

The MOMENTUM Routine Immunization Transformation and Equity (M-RITE)

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ABOUT THE ORGANISATION

A subsidiary of John Snow Inc., John Snow India Private Limited (JSI India) is a renowned public health organization committed to enhancing the health of people and communities all over the nation. High-impact, long lasting, and locally-owned public health projects are created and put into action by the organization. With time, JSI India has established itself as a pioneer in the fields of reproductive, maternity, neonatal, and child health (RMNCH), immunization, urban health, tb, nutrition, supply chain management, monitoring & evaluation, and improvement of the health system..

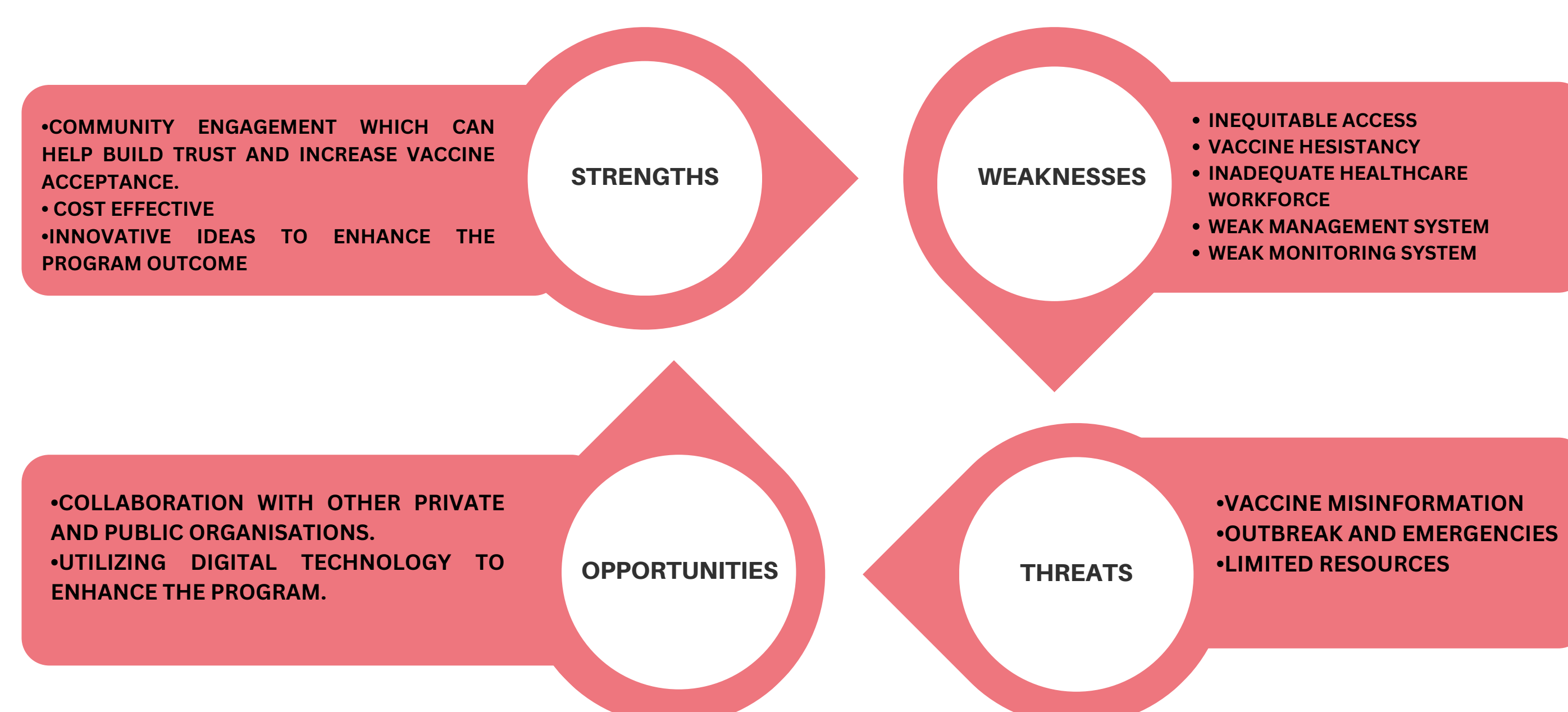
LADLI FOUNDATION TRUST

Ladli Foundation is a grassroots-level non-profit organization known for implementing highly impactful & innovative social initiatives to uplift vulnerable people in urban & rural slums. The organization is granted special consultative status in United Nations ECOSOC and conferred with the National Award by Govt. of India

VISION AND MISSION

Our vision and mission is to develop India's public health system and enhance the quality of life in the surrounding areas. to engage with the government, commercial sector, and civil society to enhance the health and well-being of vulnerable communities via creative, evidence-based, and scalable initiatives.

SWOT ANALYSIS



REFERENCES

- <https://ladlifoundation.org/>
- <https://jsiindia.in/>

ABOUT THE PROJECT

The **MOMENTUM Routine Immunization Transformation and Equity (M-RITE)** project provides technical assistance to the Ministry of Health and Family Welfare (MoHFW) and state governments to strengthen vaccination implementation. John Snow India Private Limited (JSIPL) provides assistance and program management of routine vaccination with day-to-day technical and managerial oversight for activities.

OBJECTIVES

- Micro planning exercise
- House to house survey
- Tracking of zero dose and due dose children
- Session site monitoring
- Support and strengthening of UPHC
- Vaccination camp organized

GAPS IDENTIFIED

- Lack of awareness
- Unreported home deliveries
- Lack of regular portal entries.
- Social stigma and taboos
- Lack of proper infrastructure
- Shortage of skilled workforce
- Improper follow-up and vaccination due to migration.

ACTIVITIES DONE



Micro planning of UPHCs

- Baseline survey
- Planning of outreach sessions as per population norms
- Ward mapping
- Session site details
- Geo tagging



Monitoring and evaluation of session site

- Monitored and Evaluated 22 session site held according to the micro plan.
- Revision of the micro plan



Routine immunisation house to house survey

- A total of 300 households were visited .
- Out of which 60 children were found who were due of vaccination and haven't received any vaccination (zero dose)



Camp participation

- Vaccination camp at katputli nagar
- Vaccination camp at lohar basti
- Td camp at girdharipura

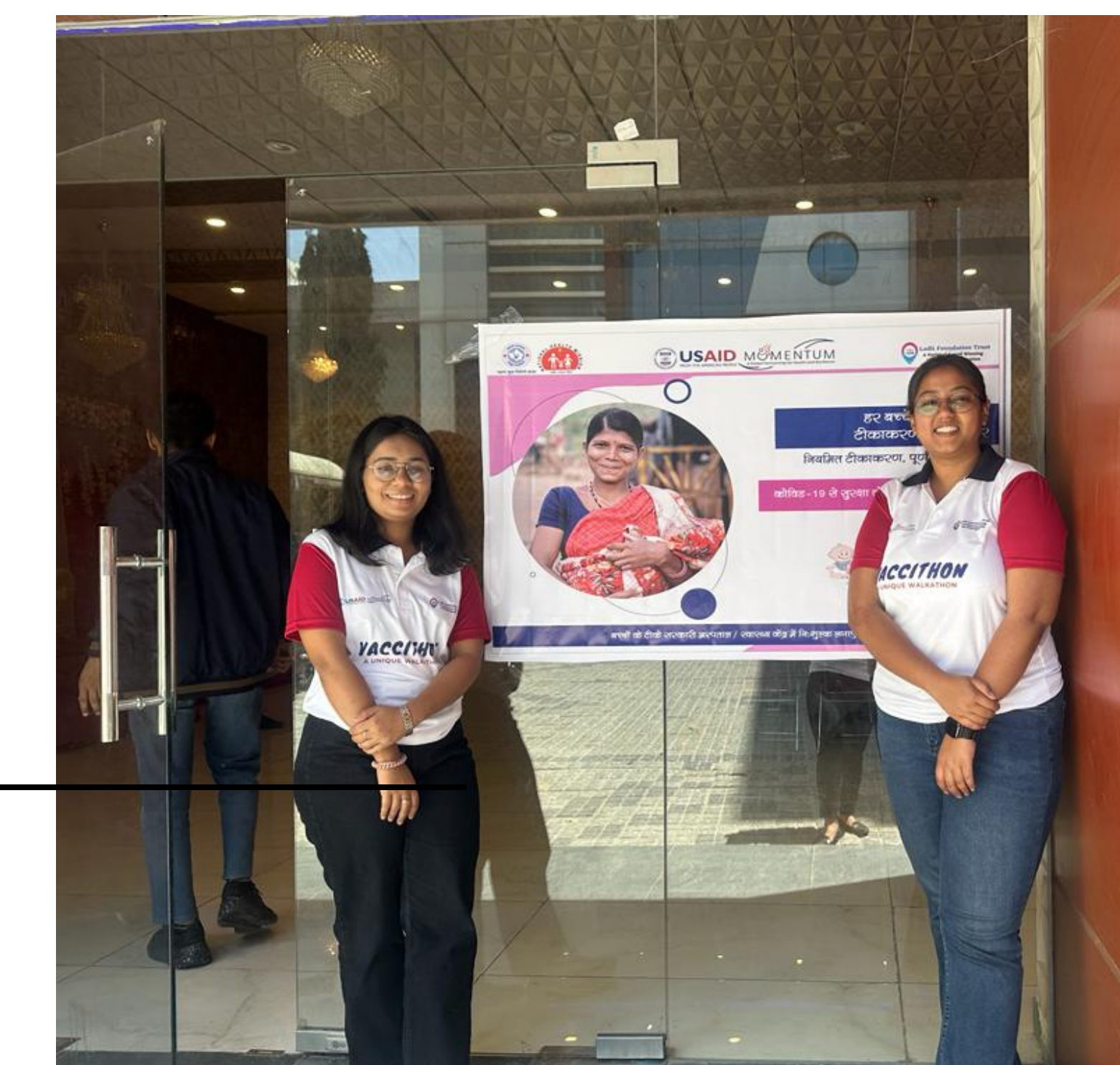


Pulse polio intensifying program

Understanding and overseeing the program, including the handling and storage of the polio vaccination, booth management, house-to-house marking, completion of daily travel log sheets, attendance sheet, documentation of the vaccine used and number of beneficiaries.

SUGGESTIONS

- Proper IEC and IPC communication should be there.
- Proper training of ASHAs and ANMs.
- Awareness campaigns for urban slums and high risk areas.
- Regular monitoring and evaluation of program should there.
- Regular PCTS portal update and data input.
- AWC infrastructure.



LEARNINGS & VALUE ADDITIONS

- Functioning of UPHCs
- Role and responsibilities of ANM and ASHA
- Functioning of AWCs
- Cold chain and cold chain management system
- Micro planning exercise
- House to house survey for primary data collection
- Vaccine hesitancy and fear of AEFI.
- Basics of pulse polio programme.
- Organizing camps and vaccine sessions: Way of conducting a vaccination camp at a high risk area. Social mobilization of people in a community to create awareness about vaccination in children.

CHALLENGES

- Mobilizing the society to get immunized.
- Experiencing the difference between practical and theoretical knowledge.
- Reaching the vulnerable and remote high risk areas.
- Working with wide spectrum of people involved in public health ranging from highly skilled professional to people with minimum qualification.
- Working in adverse weather conditions and tracking each and every child.