SUMMER INTERNSHIP PROGRAM

at

National Health Mission, Gujarat

(6th May 2024 – 6th July 2024)

A PROJECT REPORT ON

"Strengthening Adolescent Td Immunization Coverage in Gujarat"

BY

Archita Jain (1686)

MBA Hospital and Health Management 2023-25

Under the Mentorship of

Dr. Kamlesh Parmar (State Immunization officer) Dr. P.R. Sodani (President, IIHMR University)

No. FW/2024-25/immu/Certificate of completion /2024

Commissioner of Health medical education & medical Services (H.s)

Block No. 5/2, Dr.Jivraj Mehta Bhawan, Gandhinagar

Dt: 19/07/2024

Certificate Of Completion

This is to certify that Ms. Archita Jain pursuing a MBA Health and hospital Management Institute of IIHMR University Jaipur has completed her Internship with the Immunization Cell, Commissionerate of Health, Gandhinagar between 6th May 2024 to 5th July 2024.

As a part of this internship, she undertook various field visits at healthcare facilities and state/regional vaccine stores, attended workshops and meetings, analysed secondary data to find out missed opportunities for vaccine and MR coverage of Gujarat districts, and learned about HMIS and TECHO+.

During this period, she displayed a remarkable inclination towards learning & hard work. She was enthusiastic, and attentive & worked on all tasks systematically.

With best wishes,

19/7/2024

State Immunization officer

Gandhinagar

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that Ms. Archita Jain of academic year 2023-25 of Institute of Health Management Research has prepared a poster with respect to her summer internship held during May-June 2024.

She has carried out work as per the guidelines. Her poster is approved for presentation.

Date: 22/07/2024

(Signature of Faculty Mentor)

Dr. P.R.Sodani

President, IIHMR University, Jaipur

1, Prabhu Dayal Marg, Near Sanganer Airport, Jaipur- 302029, Rajasthan, India.
Ph.: 0141-3924700, 2791431- 32, E-mail: iihmr@iihmr.edu.in, Web.: www.iihmr.edu.in

"Strengthening Adolescent Td Immunization Coverage in Gujarat"

University Mentor - Dr. P.R. Sodani (President, IIHMR University), Under the Guidance of- Dr. Kamlesh Parmar (State Immunization officer), By: Archita Jain Roll No. – 1686 MBA HM 28

History, Vision & Mission

History

The Union Cabinet vide its decision dated 1st May 2013 has approved the launch of National Urban Health Mission (NUHM) as a Sub-mission of an over-arching National Health Mission (NHM), with National Health Mission (NHM) being the other Sub-mission of National Health Mission. Expanded Programme on Immunization was launched in 1978. It was renamed as Universal Immunization Programme in 1985 when its reach was expanded beyond urban areas. In 1992, it became part of Child Survival and Safe Motherhood Programme and in 1997 it was included in the ambit of National Reproductive and Child Health Programme. Since the launch of National Rural Health Mission in 2005, Universal Immunization Programme has always been an integral part of it.

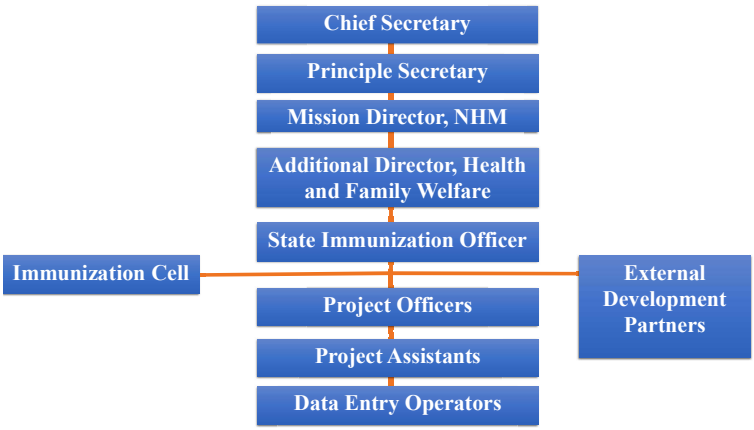
Vision

The NHM envisages achievement of universal access to equitable, affordable & quality health care services that are accountable and responsive to people's needs.

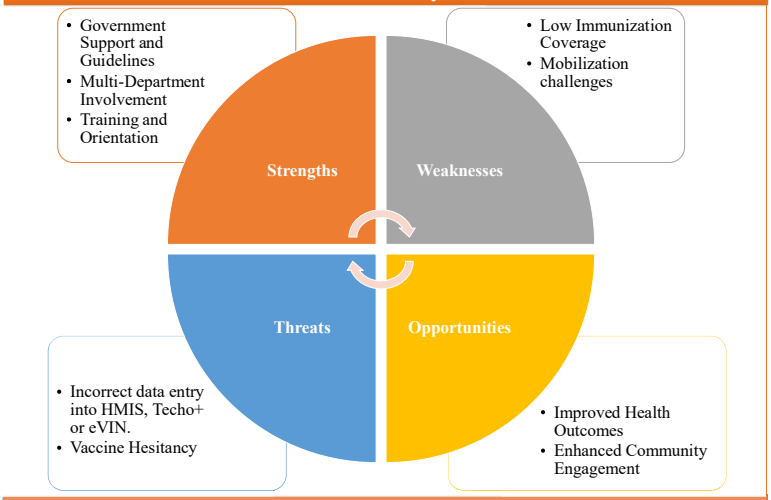
Mission

The mission is to make public health delivery system fully functional & accountable to the community human resource management community involvement, decentralization, rigorous monitoring, & evaluation against standards, the convergence of health & related programs from village level upwards, innovations & flexible financing & also interventions for improving the health indicators.

Organization Structure



SWOT Analysis



IEC Development

Objective of the Campaign

To increase the coverage of Td Vaccine by vaccinating Children of age 10 & 16 years so as to control rising cases of Diphtheria.

Proposed Strategies for Td10 and Td16 vaccine

STRATEGY 1
Involvement of RBSK to Improve Td10 and Td16 Coverage

- Td Immunization through Rashtriya Bal Swasthya Karyakaram **(RBSK) in Government & Government aided Schools**

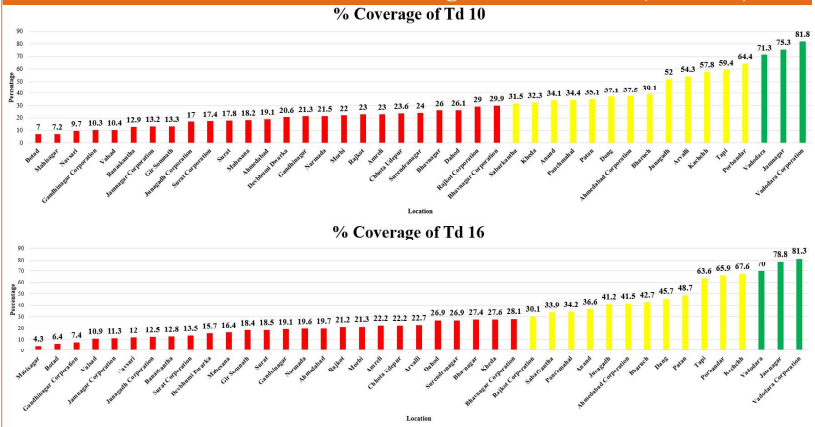
STRATEGY 2
Strengthen VHSNDs/UHSNDs to Improve Td10 and Td16 Coverage

- Strengthening **Routine Immunization** through VHSND to improve Td 10 & Td 16 years coverage among **Out of School Children**

STRATEGY 3
Organize Td Immunization Week(s) to Improve Td10 and Td16 Coverage

- **Td Immunization Week** every year to cover Drop Outs/ Left Outs, Private Schools, etc.

School-based Td vaccination Coverage, Source Techo+ (FY 23-24)



Learning and Value Additions

Practical understanding	Theoretical understanding	Challenges	Usefulness	Learnings	Suggestions
• Assisted in achieving a conceptual grasp of the program's objectives, relevance and beneficiaries • Offered an overview of program design, execution, and evaluation.	• Helped us grasp the specifics of program planning, execution, and monitoring • Gave us a chance to identify the challenges and gaps experienced at the field level	• Extreme weather (Heatwave), conditions make fieldwork difficult • Language Barrier	• The practical experience provided insight into the functioning of an organization • Offered an opportunity to gain hands-on experience in program planning, implementation, and evaluation.	• IEC Development • Data Triangulation • HMIS,TECHO+ • Field Visit Monitoring • Vaccine Cold chain management • Program Planning	• Necessity for an design team with the expertise needed for IEC development • Ensure sufficient facilities and infrastructure at immunization outreach sites • Expand the availability of refresher courses for ASHA and FHW

Activities Planned Td Vaccine Campaign 2024

1. **Government Approvals and preparation**: Documents, Letters, AEFI Management, Training & Orientation of stakeholders, IEC material, Head Count Survey , Micro-Plan format, Reporting & Recording Format
2. **Meetings**: Interdepartmental Convergence meeting, preparedness assessments, review meetings
3. **Letters from Government**: To external departments, Collector, Govt of Gujarat, invitation letters etc
4. **Orientation & Training Activities**: AEFI Management & Refresher training of MOs, FHWs etc, Orientation & Training for teachers.
5. **Launch Preparation**: Availability of logistics, Setting up Session sites, AEFI management kit.
6. **Launch of the Campaign**: Daily recording & reporting, monitoring, clean and clear dedicated sites, AEFI reporting, media management
7. **Post Launch**: Data Analysis, Monitoring, Plan for left-outs, Report writing.

Photos Of Campaign

DATE : 11-05-2024

WEEKLY REPORT - 1

Name of the Organisation: NATIONAL HEALTH MISSION , GANDHINAGAR , GUJARAT **Area/ Department/ Project of Summer Internship Program:** ROUTINE IMMUNIZATION **Name of the Student:** ARCHITA JAIN

Roll no: 1686 **Stream:** MBA HEALTH AND HOSPITAL MANGEMENT

Week no: 01 **From:** 06- 05-2024 **To:** 11-05-2024

Activity Done	• Conducted a field visit as part of the National Health Mission (NHM) study. • Observed the Mamta Sessions held weekly on Wednesdays from 10:00 AM to 5:00 PM. • Generated a detailed report based on observations made during the field visit. • Identified gaps in the field operations and documented them in a separate report. • Studied a research paper related to pertussis in Amereli district, Gujarat. • Prepared a PowerPoint presentation summarizing the findings of the research paper. • Acquired knowledge about the routine immunization schedule as part of academic learning.
Linking theory (Classroom learning) with practice at your organisation	• Field visit conducted as part of NHM study facilitated practical application of theoretical knowledge. • Observations during Mamta Sessions provided real-world context to classroom learning. • Detailed report generated from field visit observations served as empirical evidence to validate theoretical concepts. • Identification and documentation of gaps in field operations enabled bridging the gap between theory and practice. • Acquisition of knowledge about routine immunization schedule enhanced understanding of practical implementation of health interventions within the organization.

Gaps identified on the working area.	• Lack of HBNC Register and insufficient training on AEFI for female health workers. • Limited ice boxes leading to vaccine storage issues. • Non-compliance with dress codes for ASHA workers. • Inadequate space for vaccine storage and parent-child attendance. • Lack of electronic or technological integration, exemplified by underutilization of electronic Mamta cards. • Insufficient utilization of mobile messaging or other technological platforms for timely communication regarding vaccination schedules.
Suggestions for improvement	• Provide comprehensive training on AEFI • Address the issue of limited ice boxes by procuring additional equipment to ensure adequate storage facilities for vaccines, thereby mitigating the risk of compromised vaccine efficacy. • Enforce strict adherence to dress codes among ASHA workers. • Allocate additional space within the facility to accommodate the storage of vaccines. • Integrate electronic or technological solutions such as the full utilization of electronic Mamta cards to streamline data management processes and enhance efficiency in healthcare service delivery. • Leveraging mobile messaging platforms or other technological tools to disseminate timely and relevant information regarding vaccination schedules, thereby improving accessibility and adherence among beneficiaries.
Plan for the next week	• Working on summer internship project topic • Field visit on every Wednesday • UNDP and cold chain management vaccine

ARCHITA JAIN

Signature of the Student

Approved by the IIHMR University's Mentor

DATE : 18-05-2024

WEEKLY REPORT - 2

Name of the Organisation: NATIONAL HEALTH MISSION , GANDHINAGAR , GUJARAT **Area/ Department/ Project of Summer Internship Program:** ROUTINE IMMUNIZATION **Name of the Student:** ARCHITA JAIN

Roll no: 1686 **Stream:** MBA HOSPITAL AND HEALTH MANGEMENT

Week no: 02 **From: 13- 05-2024** **To: 18-05-2024**

Activity Done	• Reviewing the paper on the Topic " Pertussis outbreak investigation in Amereli district , creating a PowerPoint presentation on key finding and recommendation were presented. • Learning routine immunization schedule. • Learning about the HMIS portal and TECHO+ portal. • Field visit to assess operational efficiency and adherence to protocols at a vaccination site. • Data extraction from HMIS and TECHO+ for data triangulation. • Data cleaning of Immunization field monitoring data. • Extracting data for different vaccines from HMIS and TECHO+ and calculating percentage vaccine coverage. • Creating data visualizations (Excel charts) for better understanding. • Comparing datasets between HMIS and TECHO+ and preparing presentations for analysis.
Linking theory (Classroom learning) with practice at your organisation	• Applying knowledge of routine immunization schedules to real-world scenarios. • Utilizing skills learned in creating PowerPoint presentations to communicate findings effectively. • Implementing data extraction and analysis techniques learned in the classroom on actual datasets from HMIS and TECHO+. • Integrating theoretical knowledge of vaccine monitoring and waste management into the field visit observations.
Gaps identified on the	

working area.	• Absence of formal attire for ASHA workers in Field site. • Inefficiencies in ice pack preservation compromising vaccine efficacy. • Failure to conduct Gauri Diwas impacting community engagement. • Non-compliance with sanitizer usage protocols posing health risks. • Shortfall in communication practices by ASHA workers affecting information dissemination. • While utilizing both the HMIS and TECHO+ portals, highlighting the need for improvements to enhance user engagement and streamline data management efficiency.
Suggestions for improvement	• Provide formal attire for Anganwadi workers to enhance professionalism. • Improve ice pack preservation methods to maintain vaccine efficacy. • Ensure adherence to cultural observances like Gauri Diwas for community engagement. • Enforce sanitizer usage protocols to maintain hygiene standards. • Provide training for ASHA workers to improve communication practices. • It is beneficial to consider enhancements to the user interface design and functionality of both HMIS and TECHO+. Streamlining navigation pathways, improving data visualization features, and enhancing accessibility options are areas that warrant attention to enhance user experience and overall efficiency.
Plan for the next week	• Work on the Summer Internship Project topic. • Schedule field visits for every Wednesday. • Focus on UNDP and cold chain management of vaccines for further learning and implementation.

ARCHITA JAIN

Signature of the Student

Approved by the IIHMR University's Mentor

DATE: 25-05-2024

WEEKLY REPORT - 3

Name of the Organisation: NATIONAL HEALTH MISSION, GANDHINAGAR, GUJARAT **Area/ Department/ Project of Summer Internship Program:** ROUTINE IMMUNIZATION **Name of the Student:** ARCHITA JAIN

Roll no: 1686 **Stream:** MBA HOSPITAL AND HEALTH MANAGEMENT

Week no: 03 **From: 20- 05-2024** **To: 25-05-2024**

Activity Done	**Visited the UNDP**, observation was recorded of Cold Chain System ,Cold Chain Equipment, Temperature Monitoring Contingency Plans for Emergency situation **During session visit the activities included:** • **Vaccine Availability Assessment:** Confirmed the presence of all vaccines as per the routine immunization schedule, except for BCG. • **ASHA Protocol Adherence**: Noted that ASHA workers effectively conveyed four key health messages in the local language. • **General Medicine Kit Check:** Verified the comprehensive general medicine kit at the site. • **AEFI Kit Preparedness:** Ensured the AEFI kit was fully stocked and well-organized. • **Adherence to Waiting Time**: Observed the strict adherence to the 30-minute post-vaccination waiting period. • **Gaurvi Diwas Activities:** Witnessed dedicated healthcare activities for adolescent girls. • **Availability of Essential Supplies:** Confirmed the availability of mandatory supplies like ORS packets, biomedical waste collectors, sanitizers, and medical instruments. **Visted the Urban Health Centre and noted the Procedures:** Reviewed vaccine carrier system and record-keeping procedures. **Visted the District vaccine store:** Observation was noted for ILR and navigated through E-WIN portal.

Linking theory (Classroom learning) with practice at your organisation	• **Cold Chain Management:** Understanding of cold chain systems (ILR, WIF, WIC) and temperature monitoring was observed in action, ensuring vaccine potency. • **AEFI Management:** Preparedness for adverse events following immunization was observed, reflecting theoretical knowledge on managing AEFI. • **Community Health Communication**: ASHA's adherence to communication protocols aligned with public health communication strategies learned in the classroom. • **Vaccine Logistics and Record Keeping**: Practical observation of meticulous record-keeping and vaccine logistics at the Urban Health Centre reinforced theoretical knowledge on effective vaccine management.
Gaps identified on the working area.	• **Inadequate Seating Arrangements:** Limited seating for patients and caregivers. • **Lack of Amenities:** Absence of drinking water facilities. • **Missing Equipment:** Deficiencies in vaccination kits, including missing ringer lactate, disposable syringes, and adhesive tape. • **Identification and Attire:** ASHA workers not wearing ID cards and formal attire.
Suggestions for improvement	• **Enhance Seating Arrangements:** Provide adequate seating for patients and caregivers to ensure comfort. • **Complete Vaccination Kits:** Ensure all necessary components are included in vaccination kits. • **ASHA Identification and Attire:** Ensure ASHA workers wear ID cards and maintain formal attire to enhance professionalism. • **Designated Vaccination Tables:** Provide designated tables for vaccination kits to improve organization and efficiency.

Plan for the next week	• **U-WIN Portal:** Learn about the U-WIN portal, its functionalities, and data entry processes. • **Finalize Summer Internship Topic:** Select and finalize the summer internship topic. • **Field Visit:** Conduct a field visit every Wednesday to continue practical observations and gather data. • **Report Submission:** Prepare and submit a detailed report on weekly observations and learnings.

ARCHITA JAIN

Signature of the Student

Approved by the IIHMR University's Mentor

DATE: 01-06-2024

WEEKLY REPORT - 4

Name of the Organisation: NATIONAL HEALTH MISSION, GANDHINAGAR, GUJARAT **Area/ Department/ Project of Summer Internship Program:** ROUTINE IMMUNIZATION **Name of the Student:** ARCHITA JAIN

Roll no: 1686 **Stream:** MBA HOSPITAL AND HEALTH MANAGEMENT

Week no: 04 **From: 27- 05-2024** **To: 01-06-2024**

Activity Done	• Data triangulation using TECHO and HMIS for the subdistrict of Chota Udaipur and calculation of percentage coverage, presented in a PPT. • Data triangulation across the district for MR 1 and 2 vaccines. • Preparation of IEC material for the upcoming DPT 2nd booster vaccination campaign.
Linking theory (Classroom learning) with practice at your organisation	• **Data Triangulation:** Applied statistical methods and data analysis techniques learned in the classroom to real-world data using TECHO and HMIS systems. • **Vaccination Coverage Calculation:** Utilized knowledge of public health metrics and vaccination coverage formulas to calculate and present data. • **IEC Material Preparation:** Implemented communication strategies and design principles (7C's of communication) studied in health education courses to create effective IEC materials.
Gaps identified on the working area.	• **Data Quality:** Inconsistencies and gaps in the data reported through TECHO and HMIS systems. • **Coverage Discrepancies:** Variability in vaccination coverage across different regions indicating potential logistical or outreach issues. • **IEC Effectiveness:** Need for more tailored and culturally sensitive IEC materials to better engage the local population.

Suggestions for improvement	• **Data Quality Enhancement:** Implement regular training for data entry personnel to ensure accuracy and consistency in reporting.
	• **Focused Outreach:** Develop targeted intervention strategies for regions with low vaccination coverage, possibly through mobile clinics or special drives. • **IEC Material Customization:** Conduct community surveys to better understand local perceptions and needs, enabling the creation of more effective and relevant IEC materials.
Plan for the next week	• **Finalize IEC Materials:** Complete the revision of IEC materials based on mentor feedback and prepare for distribution in the upcoming DPT 2nd booster vaccination campaign. • **Session Visit**: Field Visit planning for next Wednesday

ARCHITA JAIN

Signature of the Student

Approved by the IIHMR University's Mentor

DATE: 08-06-2024

WEEKLY REPORT - 5

Name of the Organisation: NATIONAL HEALTH MISSION, GANDHINAGAR, GUJARAT **Area/ Department/ Project of Summer Internship Program:** ROUTINE IMMUNIZATION **Name of the Student:** ARCHITA JAIN

Roll no: 1686 **Stream:** MBA HOSPITAL AND HEALTH MANAGEMENT

Week no: 05 **From: 03- 06-2024** **To: 08-06-2024**

Activity Done	• Conducted a field visit to Sector 4 vaccination site. • Assessed operational efficiency and adherence to protocols. • Verified availability of vaccines and supplies. • Observed the administration of vaccinations. • Preparation of IEC material for DPT 2nd booster campaign. • Attended the monthly review meeting.
Linking theory (Classroom learning) with practice at your organisation	• **Vaccination Administration:** Applied theoretical knowledge of vaccination schedules and protocols to ensure correct administration. • **Equipment Management:** Utilized classroom learning on the use and maintenance of vaccination equipment, such as disposal bins, needle cutters, and ice packs. • **Communication Skills:** Implemented knowledge on effective communication to deliver key messages about vaccination benefits in IEC material preparation. • **Policy Implementation:** Ensured adherence to the BCG open vial policy and other vaccination guidelines.
Gaps identified on the working area.	• **ASHA Worker Training:** Identified a gap in ASHA worker knowledge, specifically regarding IFA dosage. • **Adrenaline Dose Sheet:** Noted the absence of an adrenaline dose sheet behind the AEFI kit. • **Ice Pack Issues:** Found one of the four ice packs was insufficiently filled. • **Professional Attire:** Observed ASHA worker not wearing ID card and formal attire. • **Cleanliness:** Noticed lack of cleanliness at the

	vaccination site. • **IEC Material Preparation:** Identified the need for preparation and modification of IEC materials for DPT 2nd booster.
Suggestions for improvement	• **Enhanced Training:** Provide targeted training sessions for ASHA workers on IFA dosage and other critical areas. • **Update Kits:** Ensure adrenaline dose sheets are attached behind AEFI kits and included in regular inspections. • **Equipment Checks:** Regularly inspect ice packs and vaccine carriers to ensure proper maintenance and storage. • **Professional Standards:** Implement a policy requiring ASHA workers to wear ID cards and formal attire during sessions. • **Cleanliness Protocol:** Establish and enforce a cleanliness protocol for the vaccination site. • **IEC Material Development:** Prioritize the preparation and timely updating of IEC materials for upcoming vaccinations Campaign, particularly for the DPT 2nd booster.
Plan for the next week	• **IEC Material Preparation:** Develop and update IEC materials for the DPT 2nd booster and other upcoming vaccination sessions. • **Work on Summer internship report**

ARCHITA JAIN

Signature of the Student

Approved by the IIHMR University's Mentor

DATE : 15-06-2024

WEEKLY REPORT - 6

Name of the Organisation: NATIONAL HEALTH MISSION, GANDHINAGAR , GUJARAT **Area/ Department/ Project of Summer Internship Program:** ROUTINE IMMUNIZATION **Name of the Student:** ARCHITA JAIN

Roll no: 1686 **Stream:** MBA HOSPITAL AND HEALTH MANAGEMENT

Week no: 06 **From: 10- 06-2024** **To: 15-06-2024**

Activity Done	• Conducted a field visit to Ambapur, Koba vaccination site. • Assessed operational efficiency and adherence to protocols. • Verified availability of vaccines and supplies. • Observed the administration of vaccinations. • Completed Poster for university on the topic "Strengthening the TD vaccination in Gujarat". • Made 2 google forms for both monitoring and house-to-house monitoring and was circulated to liaisons officers.
Linking theory (Classroom learning) with practice at your organisation	• **Vaccine Management**: Understanding the logistics of vaccine storage and administration aligns with classroom teachings on immunization programs. • **Emergency Preparedness**: Maintaining a well-stocked AEFI kit demonstrates practical application of emergency response training. • **Monitoring and Evaluation**: The use of Mamta cards and daily data entry into the TECHO platform showcases the implementation of health informatics and data management skills. • **Public Health Campaigns**: Observance of Gaurvi Diwas and active community engagement activities align with public health promotion theories.
Gaps identified on the working area.	• Inadequate seating arrangements • Amenities like drinking water • Absence of designated tables for vaccination kits • ASHA was not wearing id card and formal attire • Ice packs were frozen completely • Old version of vaccine carriers were used

Suggestions for improvement	• **Seating Arrangements**: Provide adequate seating for patients and staff.
	• **Drinking Water**: Ensure availability of clean drinking water. • **Designated Tables**: Set up specific tables for organizing vaccination kits. • **ASHA's Attire**: Ensure ASHA workers wear ID cards and formal attire for better identification and professionalism. • **Ice Pack Management**: Properly manage ice packs to avoid complete freezing. • **Upgrade Vaccine Carriers**: Replace old vaccine carriers with new, efficient models.
Plan for the next week	• **TD Vaccination Campaign**: Attend and monitor the activities of the TD vaccination campaign. • **Observation**: Observe the procedures and work conducted during the 3-day campaign. • **Monitoring**: Evaluate the effectiveness and adherence to protocols during the campaign.

ARCHITA JAIN

Signature of the Student

Approved by the IIHMR University's Mentor

DATE : 22-06-2024

WEEKLY REPORT - 7

Name of the Organisation: NATIONAL HEALTH MISSION, GANDHINAGAR , GUJARAT **Area/ Department/ Project of Summer Internship Program:** ROUTINE IMMUNIZATION **Name of the Student:** ARCHITA JAIN

Roll no: 1686 **Stream:** MBA HOSPITAL AND HEALTH MANAGEMENT

Week no: 07 **From: 17- 06-2024** **To: 22-06-2024**

Activity Done	• Attended TD/DPT 2nd Vaccination Campaign • Displayed IEC Materials • Participated in SFTI Meeting
Linking theory (Classroom learning) with practice at your organisation	• Implemented communication strategies learned in classes to effectively convey health information during the campaign. • Utilized logistical and organizational skills acquired in educational settings to facilitate efficient distribution.
Gaps identified on the working area.	• There is a lack of structured feedback collection from campaign participants and beneficiaries, hindering continuous improvement efforts. • Opportunities for ongoing professional development and training in areas such as public health management and communication are limited, potentially impacting campaign effectiveness.
Suggestions for improvement	• Implement a systematic approach to gather feedback from stakeholders, including participants and beneficiaries. • Provide regular training sessions and workshops focused on public health management, communication skills, and campaign planning.
Plan for the next week	• Attend the polio campaign activities to monitor operations and address any immediate challenges.

ARCHITA JAIN

Signature of the Student

Approved by the IIHMR University's Mentor

DATE : 29-06-2024

WEEKLY REPORT - 8

Name of the Organisation: NATIONAL HEALTH MISSION , GANDHINAGAR , GUJARAT **Area/ Department/ Project of Summer Internship Program:** ROUTINE IMMUNIZATION **Name of the Student:** ARCHITA JAIN

Roll no: 1686 **Stream:** MBA HOSPITAL AND HEALTH MANAGEMENT

Week no: 08 **From: 24- 06-2024** **To: 29-06-2024**

Activity Done	• Field visit at nearby kudasan block • Verified the availability of vaccines as per the routine immunization schedule. • Observed ASHA conveying four key messages effectively in the local language. • Monitored the strict adherence to a 30-minute post-vaccination waiting period. • Ensured the due list was present and regularly updated.
Linking theory (Classroom learning) with practice at your organisation	• Applied training from classroom sessions to real-world scenarios, such as ASHA protocol adherence and AEFI kit preparedness.
Gaps identified on the working area.	• Inadequate seating arrangements • ASHA was lacking knowledge about the vaccination. • Ice packs were frozen • No refresher training were given to ANM and ASHA.
Suggestions for improvement	• Conduct regular training sessions to enhance ASHA's knowledge about vaccinations. • Ensure proper conditioning of ice packs.

Plan for the next week	• Compiled report completion

ARCHITA JAIN

Signature of the Student

Approved by the IIHMR University's Mentor

Compiled Report

Name of the Organisation: NATIONAL HEALTH MISSION, GANDHINAGAR, GUJARAT **Area/ Department/ Project of Summer Internship Program:** ROUTINE IMMUNIZATION **Name of the Student:** ARCHITA JAIN

Roll no: 1686 **Stream:** MBA HOSPITAL AND HEALTH MANAGEMENT

Activity Done	• Monitored field visits to different sites every Wednesday for 8 weeks, observation of Mamta Sessions, on how they are being conducted and identification of gaps. • Studied a research paper on pertussis in Amereli district, Gujarat, and created a PowerPoint presentation summarizing key findings. • Acquired knowledge of routine immunization schedules • Learned about the data triangulation from HMIS/TECHO+ portals and presented it to the mentor. • Reviewed and created presentations on topics such as pertussis outbreak investigations and vaccine coverage using HMIS and TECHO+ data. • Assessed Vaccine Cold Chain Systems, Equipment, and Temperature Monitoring, Contingency Plans at UNDP visits. • Prepared IEC materials for vaccination campaigns Td10 and Td 16 and created monitoring forms for field operations. • Prepared poster on the topic "Strengthening Adolescent Td Immunization Coverage in Gujarat" and displayed my findings. • Throughout my internship learned about the program planning, implementation and execution of the resources available. • I attended review meetings of the department and observed how tasks were being delegated.

Linking theory (Classroom learning) with practice at your organisation	• Applied knowledge of health programs and evaluation from classroom learning to real-world field visits, identifying gaps and assessing program implementation effectiveness. • Utilized research methods and data analysis techniques learned in academia to critically review a research paper, synthesize findings, and present them effectively. • Applied theoretical understanding of immunization schedules from coursework to practical settings, ensuring alignment with national health guidelines. • Implemented data triangulation methods learned in statistics and data management classes to analyse data from HMIS and TECHO+ portals, providing comprehensive insights during presentations. • Transferred skills in epidemiology and public health communication from classroom learning to develop presentations that effectively convey complex data and findings. • Applied knowledge of vaccine cold chain management and logistics from classroom lessons to real-world assessments, ensuring proper vaccine storage and handling. • Utilized principles of health communication and program management from academic learning to develop effective IEC materials and monitoring tools for vaccination campaigns. • Applied research and presentation skills from academic projects to create and present a poster, effectively communicating strategies to strengthen immunization coverage. • Integrated theoretical knowledge of health program planning and resource management with practical experience in the field, enhancing understanding of program execution. • Observed principles of organizational behaviour and management learned in the classroom being applied in real-world settings, gaining insights into effective task delegation and team coordination.

Gaps identified on the working area.	• Lack of HBNC Register and Insufficient Training: Lack of HBNC registers at site and insufficient training on Adverse Events Following Immunization (AEFI) for female health workers. • Vaccine Storage Issues: Limited ice boxes and inadequate space for vaccine storage, leading to storage problems and compromising vaccine efficacy. • Non-Compliance with Attire Protocols: ASHA workers not wearing ID cards or formal attire, affecting professional appearance. • Inadequate Facilities: Insufficient seating arrangements, lack of amenities such as drinking water, and absence of designated tables for vaccination kits. • Technological Integration: Lack of electronic or technological integration, such as underutilization of electronic Mamta cards and mobile messaging platforms for timely communication. • Inefficient Communication Practices: Shortfall in communication practices by ASHA workers, impacting information dissemination and community engagement. • Data Management Issues: Inconsistencies and gaps in data reported through TECHO and HMIS systems, indicating the need for improvements to enhance user engagement and streamline data management efficiency. • IEC Material and Training Needs: Need for more tailored and culturally sensitive IEC materials, and refresher training for ANM and ASHA workers. • Absence of Gauri Diwas Activities: Failure to conduct Gauri Diwas, impacting community engagement and participation. • Sanitizer Usage and Cleanliness: Non-compliance with sanitizer usage protocols and lack of cleanliness at vaccination sites, posing health risks. • Missing Equipment and Preparedness: Deficiencies in vaccination kits, including missing ringer lactate, disposable syringes, adhesive tape, and the absence of an adrenaline dose sheet behind the AEFI kit at some site.

	• Coverage Discrepancies: Variability in vaccination coverage across different regions, indicating potential logistical or outreach issues. • Old Equipment: Use of outdated vaccine carriers and insufficiently filled ice packs, impacting vaccine storage and handling. • Professional Development: Limited opportunities for ongoing professional development and training in areas such as public health management and communication, potentially impacting campaign effectiveness. • Lack of Structured Feedback: Absence of structured feedback collection from campaign participants and beneficiaries, hindering continuous improvement efforts. • Lack of designated team for IEC development.
Suggestions for improvement	• Training of Female health workers on AEFI: There should be thorough training sessions for the healthcare workers to understand and respond well to the Adverse Events Following Immunization (AEFI) for safe vaccination. • Strict implementation of dress codes for ASHA workers: The policies should be strict for ASHA workers to have an ID card and be in formal attire when on duty at vaccination sessions to boost professionalism and identification. • Create more vaccine storage space: This will involve the expansion of existing storage facilities or making more room within the vaccination centres for keeping more vaccines to ensure proper storage conditions are adhered to. • Make full use of electronic Mamta cards: The electronic Mamta cards should be utilised to track and manage maternal and child health records to achieve minimal paperwork and increase data accuracy. • Use messaging through mobile platforms for the distribution of vaccination scheduling: Utilize mobile technology in the communication of timely and relevant information on vaccination schedules, places

	for vaccination, and any other updates concerning the vaccinations to be used by the beneficiaries to make the program more accessible and better observed. • Sanitizer usage protocol: It is now essential to enforce strict guidelines for health workers on hand sanitiser usage to meet set hygiene standards and prevent cross-contamination. • Training in communication skills to ASHA workers: This will enable the dissemination of information and interaction with community members during vaccination campaigns. • Enhance HMIS and TECHO+ user interface: To bring in changes and improvements in both design and functionality for HMIS and TECHO+ interfaces, suitable enough to provide smooth user experiences in processes. • Ensure there are enough places to sit for patients and their caregivers: Ensure there are enough provisions for seating at vaccination centres to minimize discomfort, enabling patients and their caregivers to wait through the vaccination processes. • Ensure complete vaccination kits are readily available: Inspect and retain in readiness all essential components of the kits, namely syringes, needles, and medications, so that each vaccination session may begin promptly and proceed without delays or lack of vaccines. • Organize regular training for data entry personnel: Organize refresher training from time to time for the data entry personnel so that they can be able to input data into HMIS and TECHO+ accurately and consistently without any discrepancies, thus improving the quality and credibility of the data. • Design focused intervention plans for low-coverage areas: Develop targeted specific strategies to increase vaccination coverage in low-coverage or underserved pockets through mobile clinics, community outreach, or even specialized drives.

	• Develop IEC material according to community survey: Develop IEC according to community surveys based on the preferences and needs of the community to make them effective in increasing vaccination awareness. • Training sessions on the dose of IFA and other critical areas: Focused training will be imparted to the healthcare worker in the critical areas including the component Iron and Folic Acid (IFA) supplementation would be uniform and assured correct. • Prepare and update IEC materials for upcoming vaccination campaigns to make them current and applicable to the target audience. • Replace old vaccine carriers with new models: Replace vaccine carriers, with new that offer optimal transportation and storage conditions for the vaccines during extreme heat conditions. • Gather feedback from stakeholders: Develop formalized mechanisms to collect feedback from participants, beneficiaries, and stakeholders who were involved in the vaccination campaigns to highlight improvement areas and ensure that programs are effective. • Regular training sessions on vaccinations for ASHA workers: There should be frequent training programs that focus on vaccination what it is, its process, updates, and best practices for the ASHA workers so that they are confident and proficient in doing vaccination outreach. • Ice packs: Protocols and guidelines need to be there for proper conditioning and storage of ice packs used for transporting and storing vaccines so that their effectiveness and reliability can be assured.

	• Inadequate training of female health workers in AEFI Addresses the training gap by providing specific and adequate sessions of training for the recognition and management of Adverse Events Following Immunization (AEFI) female health workers. • Addressing inequities in vaccination coverage across different geographical zones: Investigate and address the factors explaining these variations in vaccination coverage by targeting specifically identified interventions and, lastly, enhanced logistical planning.

ARCHITA JAIN

Signature of the Student

Approved by the IIHMR University's Mentor