



MOMENTUM Routine Immunization Transformation & Equity



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JSI India was established in 1998 as a wholly-owned subsidiary of John Snow, Inc. (JSI), a US-based public health consulting firm. In 2004, JSI India became a key partner in the USAID-funded Health of the Urban Poor program, which aimed to improve the health of slum populations in India.

Organization Vision & Mission

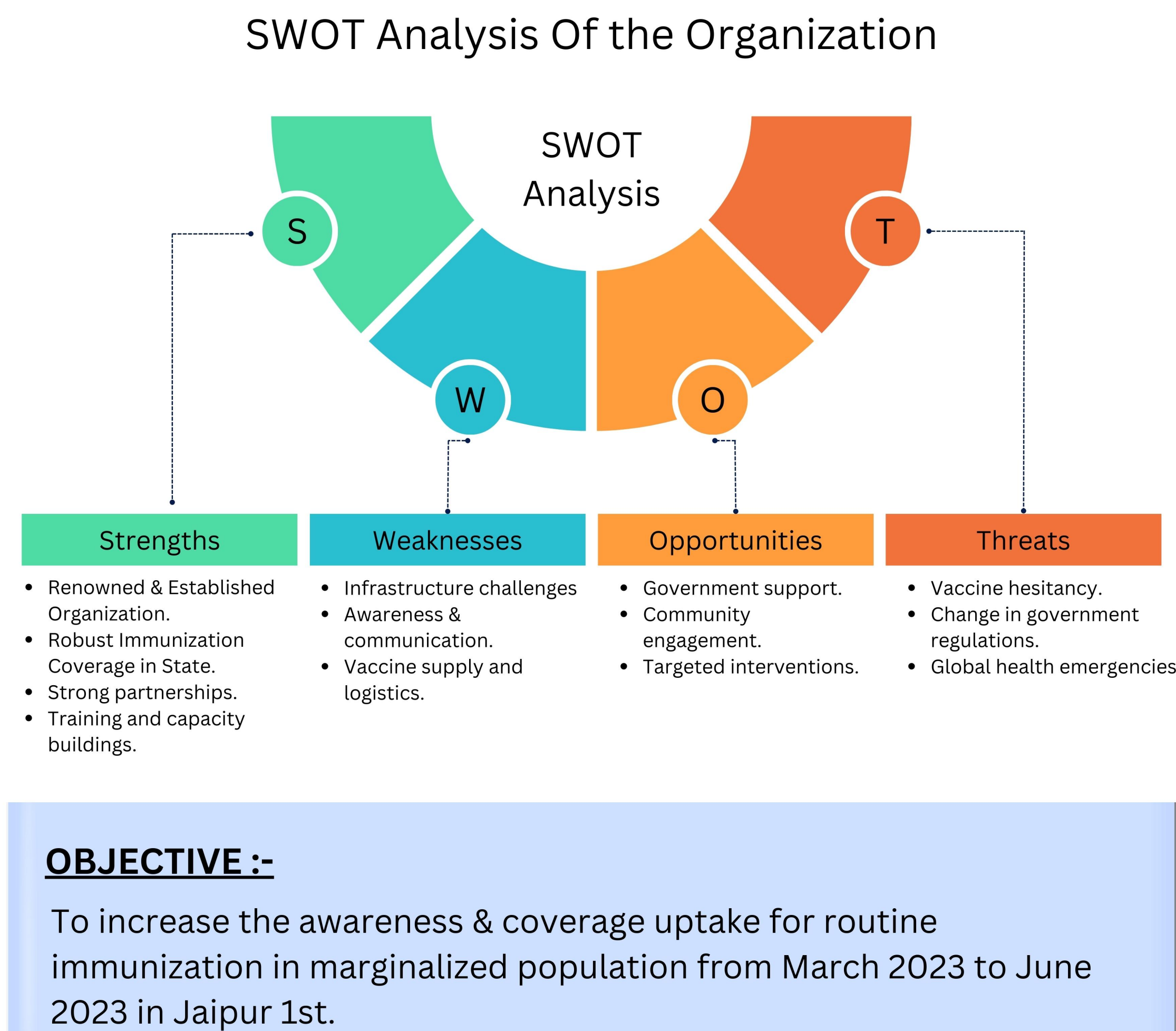
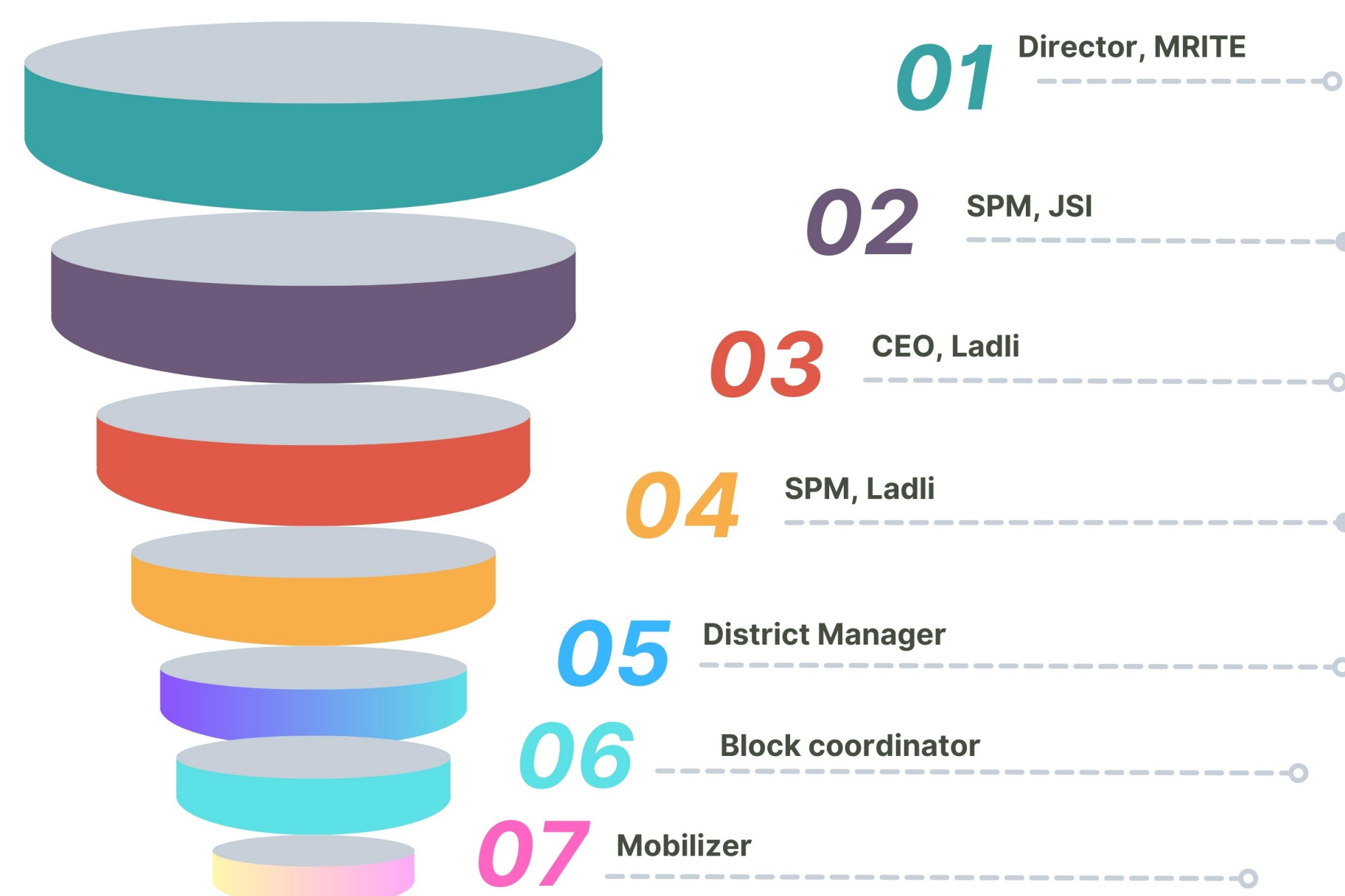
Mission

JSI India's mission is to improve the health of underserved communities and strengthen health systems by providing technical assistance and implementing innovative programs

Vision

Their vision is to create a world where all people have access to high-quality health services.

Organization Structure



RESPONSIBILITIES AS A PROJECT INTERN

Organization of TD & RI Camps

Organized BYJUs special vaccination camps where students were vaccinated & equipped with 3- years free BYJUs premium subscription.

Door to door visits and group meetings

Engaged in house to house visits to interact with community members on a personal level.

Microplanning and Geotagging

Done geo-tagging for UPHC Devi Nagar for all 17 session sites & helped UPHC in making Microplanning for better condition of session site.

Targeting Vulnerable Groups

Identification of marginalized populations living in slums, laborer and daily wagers-based communities.

Awareness Sessions and Community Engagement

Mobilization of people/children from hard-to-reach areas/rural areas to PHCs for vaccination.

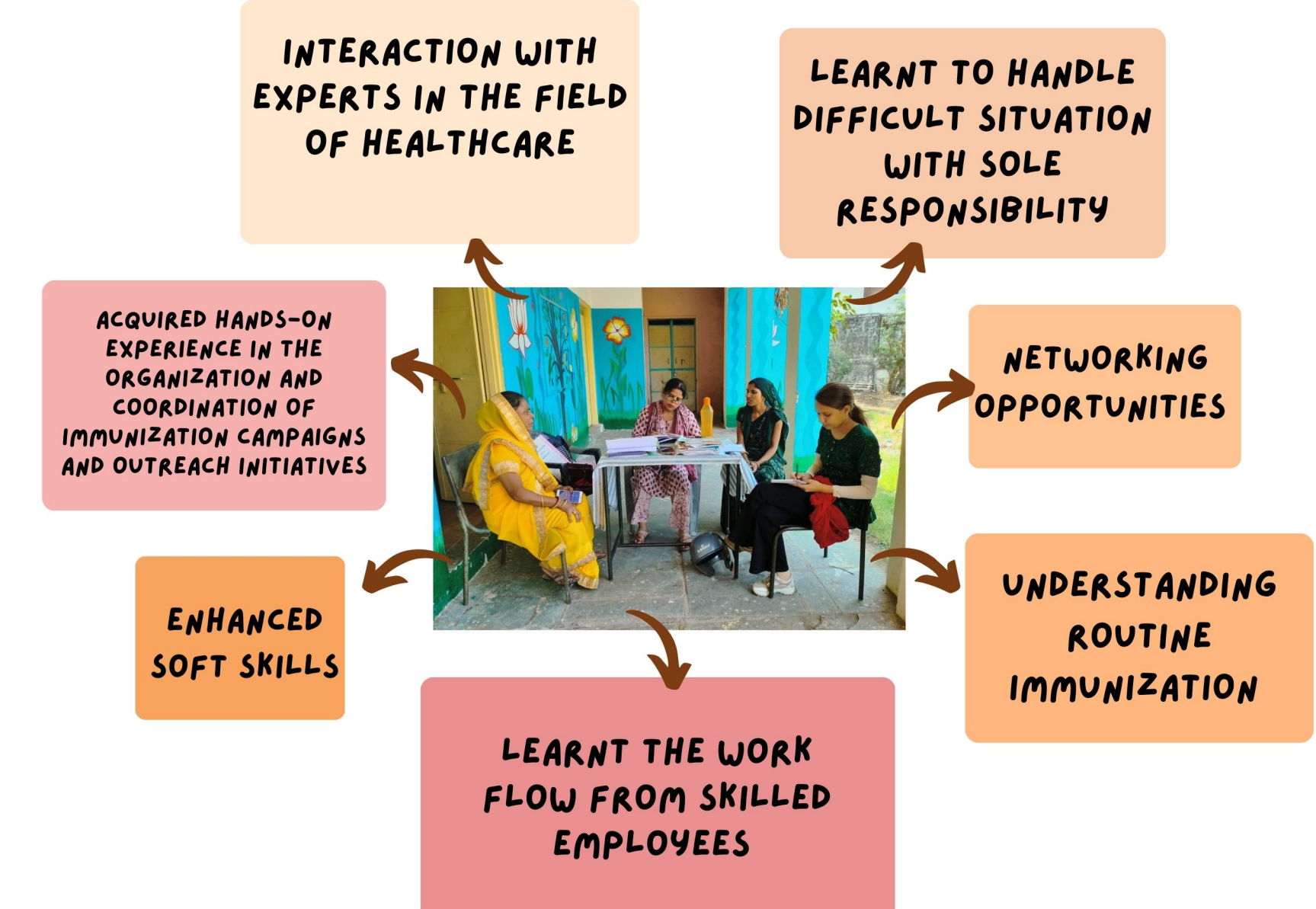
Support for Frontline Workers & Community Leaders

Extended support to frontline workers such as ASHA, ANM as well as community leaders to spread awareness about RI.

Attended Pulse Polio Camp

At the camp, we were responsible for administering the polio vaccine to children under the age of 5. We also educated parents about the importance of vaccination and how it can prevent the spread of the disease.

LEARNING & VALUE ADDITION



Usefulness

- Gained insights about public health.
- Skill development
- Stakeholder engagement and community engagement
- Practical application of theoretical knowledge
- Administration of vaccines

Difference between Practical exposure & theoretical understanding

PRACTICAL EXPOSURE	THEORETICAL ASPECTS
Engaging with children and healthcare professionals for regular vaccination activities.	Comprehensive understanding of diseases that can be prevented through vaccination.
Hands on experience.	Emphasis on the fundamental principles and underlying concepts of immunization.
Provides valuable insights.	Presents abstract figures.

ACTIVITIES CONDUCTED

UPHC Visited

Visited 16 UPHCs and worked with ANM, ASHA & their MOICs for the better implementation of M-rite Project.

House to House survey

Engaged in house to house visits to interact with community members on a personal level.

HRA Urban Slum Visited

As a routine immunization intern in a high-risk urban slum, my role involved actively supporting efforts to expand and strengthen immunization coverage, focusing on addressing the specific challenges and barriers faced by vulnerable populations in the slum area.

Session Sites Monitored

Monitored outreach sessions according to microplan of the UPHCs

Geo Tagging

Geotagged the 16 outreach session of the UPHC Devi Nagar Jaipur-1st.

Challenges Faced During the Internship



Recommendations

- AWC Infrastructure**
The government should enhance the infrastructure available for anganwadi centers
- Remote Dispensary**
Government should introduce remote dispensary to ensure that individuals in remote areas have access to essential immunization services
- Adequate training**
Healthcare workers should receive improved training and technological advancements to enhance their skills and knowledge.
- Cold chain management**
The government should establish cold storage facilities at each Urban Primary Health Center (UPHC) to ensure proper storage and preservation of temperature-sensitive items.
- Integration of nutrition program for VPD**
The government should improve the nutritional standards for pregnant women and children as the current quality of food provided to them is inadequate.
- Better Compensation**
ASHAs should receive compensation for their participation in external services such as surveys conducted by external NGOs.

