MOMENTUM Routine Immunization Transformation and Equity (M-RITE)

Ladli Foundation Trust
A National Award Winning Non-Profit Organization

MOMENTUM
A Global Partnership for Health and Resilience

IIHMR UNIVERSITY

ORGANISATION MENTOR : MR. NEERAJ MISHRA
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- **Ladli Foundation** is a grassroots-level non-profit organization known for implementing impactful & innovative social initiatives to uplift vulnerable people in urban & rural slums.
- Granted with special consultative status in United Nations ECOSOC and conferred with the National Award by Govt. of India.
- Actively working at the national level with a team of highly experienced and recognized social workers in association with District Administrations and Police Departments with its effective community outreach and sustainable approach

- **Vision :** It envisions the idea to break the taboos and adopt a safe, secure & sustainable living that upholds women's reproductive rights in our society by sensitizing the male population to become promoters of Gender Equality.

- **Mission** : Ladli Foundation has a mission to build a safe, gender-neutral, and inclusive society. It aims to enable access to Primary Healthcare, Education, Skill Training, and opportunities by focusing on bringing a reformative change in the mindsets of the society.

- The **MOMENTUM Routine Immunization Transformation and Equity (M-RITE)** project provides technical assistance to the government to strengthen vaccination implementation. With support from JSI & USAID technical assistance and program management of Routine Immunization (RI) with day-to-day technical and managerial oversight for activities is done. Local Indian partner organizations (NGOs) play a critical strategic role in the implementation of project and community engagement to increase demand and fair coverage of services.

PROJECT OVERVIEW:

- BASELINE SURVEY
- MICROPLANNING EXERCISE
- HOUSE TO HOUSE SURVEY
- TRACKING OF ZERO DOSE AND DUE DOSE CHILDREN
- SESSION MONITORING
- SUPPORT AND STRENGTHENING OF UPHC
- AWARENESS CAMPAIGNS
- VACCINE CAMPS ORGANISED

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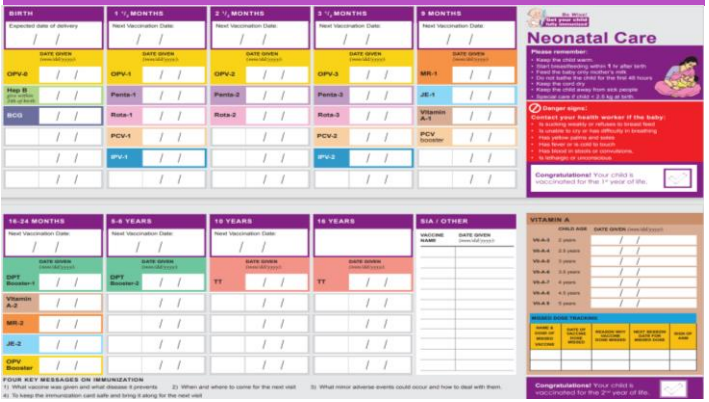
ORGANOGRAM

DIRECTOR (M-RITE) → SPM (JSI) → CEO (LADLI) → SPM (LADLI) → DISTRICT MANAGER → BLOCK COORDINATOR → MOBILIZER

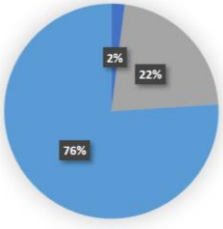
MAMTA CARD (MOTHER AND CHILD PROTECTION CARD)

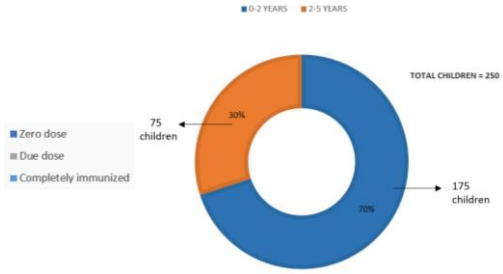


ACTIVITIES DONE:

- No. of HOUSE-to-HOUSE Surveys done: > **250**
- No. of UPHC Visited : **15**
- No. of session sites monitored: **22**
- No. of HRA (High Risk Areas) areas visited: **6**
- Camp participation: **5**
- Microplanning of UPHC (Ward mapping, outreach session planning, geo tagging)
- Around 40 AWCs visited
- Attending DLC meetings, training sessions and vaccination camps.
- Duty in Pulse Polio Program

Percentage of vaccination coverage






BASELINE SURVEY


MICROPLANNING


HOUSE TO HOUSE SURVEY


SESSION SITE MONITORING


SOCIAL MOBILISATION


VACCINE CAMPS

SUGGESTIONS:

- Intensive training of the workforce to keep up with the changes both internal and external.
- Regular recording and maintenance of data of RI in offline record and online portal.
- Community engagement: with the help of IEC & sharing real life scenarios with people.
- Creating a common platform for parent and child tracking.

Strengths	Weakness
• Support from government • Social mobilization with the help of local mobilizers. • Coordinated team efforts	• Lack of trained mobilizers • Less organized • Weak monitoring system

Opportunities	Threats
• Outreach sessions and camps • Social recognition • Behavioral change communication	• Mismanagement of staff and mobilizers • Competitors (other NGOs).

LEARNINGS

- Exposure to core public health work
- UPHC functioning
- Roles and responsibilities of ANM & ASHA
- Working of AWC
- RI: vaccine storage & cold chain point maintenance
- Primary data collection
- Understanding Issues and challenges in immunization
- Microplanning exercise
- Session monitoring
- House to house survey
- Social mobilization and BCC in HRA Areas
- Organizing camps and vaccine sessions
- Pulse polio program
- Value of time and people

CHALLENGES AND ISSUES

- Vaccine hesitancy
- Lack of awareness
- Family resistance
- Illiteracy
- Poor financial conditions
- Sanitation and hygiene issues
- Migration
- Daily wage workers and their problems
- Myths and fears associated with vaccination
- Session inconvenience

THEORY	PRACTICAL
• IEC plays a significant role in behaviour change communication. • In module of National Health Programmes, learnt about the national immunization schedule. • Theoretical learning about various ways of community participation.	• IEC alone is not significant, social mobilization with community workers is also necessary. • RI depends upon various factors like vaccine availability and storage, cold chain maintenance, ANM and ASHAs work. • Strategies need to be adaptive and flexible for community engagement according to different community needs.