



SUMMER INTERNSHIP PROGRAM

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ABOUT THE ORGANIZATION

JSIPL (John Snow India Pvt. Ltd.) is a subsidiary of **JSI (John Snow Incorporated)**, a US-based global health consulting organization founded in 1978.

It collaborates with government agencies, the private sector, and local nonprofit and civil society organizations to identify and implement solutions to public health problems.

VISION: To strengthen public health improving the lives of local communities.

MISSION: To improve the health and well-being of vulnerable communities through innovative, evidence-informed, and replicable strategies in partnership with the government, private sector, and civil society.

“Momentum Routine Immunization Transformation and Equity”, or (M-RITE) is the current project that is being funded by JSI to Ladli Foundation, to identify and overcome barriers to reaching zero dose and under-immunized children, and to increase equitable immunization coverage.

STRUCTURE: Director (M-RITE) → SPM (JSI) → CEO Block ← District Manager ← SPM (LADLI) ← (LADLI) Coordinator → Volunteer.

GLIMPSE OF ACTIVITIES



SWOT ANALYSIS OF M-RITE

Strengths

- Free of cost services.
- Strengthening of immunization coverage.
- Disease prevention.

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Weaknesses

- Lacks attention on hard-to-reach areas.
- Lack of feedback system, of the services delivered.

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Opportunities

- Multi-sectoral convergence.
- Availability of resources (financial and other.)
- International agency support.

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Threats

- Parents' illiteracy/ lack of awareness about immunization.
- Vaccine hesitancy.

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SUGGESTIONS

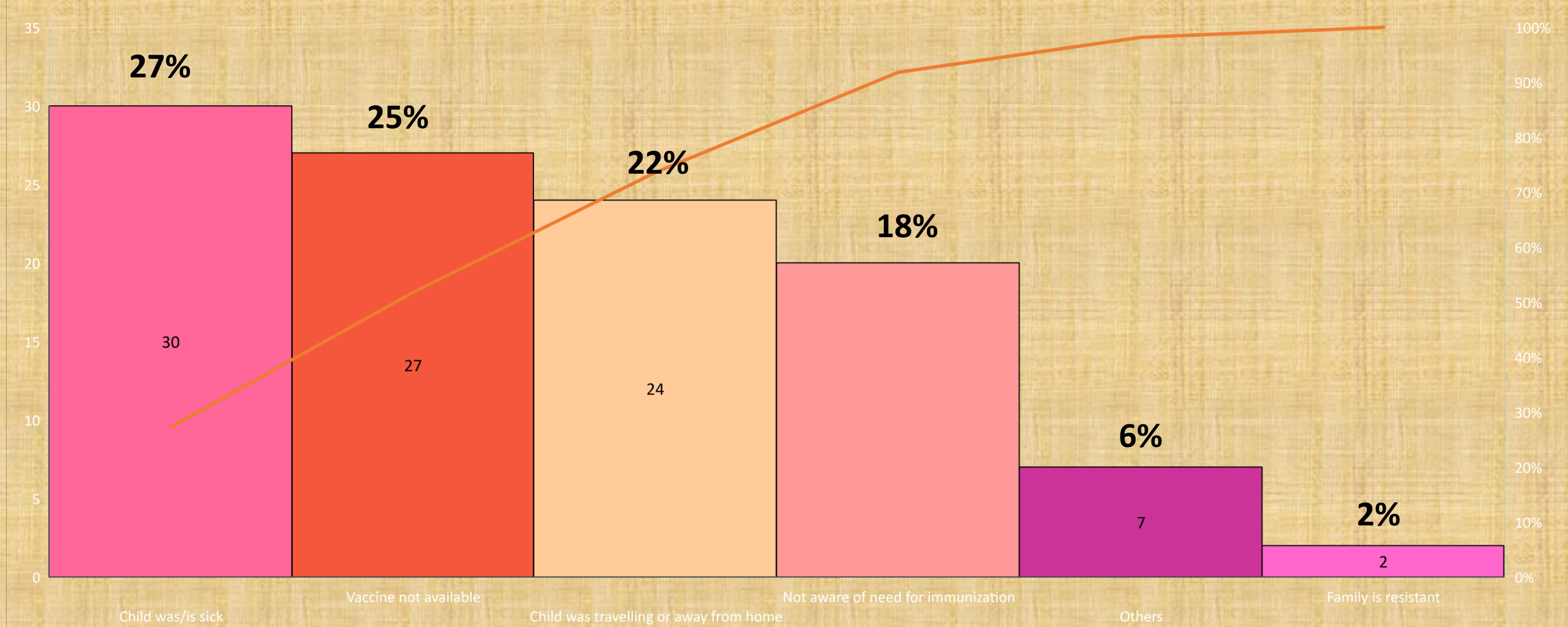
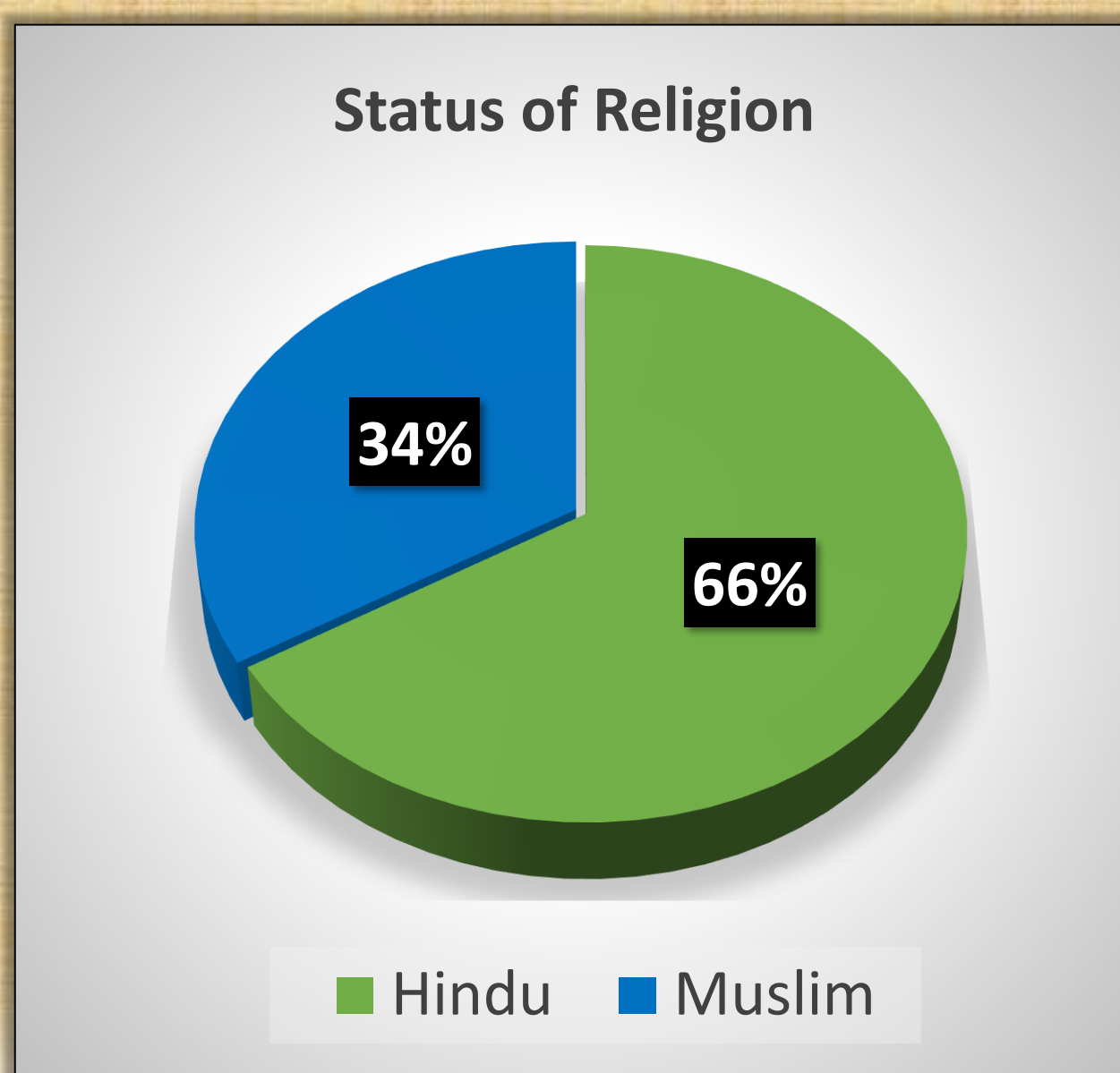
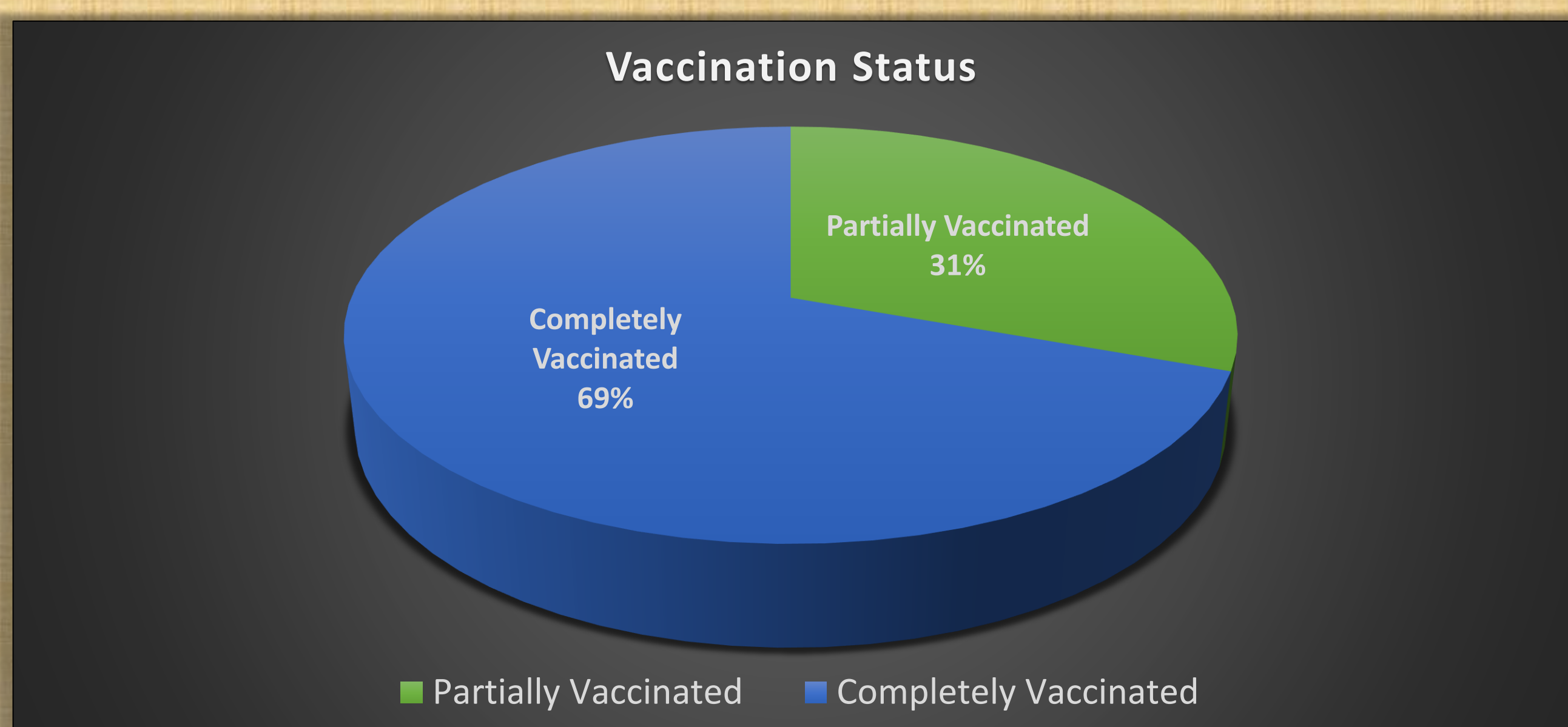
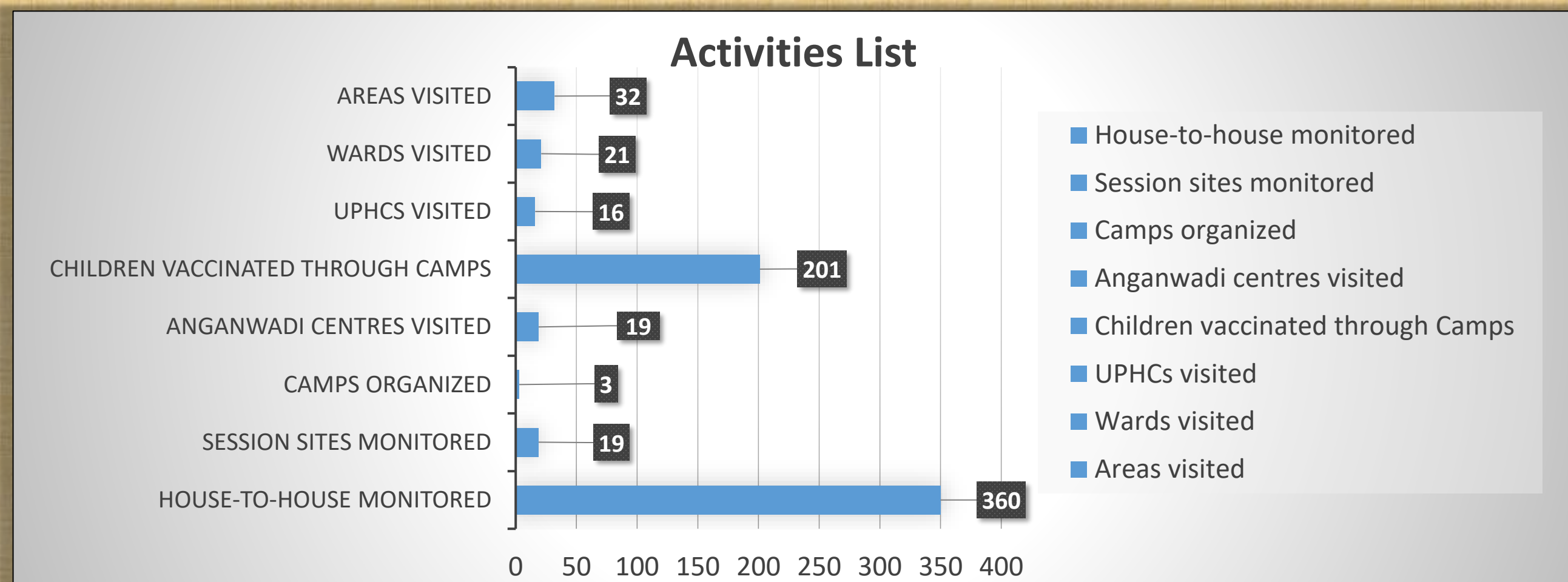
As per the discussion held with the District Manager and ASHA workers of the community, the following suggestions were mentioned for complete and timely child immunization.

- The immunization session should be held in a well-planned setting.
- Strategies should be made to work on the needs and issues encountered by ASHAs and other front-line health workers, and to improve the condition of Anganwadi centers.
- Strategies should be developed to address hard-to-reach locations for immunization.

ACTIVITIES DONE

Visited 16 Urban Primary Health Centers, 19 Anganwadi centers, and monitored 19 session sites, under the Jaipur district.

Did house-to-house monitoring with ASHA workers at 32 locations under 15 UPHCs and collected primary data of 360 children (particularly of age group 0-59 months) on the status of their routine immunization and filled the schedule accordingly.



NAME OF UPHC VISITED	NO. OF CHILDREN MONITORED	WARD/ MOHALLA	NO. OF SESSION SITES MONITORED	SESSION SITE AREA
Raigarh ki Kothi	21	Shiv Shankar Colony, Amritpuri		
Suez Farm	11	Gurjar ki Thadi		
Nirman Nagar	10	Jind Baba ki Duni		
Mahesh Nagar	10	Bal Nagar	1	UPHC Mahesh Nagar
Topkhana Desh	31	Chowkdi Topkhana, Harijan Basti, Topkhane ka Rasta	3	Chowkdi Topkhana, Harijan Basti, Janta Clinic-Topkhane ka Rasta
Laxmi Narayanpuri	30	Shivnadi Colony (Shampur), Baldaupuri, Durbal Nath ki Bagichi	2	AWC Baldaupuri, UPHC Laxmi Narayanpuri
Rani Park	10	Sain Colony		
Gandhi Nagar	10	Bajaj Nagar	1	CGHS Gandhi Nagar
Govind Nagar	10	Govind Nagar		
Chandra Rasta			1	Murti Manohar Mandir- Thatero ki Dharmshala
Bairwa Basti	46	Bisai Basti, Chandrashekhar ki Bagichi-2, Chandrashekhar ki Bagichi-3, Nursing Colony	1	Hanuman Mandir- Yaggeshala ki Basoli-2
Purani Basti	44	Koaliya Basti, Gandhi Colony, Baran	2	New Indrapuri Colony, Nagar Nigam School
Sirahyodi	81	Mangla Marg, Kanwar Nagar, Bajdaro ki Mori, Mini Keshav Colony, Mini Akhada, Santosh Sagar Colony, Nagar Parishad	6	Bhulelal Mandir- Kanwar Nagar, Sheshi Prathamik Vidyalaya- Hawa Mahal, AWC-Chewni ki Burj, Opp. Hanuman Mandir- Mini Akhada, Santosh Sagar Colony, UPHC Sirahyodi
Johri Bazar (Bagra wale ka Rasta)	24	Pentur Colony, Bagra ka Tibba- Shekawat ki Chhatti	2	AWC Krishnapuri, AWC Bagra ka Tibba
Moti Katla	12	Silawato ka Mohalla		
Topkhana Huzuri	10	Luharo ka Khurra		
TOTAL= 16	TOTAL= 360	TOTAL= 32	TOTAL= 19	

USEFULNESS OF INTERNSHIP

Provided exposure through an opportunity to work on the project M-RITE and I gained practical knowledge of Routine Immunization program and its challenges.

THEORETICAL UNDERSTANDING

- Grass-root level problems are not deeply discussed.
- Theoretical understanding gives knowledge.
- In the research methodology module, learned about how to collect and analyze data or information.
- In the Marketing Management module, learned about SWOT analysis.

PRACTICAL EXPOSURE

- Experienced grass-root level challenges.
- Deals with the implementation of work.
- Implemented classroom learnings in data collection & analysis.
- Performed SWOT Analysis.

LEARNINGS

- Learned how to collect primary data, how house-to-house monitoring is done, and how analysis is made out of it.
- Learned to work as a part of a team, collaborating with community health workers involved in the immunization program for health promotion.
- Learned how to organize an immunization campaign, liaise and collaborate with local influencers of a particular area in order to support an immunization campaign.
- Gained practical experience in organizing and coordinating immunization campaigns.

CHALLENGES

- Incomplete Mamta Card leads to confusion and hampers data quality.
- To explain the importance of vaccination to urban slum area people.