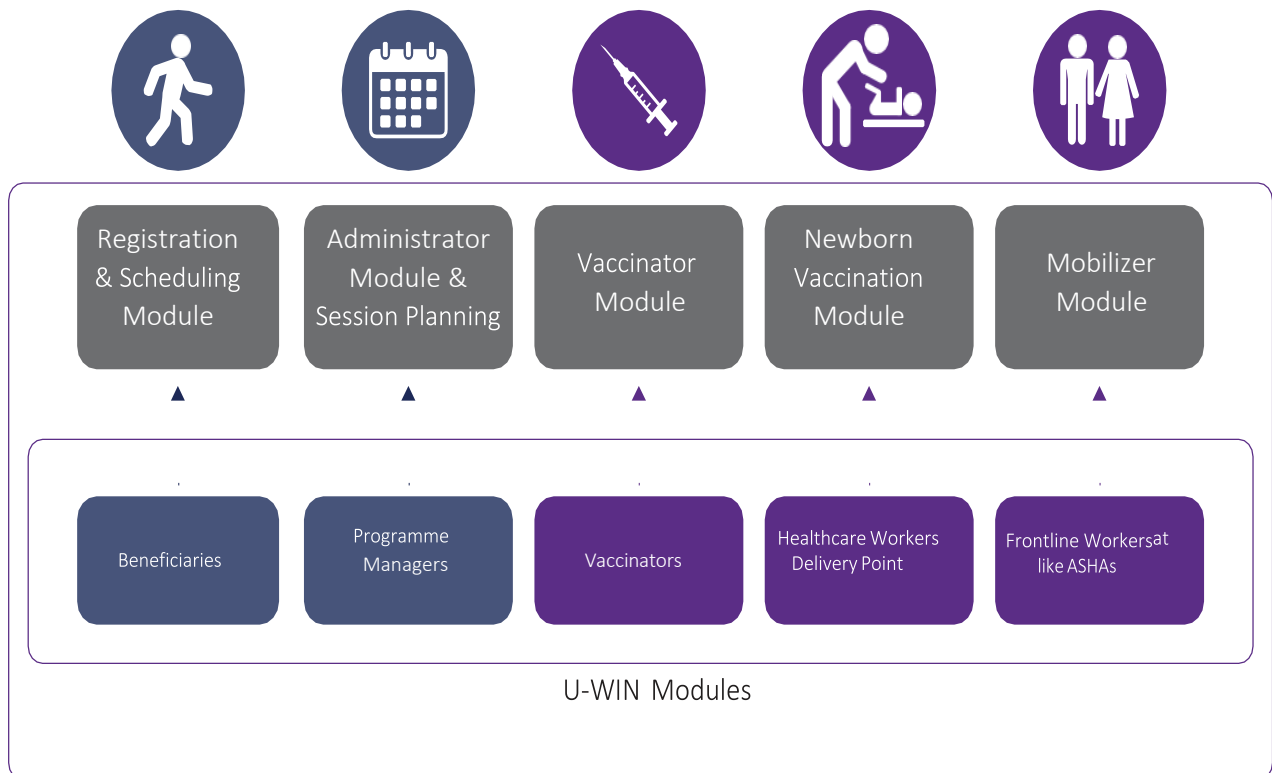
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U-WIN – MODULES

U-WIN is a web and mobile-based application. It has the following modules which are accessed through OTP-based text SMS authentication.

1. Registration & Scheduling Module
2. Administrator Module & Session Planning
3. Vaccinator Module
4. Newborn Vaccination Module
5. Mobilizer Module



1. Registration and scheduling module

- 1.1. This is the only module which is available in public domain to be used by the beneficiaries
- 1.2. Registration can be done online for pregnant women and children.
- 1.3. Pregnant women can do self-registration and they can also be registered by tagging Co-WIN database.
- 1.4. Children/infant can be registered through linkage with Mother/Father/Guardian.
- 1.5. Beneficiary can book an appointment for vaccination and generate appointment slips
- 1.6. Download Vaccination Acknowledgement/ QR-based vaccination certificate

2. Administrator module

- 2.1. This module will be used by state, district, subdistrict and health facility user
- 2.2. Creation of all Health Facilities, Sub-Centers and RI Session Sites
 - 2.2.1. Mapping of Block/Village/ULB/Ward (LGD and non-LGD (*non-LGD areas include health blocks, health villages, wards etc*))
 - 2.2.2. Tag as newborn vaccination site, whether has SCs/ ANM area under it
- 2.3. Integration with other portals to ensure interoperability and unified database – e-VIN, ABDM, NiN, RCH, POSHAN tracker.
- 2.4. U-WIN is compliant with ABDM under which health facility registry (HFR) ID for health facilities and Health Professional Registry (HPR) ID for health workers are to be made and linked with U-WIN.
- 2.5. Adding and tagging of Human Resource involved in Immunization service delivery (U-WIN users) – State/District/Sub-district Administrators, Health Facilities and Newborn vaccination site managers, Vaccinators, Mobilizers
- 2.6. Session Planning & Management – Creation and publishing of RI Sessions
 - 2.6.1. Session Planning & Management by Health Facility Manager
 - 2.6.2. Health Facility Manager will be responsible for the **Creation and publishing of RI Sessions.**
 - 2.6.3. The UIP Vaccination Session Sites tab will be used for creating sessions while the UIP Vaccination Sessions tab will be used for viewing the ongoing, scheduled, canceled, and completed vaccination sessions. Session type to be selected as RI session, select the Dates from the calendar for the planned upcoming sessions - dates can be entered for up to next 3 months. The dates on which session have already been created and published will be highlighted and non-selectable in the calendar menu. Next select the Start time and End time for the session and the Total Beneficiary Capacity for the planned session.
 - 2.6.4. **All sessions that were planned through microplanning process needs to be created and published in U-WIN. Sessions once created and published in U-WIN can be rescheduled but cannot be cancelled**

3. Vaccinator Module

3.1.1. The Vaccinator module will be used to register and record the vaccination services provided at the session for beneficiaries. The Vaccinator module will be used to register and record the vaccination services provided at the session for beneficiaries.

3.1.2. Conducting Vaccination Sessions

3.1.2.1. Once the health care worker starts the session she will be able to see the list of the beneficiaries who have booked online appointments and will also be able to do on-site registration of beneficiaries (walk-in).

3.1.2.2. Key Steps would Include –

1.Identity verification

2.Update previous Vaccination History based on available vaccination records

3.Record vaccine administered in the present visit

4.Genrate Digital e- Vaccination certificate.

5.Reporting of AEFI can be done

3.1.3. Asha Management:

Vaccinators should add ASHA workers or mobilizers and map the villages/wards/ etc. with them

3.1.4. Due List:

Vaccinator will be able to see the list of all beneficiaries (both vaccinated and due) for her catchment area.

3.1.5. Pre-registration of beneficiaries by Vaccinators:

Based on the information collected by the ASHAs/Other mobilizers during the headcount survey, there will be a provision where the Vaccinators to collect this data from the ASHAs/other mobilizers in the hard copy format and pre-register the beneficiaries and update their previous vaccination history in the Vaccinator module.

4. Newborn vaccination module or Delivery Point module

4.1.1. All birth dose vaccination details will be recorded in this module by staff nurse/ANM of the delivery point.

5. Mobilizer Module

- 5.1.1. This module will be used by ASHA/ mobilizers/ link worker etc. Once the session has been created in U-WIN, the mobilizers will be able to see the detail of the sessions through this module.
- 5.1.2. The mobilizer will be able to view the list of vaccinated and due beneficiaries in their catchment area.
- 5.1.3. For the eligible beneficiaries not registered (as per paper-based duelist), mobilizer can preregister the beneficiary or facilitate registration on session site by ANM or guiding beneficiary to register by self-registration portal.
- 5.1.4. ASHA/ mobilizer can also download e-vaccination certificate for the vaccinated

6. Reports Module

There will be a drill down option (National<State<District<Sub-district<Health Facility<Session Site) at each level based on the level of login. These reports can be downloaded in excel format

- There will be an option in the reports to get data of following duration – Today (present date), Cumulative and Date Range
- Some of the important reports are as follows:
 1. Coverage Report
 2. Registration Report
 3. RI Session Sites and Session Status
 4. AEFI Reporting
 5. There are various other reports that are also available like details of users, health facilities etc. in report section.

6.1. Coverage report

6.1.1. The real-time data entry will be done by Vaccinators updating all the vaccine doses administered to each beneficiary.

6.1.2. They will get aggregated in the coverage report which can be accessed at all levels from the National Administrator to the Health Facility level.

The coverage report will have the following key data elements –

- Sessions Planned and Sessions Held
- Number of Pregnant women, infants (0-1 years), children (1-5 years) and adolescent vaccinated
- Vaccine and dose-wise coverage data

6.2 Registration report

This report on the Registrations done will be available to programme managers. It has the data of the fresh registrations done (online and on-site) in 3 categories - Pregnant women, infants (0-1 years), children (1-5 years) and adolescents.

6.3 RI session sites & sessions status

- 6.3.1. Session Sites: Has data points entered by Health Facility Manager (State, district, sub- district, Health facility, e-VIN CCP).
- 6.3.2. Session Status: The created sessions could be categorized under 3 groups – completed, ongoing and scheduled. This report will have line-list of all published sessions with timing of planned session, actual time when the session was started by vaccinator and name of the vaccinator assigned for the session.
- 6.3.3. Upcoming sessions: This report will have details of future, upcoming sessions created and published by the Health Facility Managers as per the micro-plan.

6.4. AEFI Reporting

- 6.4.1. There will be a provision for reporting of Adverse Events Following Immunization (AEFIs) from U-WIN and sharing of data and information between U-WIN and SAFE-VAC.
- 6.4.2. Vaccinators can view the list of beneficiaries in vaccinator module of the U-WIN. From the list, vaccinator can report AEFI of identified beneficiary through a button “Report AEFI” against each beneficiary. Some of the data points in the AEFI reporting form will be auto populated by system and others will have to be filled in by the vaccinator. Similar provision will be made District Immunization Officers (DIO) at the district level.

Vaccination data of beneficiary should be uploaded on the same day of vaccination on real timebasis by vaccinator. If due to any reason it is not possible for the vaccinator to upload data in U-WIN on the same day of vaccination, it can be uploaded next day till 5 PM only if the session isnot closed in U-WIN. In all cases efforts should be made to upload vaccination data in U-WIN onthe same day of vaccination

STAFF ROLES AND MAJOR ACTIVITIES

USER	MAJOR ACTIVITIES
State Immunization Officer	Creation of District Administrator
	Selection of UIP Vaccines given in the district
District Immunization Officer	Creation of Subdistrict Administrator
Subdistrict Administrator	Creation of Cold Chain Points/ Health Facilities
	ABDM and eVIN Integration - Authentication & Tagging
	Creation of Health Facility/ CCP Manager
	Creation of Delivery Point Manager
Role of Health Facility Manager	Creation of Subcentre
	Creation of UIP Vaccination Session Sites
	Creation of Vaccinator
	Session Creation and publishing
	Session Management - Reschedule/Cancel/Edit ongoing session
Role of Delivery Point Manager	<p>Major activities to be undertaken –</p> <ul style="list-style-type: none"> • Beneficiaries - <ul style="list-style-type: none"> a) registered - search & add in ongoing session b) walk-in, not registered - on-site registration • Declare Pregnancy for a Reproductive age group woman beneficiary • Update Pregnancy Basic Details and the Routine Vaccination taken during pregnancy • Record details of the Pregnancy Outcome which could be Delivery/Abortion and/or Maternal Death • Record whether Live or Still Birth • Newborn Registration including recording the Vaccination given at birth at the Delivery Point

Role of Vaccinator	Creation of ASHA worker and mapping village/ward
	<p>Conducting Vaccination Sessions –</p> <ul style="list-style-type: none"> • Start Planned Vaccination Session • Beneficiaries - <ul style="list-style-type: none"> a) registered with appointment b) registered - search & add in ongoing session c) walk-in, not registered - on-site registration • registered with appointment/ registered and search & add in ongoing session/ on-site registration • Beneficiary Verification • Update Previous Vaccination History with dates of vaccination for last visit • Record Vaccine doses given in present visit • Download/share Vaccination acknowledgement/certificate • End Session

ANNEXURES



COMMUNICATIONS TO GOI, DISTRICTS & NHM:

Annexure 1: Requisition from Directorate Of Public Health to MOH&FW or Creation Of Portal For Routine Immunization entry as that of CoWIN

DEPARTMENT OF PUBLIC HEALTH AND PREVENTIVE MEDICINE

From
Dr. T.S.Selvavinayagam, MD., DPH., DNB.,
Director of Public Health and
Preventive Medicine,
359 Anna Salai, Chennai -6.

To
Dr.Veena Dhawan,
Joint Commissioner (UIP),
MoH&FW, New Delhi.

R.No. 51812/Imm/S3/2021, Dated:28.03.2022

Sub: Public Health and Preventive Medicine – Immunization – Routine
Immunization – Request to create portal for Routine Immunization
beneficiaries entry as that of Co-WIN portal – Reg

I wish to state that, as per the guidance of Government of India COVID Vaccination in the entire country started from 16.01.2021 and continuing till now.

Because of the consistent effort by all States and continued support from Government of India the COVID Vaccination Programme is a mega success.

The usage of Co-WIN portal created by Government of India to enter the beneficiaries of COVID Vaccination is very easy to handle and different type of reports can be generated. Also certificate for each dose can be generated anywhere and anytime in the country.

The Co-WIN portal also provides line list of beneficiaries who were vaccinated at different periods and also helps to find the due beneficiaries so that all beneficiaries could be identified and vaccinated without any omission and thereby safeguarding public from COVID Infection.

Because of introduction of Co-WIN portal and continued effort India achieved 182.84 crores doses of vaccination and Tamil Nadu has achieved 10.37 crores doses of vaccination from the date of initiation. Huge voluminous of data is being handled in Co-WIN portal by different kind of people in the country.

If the Government of India provides new portal as that of Co-WIN portal for entering beneficiaries under Routine Immunization it would be very easy for all States to find out the due beneficiaries of children / AN mothers for vaccination under Routine Immunization enabling the State to safeguard the children / AN mother from Vaccine Preventable Diseases (VPD).

Further, I wish to inform that, Tamil Nadu has started the Expanded Programme Immunization (EPI) against Six Vaccine Preventable Diseases (VPDs) in 1978 and further strengthened as Universal Immunization Programme (UIP) in 1985.

Under the Universal Immunization Programme in Tamil Nadu, 11 Vaccines are being provided to children and pregnant mothers against the 12 Vaccine Preventable Diseases (VPDs) namely Tuberculosis, Diphtheria, Pertussis, Hepatitis B, Hemophilus Influenza, Tetanus, Poliomyelitis, Measles, Rubella, Rota Virus, Pneumococcal and Japanese Encephalitis (in selected 14 endemic districts).

Annually, around 10.21 lakhs Pregnant Women and 9.31 lakhs Children / Infants are being covered under this UIP programme and the State consistently achieving Immunization coverage of over 99%.

Immunization sessions are being conducted both as Institutional in all days a week and on every Wednesday as Outreach sessions. Institutional Immunization sessions will be conducted in all Primary Health Centres, Pediatric Units of Government Medical College Hospitals, District Head Quarters Hospitals, Government Taluk & Non-Taluk Hospitals. Outreach Immunization services are being conducted in all villages and towns.

At present the Immunization coverage of all VHN / UHN are being entered in tnhmis.org web portal every month in various formats. Various types of reports are being generated at District and State level for reviewing the Immunization performance. Only numbers are being entered by the VHN in the portal. Sometimes it is also being entered wrongly due to typographical error or on urgency and problems also faced during the power failure in saving of data.

Even though, all VHN / UHN having base record of work done by them, the officials who are reviewing the performance at State level / District level finds difficult in comparison of various antigens due to the fact that they does not match with different doses.

Further it is also noticed that, there is a gap between the doses. The data for IHIP portal also being uploaded from the data obtained from tnhmis.org.

To overcome the differences between doses and to find out the real missing doses with appropriate age it is essential to collect the data in the form of line list which is similar to Co-WIN beneficiary entry in Co-WIN portal.




Click to Protect Lives

In this regard, I request you to kindly consider to develop a common web portal for Routine Immunization coverage entry like Co-WIN portal to be used throughout India. The main advantage of developing common portal for Routine Immunization is that it provides the line list of children who are vaccinated and not vaccinated on real time basis which leads to find out common denominator for a particular year and also the percentage of achievement.

This is our kind suggestions to Government of India to improve the Health System Supporting in respect to Immunization.

An early action in this regard is much highly appreciated.


For Director of Public Health and
Preventive Medicine, Chennai - 6.

Copy submitted to:

- 1.The Principal Secretary to Government, H&FW Department, Chennai-9.
- 2.The Mission Director, National Health Mission, Chennai-6.

Annexure 2: Soft launch of Pilot of UWIN platform in two districts of Tamil Nadu

R.No.113668/Imm/S4/2018



Office of the Director of Public Health
and Preventive Medicine, Chennai-6.
Dated:08.01.2023

Sub: Public Health and Preventive Medicine – Immunization – Routine
Immunization – Soft Launch of Pilot of UWIN platform on 11.01.2023 at
05.30 pm – Virtual participation requested - Reg

Ref: 1 D.O.No.T-22014/20/2021, Dated:03.01.2023 of Additional
Commissioner, MoH&FW, New Delhi.
2 This office R.No.113668/Imm/S4/2018, Dated:05.01.2023.
3 D.O. No.T 22014/20/2021, Dated:06.01.2023 of Additional
Commissioner (Immunization), MoH&FW, New Delhi.

The Deputy Director of Health Services of Dindigul, Palani and Erode are informed that, the Government of India have rescheduled the Soft Launch of Pilot of UWIN Platform on 11th January 2023 by Secretary (Health) at 05.30 pm for selected 65 Pilot Districts and informed the concerned District Officials to attend virtually for Soft Launch of Pilot of UWIN Platform on 11.01.2023 at 05.30 pm vide reference 3rd cited.

In this regard, the concerned Deputy Director of Health Services are instructed to attend the virtual meeting for Soft Launch Pilot of UWIN Platform on 11th January 2023 at 05.30 pm without fail. Also instruct the Planning Unit Manager, Delivery Point Manager and Vaccinator to attend the virtual meeting.

Further, they are instructed to identify 4 session sites per HUD preferably different types of health facilities including those that are also delivery points and communicate to this office immediately by tomorrow 10 am.

Senior Project Officer and PO, UNDP will be coordinating for the sites identification and preparation for the launch on 11th January 2023.

T.S.Selvavinayagam
Director of Public Health and
Preventive Medicine, Chennai-6.

To:

The Deputy Directors of Health Services Dindigul, Palani and Erode.

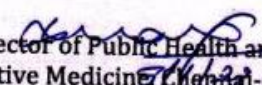
Copy submitted to:

1.The Principal Secretary to Government, H&FW Department, Chennai-9.



2. The Mission Director, National Health Mission, Chennai-6.
3. Dr. Veena Dhawan, Additional Commissioner (UIP), MoH&FW, New Delhi.

//True Copy/Forwarded//


For Director of Public Health and
Preventive Medicine, Chennai-6.



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Annexure 3: Communication to pilot districts for LGD code details

R.No:113668/Imm/S4/2018



Office of the Director of Public Health
and Preventive Medicine, Chennai-6.
Dated: 04.08.2022

Sub: Public Health and Preventive Medicine – Immunization – Routine Immunization - Rolling out of new portal for UIP Module under Co-WIN platform for UIP- 1st phase (Pilot phase) in selected District – Name of two Districts **Erode District (for Urban) and Dindigul District (for Rural)** – Furnishing LGD Code Details – Reg

Ref: 1.D.O. T-22014/20/2021-Imm, Dated: 5th July 2022 of AS&MD, MoH&FW, New Delhi.
2.This office R.No:113668/Imm/S4/2018, Dated: 13.07.2022

In continuation to this office letter in the reference 2nd cited, the Deputy Director of Health Services of Erode, Dindigul and Palani are informed that, Erode District (for Urban) and Dindigul District (for Rural) have been selected for 1st Phase (Pilot Phase) for rolling out of new portal for UIP Module under Co-WIN platform.

Further, the Government of India has instructed to furnish details of LGD Code for the selected Districts.

In this regard, the Deputy Director of Health Services are informed to instruct the concerned Officials to follow the below mentioned steps for preparing LGD Code for their District:

Steps for Local Government Directory (LGD) Code Mapping

A. Existence of LGD Code:

- At present separate LGD Codes available for District, Block and Village Panchayat in **Rural areas**.
- In **Urban areas** LGD Codes available upto Wards in TP, Municipalities, Corporation in addition to Blocks.
- Above details may be downloaded from the following link-
<https://lgdirectory.gov.in/downloadDirectory.do>

B. Activities to be done by the Districts:

Step 1:

An Excel form containing the LGD Code furnished by Government of India for Village Panchayat in all Blocks is communicated as Annexure – II and shown in Yellow Colour left side of the Excel Sheet.

Step 2:

The Deputy Director of Health Services are requested to instruct the concerned Officials to verify all Village Panchayat details including Hamlets with the records available in the District Collectorate / DRDA website (<https://drdpr.tn.gov.in/databases.html>) for finalising the required details.

Step 3:

Similarly Urban areas records available with concerned CHO / MHO and Municipal Commissioners shall be obtained before finalising the Ward wise and Street wise details. (Care should be taken for the updated list for the reasons of extended corporation / municipality areas)

Step 4:

After verification of records from the concerned Departments,

- a) **Enlist all Villages including all Hamlets (Habitation) in all Blocks in rural areas.**
- b) Similarly **enlist all Streets of Wards in Urban areas of Town Panchayats, Municipalities and Corporations.**

Step 5:

The above enlisted details should be entered in the **right hand side (Column M,N,O & P only)** of the excel sheet (Annexure- II) mentioned in Step 2.

Rural:

- a) The Sub-districts / Block names of the HUD should be entered in Column M and its corresponding code in Column N.
- b) Then the corresponding Village Panchayat / Villages already available in Column G should be entered first with the available LGD code in dark green color cell of Column O & P respectively.

- c) Then, if the end user has identified any new Habitations / Hamlets under Village Panchayat / Villages already available in Column G should now be entered in Column O without highlighting the cell.

Urban:

- a) The Sub-districts / TP, Municipalities and Corporations names of the HUD should be entered in Column M and its corresponding code in Column N.
- b) Then the corresponding Wards already available in Column G should be entered first with the available LGD code in dark green color cell of Column O & P respectively.
- c) Then, if the end user has identified Streets under the wards already available in Column G should now be entered in Column O without highlighting the cell.

Step 6:

Before finalising the Annexure - II care should be taken to ensure that all Habitations are entered under the same Village Panchayat for Rural areas and all streets are entered under Wards of concerned Urban areas.

In this regard, the concerned Deputy Director of Health Services are instructed to send hard copy with signature and soft copy to this Directorate for forwarding the same to Government of India by 06.08.2022 12 Noon.

Any error in the LGD Code will be viewed seriously since the Government of India will prepare the portal based on the information furnished by the Deputy Director of Health Services.

This is very urgent !

Encl: Annexure I and II

T.S.Selvavinayagam
Director of Public Health and
Preventive Medicine, Chennai-6.

To:

The Deputy Directors of Health Services of Dindigul, Erode and Palani HUDs.

Copy submitted to:

- 1.The Principal Secretary to Government, H&FW Department, Chennai-9.
- 2.The Mission Director, National Health Mission, Chennai-6.
3. Dr. Veena Dhawan, Additional Commissioner (UIP), MoH&FW, New Delhi.

//True Copy/Forwarded//

For Director of Public Health and
Preventive Medicine, Chennai-6.

Annexure 4: Communication regarding UWIN Training at various levels in pilot districts, Tamil Nadu

R.No.113668/Imm/S4/2018



Office of the Director of Public Health
and Preventive Medicine, Chennai-6.
Dated:21.01.2023

Sub:	Public Health and Preventive Medicine - Immunization - Routine Immunization - UWIN platform training at various levels and Live entry on or before 28 th January 2023 instructions - Revised letter - Reg		
Ref:	1	D.O.No.T-22014/20/2021, Dated:03.01.2023	of Additional Commissioner, MoH&FW, New Delhi.
	2	This office R.No.113668/Imm/S4/2018, Dated:05.01.2023, 08.01.2023	
	3	D.O. No.T 22014/20/2021, Dated:06.01.2023	of Additional Commissioner (Immunization), MoH&FW, New Delhi.
	4	Email dated:17.01.2023 of Government of India.	

The Deputy Director of Health Services of Dindigul, Palani and Erode are informed that, the government of India is committed to ensure health and safety for all its citizens by promoting universal and equitable access to basic and essential services.

As a part of this vision, the Electronic Vaccine Intelligence Network (eVIN) supported by UNDP, a digital technology-based vaccine logistics management tool has been successfully rolled-out and is running across over 29,500 cold chain points of 36 states and UTs in the country by the Ministry of Health and Family Welfare with technical and implementation support from the United Nations Development Programme. Leveraging eVIN, the Co-WIN platform, a digital platform for real-time tracking and management of beneficiaries and vaccination, has been successfully implemented to support the national COVID-19 vaccination drive.

Leveraging the learnings and achievements of eVIN and CoWIN in ensuring seamless **management of UIP and COVID vaccines, the MoHFW has planned to build a third pillar based on the existing eVIN and CoWIN platforms** for digitizing the routine immunization services in the country.

Under Universal Immunization Programme (UIP) Tamil Nadu State targets to reach over 9.16 Lakhs new-borns and 10.0 Lakhs pregnant women annually. Around 2690 Cold Chain Points (SVS, RVS, DVS, GH, MCH, PHC and Urban PHCs) are functioning in the State.

Important facts of UWIN Platform:

1. The U-WIN platform is a digital solution to facilitate tracking of every pregnant woman, new-born, child and adolescent for vaccination.
2. **The system will allow planning of vaccination sessions, registration of beneficiaries, updating of vaccination status digitally on real-time basis from the last mile of service delivery by the vaccinator, recording and reporting of all data for the UIP.**
3. U-WIN is designed as per ABDM for linking Healthcare Professional Registry (HPR), Healthcare Facility Registry (HFR) and ABHA.
4. U-WIN will be inter-operable with all existing management information systems.
5. The platform includes a vaccinator module to register and vaccinate every infant and pregnant woman and a delivery module to record every pregnancy outcome and register every child at birth itself.
6. U-WIN will include an interactive user interface for citizens and will provide relevant vaccination certificates, and modules for mobilizers as well as programme managers.
7. U-WIN will be implemented in a phase-wise manner and utilities like GIS Mapping, ASHA worker module and more will be introduced post successful pilot and scale-up.
8. The system will hence provide a common database for effective management of immunisation services.
9. It will also support improved vaccination coverage by facilitating appropriate intervals between doses, digital verification and tracking of beneficiaries, promoting consistency in vaccination schedules and communication with beneficiaries.
10. It will support these targets with its various features including blended (offline and online) registrations, instant acknowledgement of vaccination, convenient slot-booking etc.

The Government of India have selected Erode and Dindigul Districts for pilot study of UWIN platform in the State based on the recommendation of the State.

Further the Government of India have conducted National Level ToT for State Immunization Officer / Joint Director (Immunization) and the Senior Project Officer (UNDP, Tamil Nadu) on 10.01.2023 & 11.01.2023 at New Delhi and the Soft Launch of Pilot of UWIN platform was done on 11.01.2023 at 05.30 pm and instructed to conduct the State level, District level and Block level training so as to make Live entry in UWIN on or before 28th January 2023.

The following activities are planned to be conducted in connection with UWIN platform.

S.No	Orientation Training at various levels	Date	Participants	Type
1	State level Orientation	20.01.2023 (03.00pm to 06.00 pm)	DTTMO, AD (SBHI), SA (SBHI), DMCHO and VCCM	Zoom VC
2	District level Orientation	21.01.2023 (09.00 am to 04.00 pm)	APM, BMOs, MOs, SHN, CHN and DEO	In person
3	Block level Orientation	23.01.2023 to 27.01.2023 (09.00 am to 04.00 pm)	ANM, Staff Nurse, VHN, UHN and AWW	In person
4	Live entry in UWIN	On or before 28.01.2023		
5	Inauguration of UWIN	On or before 28.01.2023		

The SoP for UWIN Module is enclosed for reference.

In this regard, the Deputy Director of Health Services of Dindigul, Erode and Palani HUDs are informed to instruct the concerned staff to attend the meeting on the above mentioned dates without fail and take necessary steps to make Live entry in UWIN on or before 28th January 2023.

Encl: SoP for UWIN Module.

T.S.Selvavinayagam
Director of Public Health and
Preventive Medicine, Chennai-6.

To:

The Deputy Directors of Health Services Dindigul, Palani and Erode.

Copy submitted to:

- 1.The Principal Secretary to Government, H&FW Department, Chennai-9.
- 2.The Mission Director, National Health Mission, Chennai-6.
3. Dr. Veena Dhawan, Additional Commissioner (UIP), MoH&FW, New Delhi.

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For Director of Public Health and
Preventive Medicine, Chennai-6.

Annexure 5: Communication for official launch of UWIN platform in the pilot districts, Tamil Nadu

R.No.113668/Imm/S4/2018



Office of the Director of Public Health
and Preventive Medicine, Chennai-6.
Dated:26.01.2023

Sub:	Public Health and Preventive Medicine - Immunization - Routine Immunization - Start of UWIN platform in Pilot Districts on 27.01.2023 - Reg
Ref:	1 D.O.No.T-22014/20/2021, Dated:03.01.2023 of Additional Commissioner, MoH&FW, New Delhi.
	2 This office R.No.113668/Imm/S4/2018, Dated:05.01.2023, 08.01.2023 and 21.01.2023
	3 D.O.No.T 22014/20/2021, Dated:06.01.2023 of Additional Commissioner (Immunization), MoH&FW, New Delhi.
	4 Email dated:17.01.2023 of Government of India.

The Deputy Director of Health Services of Dindigul, Palani and Erode are informed that, the Leveraging the learnings and achievements of eVIN and CoWIN in ensuring seamless **management of UIP and COVID vaccines, the MoHFW has planned to build a third pillar based on the existing eVIN and CoWIN platforms** for digitizing the routine immunization services in the country.

Under Universal Immunization Programme (UIP) Tamil Nadu State targets to reach over 9.16 Lakhs new-borns and 10.0 Lakhs pregnant women annually. Around 2690 Cold Chain Points (SVS, RVS, DVS, GH, MCH, PHC and Urban PHCs) are functioning in the State.

The Government of India have selected Erode and Dindigul Districts for pilot study of UWIN platform in the State based on the recommendation of the State.

As per the reference 1st cited, Government of India have conducted two days National Level Training Workshop for UWIN on 10.01.2023 and 11.01.2023 at New Delhi.

The Soft Launch of Pilot of UWIN Platform was inaugurated on 11.01.2023 at New Delhi by Government of India vide reference 3rd cited.

The following Orientation have been conducted at various levels for UWIN Platform.

S.No	Orientation Training at various levels	Date	Participants	Type
1	State level Orientation	20.01.2023 (03.00pm to 06.00 pm)	DTTMO, AD (SBHI), SA (SBHI), DMCHO and VCCM	Zoom VC
2	District level Orientation	21.01.2023 (09.00 am to 04.00 pm)	APM, BMOs, MOs, SHN, CHN and DEO	In person
3	Block level Orientation	23.01.2023 to 27.01.2023 (09.00 am to 04.00 pm)	ANM, Staff Nurse, VHN, UHN and AWW	In person
4	Live entry in UWIN	On or before 28.01.2023		
5	Inauguration of UWIN	On or before 28.01.2023		

The State and District level Orientation have been completed and the Block level Orientation is being conducted and it is proposed to start the UWIN on 27.01.2023 in Erode, Dindigul and Palani HUDs.

In this regard, the concerned Deputy Director of Health Services are instructed to make necessary arrangements for start of UWIN Platform on 27.01.2023 in the identified places and fill the details in the Google Sheet link.

https://docs.google.com/spreadsheets/d/1xNTIIV3Mnh2OzoxXJzr3Fr5bNEx0vI_adscredPa14g/edit?usp=drivesdk

This may be treated as Most Urgent.

T.S.Selvavinayagam
Director of Public Health and
Preventive Medicine, Chennai-6.

To:

The Deputy Directors of Health Services of Dindigul, Palani and Erode HUDs.

Copy to:

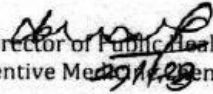
- 1.The Director of Medical and Rural Health Services, Chennai-6.
- 2.The Director of Medical Education, Kilpauk, Chennai-10.

Copy submitted to:

- 1.The Principal Secretary to Government, H&FW Department, Chennai-9.

2. The Mission Director, National Health Mission, Chennai-6.
3. Dr. Veena Dhawan, Additional Commissioner (UIP), MoH&FW, New Delhi.

/True Copy/Forwarded//


For Director of Public Health and
Preventive Medicine, Chennai-6.

Annexure 6: Communication regarding UWIN sensitization training for District Health Officers, Tamil Nadu

R.No:113668/Imm/S4/2018



Office of the Director of Public Health
and Preventive Medicine, Chennai-6.
Dated:19.06.2023

Sub:	Public Health and Preventive Medicine - Immunization - Routine Immunization - UWIN implementation - State Level Workshop for DDHS, CHOs (10 Corporations) and VCCMs - Hands-On-Training-Instructions to attend without fail - Reg		
Ref:	1	D.O. T-22014/20/2021-Imm, Dated:5 th July 2022 of AS&MD, MoH&FW, New Delhi.	
	2	Letter D.O.No.T-13020/03/2023-IMM, Dated:02.06.2023 of Joint Secretary to Government, MoH&FW, Government of India, New Delhi.	
	3	Discussion by Joint Director (Immunization) with Senior Project Officer, UNDP, Tamil Nadu on 13.06.2023	
	4	D.O. No.T-13020/03/2023-Imm, Dated:15.06.2023 of Joint Secretary, MoH&FW, New Delhi.	

All Deputy Director of Health Services are informed that, as per the reference 1st cited, UWIN Implementation was Piloted in Erode and Dindigul Districts and as per reference 2nd cited, the Government of India have instructed to upscale UWIN in other Districts in the State.

The Government of India have instructed to conduct State, District and Sub District level Trainings for all the districts immediately. For the State level Training, the travel arrangements are to be taken care by the respective States through NHM funds while UNDP will support for the training logistic and stay arrangements of officials vide reference 4th cited.

Further, in the reference 4th cited, it is also mentioned that, the District and Sub District level cascade trainings for Medical Officers, Vaccinators, Data Managers / M&E Offices, ASHAs & Other mobilizers may be planned by the State through NHM funds.

It is also mentioned that, the District and Sub District UWIN trainings may be budgeted under the flexible pool for Reproductive and Child Health (RCH) and Health Systems Strengthening (HSS), National Health Programmes (NHP) and Urban Health Mission. The expenditure for the UWIN trainings shall be booked under the FMR Code RCH.4. The norms applicable for these training would be as per the RCH training norms. The trainers attending the State level Training may be deputed for facilitating the district level trainings and providing support for the Sub District level Trainings.

In this regard, it is proposed to conduct State level Workshop for all Deputy Director of Health Services, CHOs and VCCMs for UWIN Up Scaling as detailed below:

S.No	Participants	Name of the HUD / Corporation	Date of Meeting	Place of Meeting
1	All DDHS	All HUDs	27.06.2023 & 28.06.2023	Chennai
2	CHOs	1.Coimbatore, 2.Salem, 3.Erode, 4.Tiruppur, 5.Tirunelveli, 6.Tuticorin, 7.Trichirappalli, 8.Thanjavur, 9.Vellore, 10.Madurai Corporations		
3	VCCMs	All HUDs		

The venue of the State level Workshop will be intimated later.

Stay and Food for the meeting will be provided by UNDP. TA / DA shall be claimed from their respective office from the available NHM funds as per instructions vide reference 4th cited.

In this regard, all Deputy Director of Health Services and concerned Corporation Health Officers are instructed to attend the training program **WITHOUT FAIL** and also instructed to depute VCCM for the meeting on the above mentioned dates without fail.

As this activity of UWIN is an important activity in the process of digitalization of Immunization activities in the country, it is proposed to have the "Hands-On-Training" to all the participants (DDHS, CHOs and VCCMs) in all the procedures involved in UWIN implementation by the National UNDP team itself.

In this regard, all participants are requested to ensure the availability of Laptops individually for the Hands-on-Training in the State Level Workshop and Training Program.

T.S.Selvavinayagam
Director of Public Health and
Preventive Medicine, Chennai-6.

To:

1.All Deputy Director of Health Services.

2. Concerned Corporation Health Officers.

3. The City Medical Officers, Greater Chennai Corporation, Chennai - 3.

Copy to:

1. Dr. Pankaj Somani, Senior National Programme Manager, UNDP, New Delhi.

2. The Senior Project Officer, UNDP, Tamil Nadu.

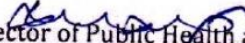
Copy submitted to:

1. The Principal Secretary to Government, H&FW Department, Chennai-9.

2. The Mission Director, National Health Mission, Chennai-6.

3. Dr. Veena Dhawan, Additional Commissioner (UIP), MoH&FW, New Delhi.

//True Copy/Forwarded//


For Director of Public Health and
Preventive Medicine, Chennai-6.



Annexure 7: Requisition letter to the Government of India regarding linkage of UWIN and PICME

DEPARTMENT OF PUBLIC HEALTH AND PREVENTIVE MEDICINE

From Dr.T.S.Selvavinayagam., MD., DPH., DNB., Director of Public Health and Preventive Medicine, 359 Anna Salai, Chennai -6.		To Dr. Pawan Kumar, Additional Commissioner (UIP), MoH&FW, New Delhi.
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R.No.113668/Imm/S4/2018, Dated: 27.06.2024.

Respected Sir,


Sub:	Public Health and Preventive Medicine – Immunization – Implementation of UWIN – Entry of beneficiaries detail in UWIN portal – Request to link UWIN with PICME Software – Reminder letter 4 - submitted – Reg.
Ref:	1 D.O. No.T-13020/24/2017-Imm, Dated:05.06.2023 of Additional Commissioner (UIP), MoH&FW, New Delhi
	2 D.O. No.T-13020/24/2017-Imm, Dated: 30.06.2023 of Additional Commissioner, MoH&FW, New Delhi.
	3 Letter received from Tamil Nadu SHN Association, Dated:07.08.2023
	4 This Office R.No.113668/Imm/S4/2018, Dated: 28.08.2023, 22.10.2023, 14.01.2024 & 12.03.2024.
	5 This Office R.No.113668/Imm/S4/2018, Dated: 16.12.2023 & 14.01.2024 addressed to the Director, NIC, Chennai - 90.
	6 D.O. Letter No.6744768/P2/2024, Dated: 14.02.2024 of Additional Chief Secretary to Government, Health and Family Welfare Department addressed to the Secretary, MoH&FW, New Delhi.

I wish to inform that, request has been made to Government of India to provide provisions of linking the UWIN portal with PICME Software and also to provide provision for generation of reports from UWIN portal including vaccination certificate and three reminders vide reference 4th cited.

In the reference 5th cited, the Director, NIC has been requested to prepare API to push the data from PICME to UWIN.

I also inform you that, the Additional Chief Secretary to Government of Tamil Nadu, Health and Family Welfare Department has sent D.O.Letter to the Secretary, MoH&FW, New Delhi requesting to provide the provisions for linking UWIN portal with PICME portal vide reference 6th cited.

In this regard, I request you to kindly instruct the concerned authorities to provide the provisions of linking the UWIN portal with PICME Software so as to make the process simple, easy and also to reduce the burden of the field staff for making entries regard to Immunization and also to provide provision for generation of reports from UWIN portal including vaccination certificate.


For Director of Public Health and
Preventive Medicine, Chennai-6.

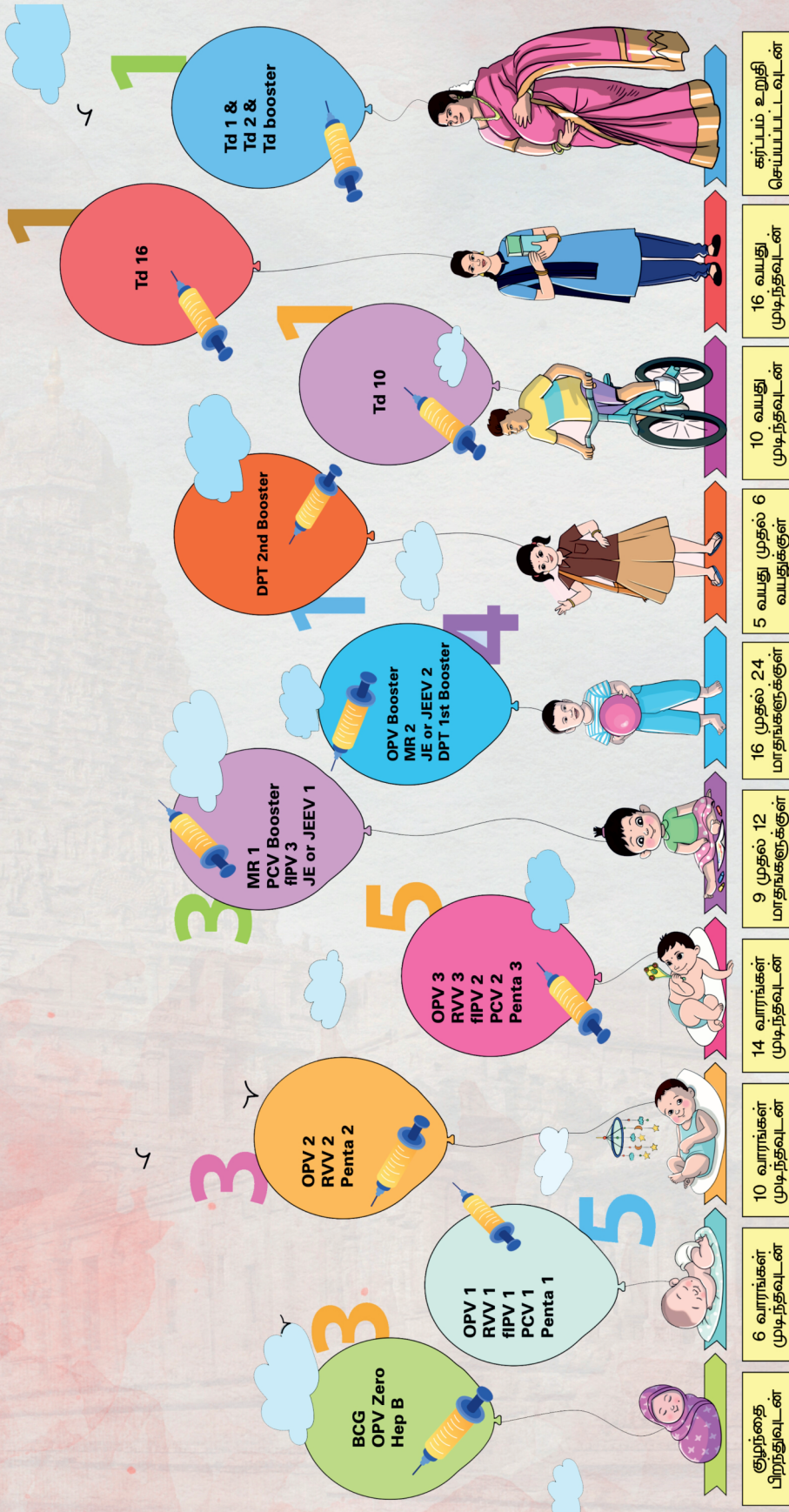
Copy to:

1. The Director, NIC Center, Besant Nagar, Chennai-90.
2. Dr.Pankaj Somani, Senior National Programme Manager, UNDP, New Delhi.
3. The Senior Project Officer, UNDP, Tamil Nadu.

Copy submitted to:

1. The Additional Chief Secretary to Government, H&FW Department, Chennai-9.
2. The Mission Director, National Health Mission, Chennai-6.





குழந்தை பிறந்துவுடன்
 6 வாரங்கள் முடிந்தவுடன்
 10 வாரங்கள் முடிந்தவுடன்
 14 வாரங்கள் முடிந்தவுடன்
 9 முதல் 12 மாதங்களுக்குள்
 16 முதல் 24 மாதங்களுக்குள்
 5 வயது முதல் 6 வயதுக்குள்
 10 வயது முடிந்தவுடன்
 16 வயது முடிந்தவுடன்
 கர்ப்பம் உறுதி செய்யப்பட்டவுடன்

ISSUED IN PUBLIC INTEREST BY

DIRECTORATE OF PUBLIC HEALTH AND PREVENTIVE MEDICINE
STATE IMMUNIZATION DIVISION

