# INTERNSHIP

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# 1. INTRODUCTION

Immunization is a cornerstone of public health, playing a critical role in reducing morbidity and mortality from vaccine-preventable diseases. In India, the Universal Immunization Programme (UIP) seeks to ensure equitable vaccine access across rural and urban populations. However, urban slum and migratory populations often remain underserved due to weak health infrastructure, social exclusion, and lack of community engagement.

With Bihar being one of the states facing immunization coverage gaps, especially in urban settlements, development partners such as John Snow India (JSI) are supporting efforts to identify and close these gaps. The state's Urban Routine Immunization (RI) strategy seeks to address these disparities through focused microplanning, community mobilization, and use of innovative behavior change communication tools.

This internship report presents a detailed account of my two-month field placement with JSI Bihar. The internship provided me with immersive exposure to the health delivery ecosystem and enabled me to understand operational challenges, community perceptions, and programmatic bottlenecks affecting routine immunization services. The experience also supported my dissertation research on disparities in immunization coverage across different urban health facilities.

## 2. OBJECTIVES OF INTERNSHIP

The internship was structured to blend academic learning with hands-on public health practice. My key objectives were:

- To understand the operational framework and ground-level execution of Urban Routine Immunization in Bihar.
- To support field-level monitoring and reporting of immunization sessions (both fixed and outreach).
- To participate in community engagement initiatives including MAS meetings and male caregiver outreach.
- To review and document the implementation and feedback of IEC/BCC materials developed under the Zero Dose Learning Agenda (ZDLA).
- To identify key barriers and enablers to full immunization coverage, particularly in low-performing UPHCs.
- To contextualize and support the primary data collection process for my dissertation through immersive field interaction.
- To strengthen skills in qualitative data collection, field reporting, stakeholder communication, and evidence-based documentation.

These objectives were aligned with both the academic requirements of my MBA-HHM program and the strategic goals of JSI's immunization support activities in Bihar.

## 3. ORGANIZATIONAL PROFILE

John Snow India (JSI) is a leading public health organization working to improve the health and well-being of vulnerable and underserved populations in India. As an affiliate of JSI Research & Training Institute, Inc., USA, JSI India leverages global expertise and local insights to implement data-driven, community-responsive public health solutions.

JSI has played a vital role in various domains such as:

- Routine Immunization and Zero Dose Learning Agenda (ZDLA)
- Urban Health and Health System Strengthening
- Maternal, Newborn, and Child Health (MNCH)
- Supply Chain and Vaccine Logistics
- Strategic Behavior Change Communication
- Health Data Systems and Technology Solutions

In Bihar, JSI serves as a key technical partner to the State Health Society and urban local bodies, particularly under the Urban Immunization Strategy. The organization supports frontline health worker (FLW) capacity building, session monitoring, microplanning reviews, and rollout of innovative IEC/BCC materials. Its work under the ZDLA initiative focuses on community engagement strategies to reach zero-dose children and marginalized families.

JSI's approach emphasizes evidence-based decision-making, participatory planning, and continuous adaptive learning to ensure scalable and sustainable impact.

## 4. SERVICES PROVIDED BY THE ORGANIZATION

John Snow India operates through a multidimensional framework, offering the following services to support public health programs:

### A. Technical Assistance in Routine Immunization

JSI supports state and district health departments in planning, executing, and evaluating routine immunization services, especially in urban slums and underperforming areas. Their role includes microplanning validation, session site observation, and supportive supervision.

### B. Community Mobilization and Behaviour Change

The organization facilitates community mobilization through Mahila Arogya Samitis (MAS), youth groups, and male engagement forums. It also conducts interpersonal communication sessions with caregivers to promote positive health behaviors and vaccine acceptance.

### C. Development and Dissemination of IEC/BCC Tools

Under the Zero Dose Learning Agenda, JSI has designed flipbooks, flyers, chequebooks, and digital storyboards tailored to urban low-literacy audiences. These tools aim to strengthen community understanding and dispel vaccine-related myths.

### D. Capacity Building of FLWs

JSI conducts structured training for ASHAs, ANMs, AWWs, and Urban Health Coordinators on immunization protocols, data reporting, IPC skills, and session readiness. These efforts are crucial in improving frontline service delivery.

### E. Data Systems and Monitoring

Through KOBO Toolbox and other digital platforms, JSI enables real-time data collection and visualization. This helps track zero-dose children, monitor session quality, and identify implementation gaps.

### F. Urban Health Governance Support

The organization collaborates with Urban Local Bodies (ULBs) to align municipal resources and services with the immunization program. It advocates for accountability mechanisms, joint review meetings, and participatory planning.

## 5. KEY ACTIVITIES / PROJECTS UNDERTAKEN OTHER THAN DISSERTATION

During the internship, I was actively involved in multiple on-ground activities across urban Patna and Nalanda to support and enhance routine immunization services. These engagements were pivotal in translating theoretical knowledge into field-based practice. The key activities are detailed below:

### A. Monitoring of Routine Immunization Sessions

I conducted field monitoring visits to various UPHCs and outreach session sites, including fixed sites like Kamla Nagar and outreach locations such as Kurwa Mohalla. Each session visit focused on evaluating infrastructure, service delivery, staff presence, vaccine availability, documentation practices, and caregiver satisfaction. Discrepancies observed were discussed with the ANMs and ASHAs on-site and reported using KOBO Collect forms. These observations helped highlight operational gaps such as absence of blood pressure monitoring tools, improper biomedical waste disposal, and missing ANM kits.

### B. Documentation and Facilitation of MAS Meetings

I facilitated and documented Mahila Arogya Samiti (MAS) meetings at UPHC Shastri Nagar and Daudpur Bagicha. These meetings served as platforms for community women to voice concerns, receive health information, and co-create strategies for better service uptake. Key issues discussed included birth spacing, child vaccination reminders, and sanitation improvements. The MAS register was used to track activities and follow-up plans. Through these meetings, I gained insights into how empowered community groups can influence health-seeking behavior.

### C. Conduct of Fathers' Engagement Meetings

One of the most innovative components of the internship was organizing and supporting Fathers' Meetings in Chandani Mohalla. These meetings aimed to engage male caregivers in discussions around child immunization. Topics included the role of fathers in ensuring timely vaccination, debunking myths about vaccines, and promoting shared household responsibility for child health. These meetings proved instrumental in reaching zero-dose households and reducing male-driven refusal cases.

**D. Review of IEC/BCC Tools and Feedback Collection**

I evaluated the usability and impact of behavior change communication materials such as flipbooks, flyers, and the immunization chequebook. I conducted short interviews with ASHAs and caregivers to understand their interpretation of the messages. It was found that the flipbooks were underutilized due to lack of training, and the chequebooks were often misunderstood due to their financial connotation. This led to suggestions for simplifying language and improving imagery in future designs.

**E. House-to-House Mobilization and Interaction**

As part of community engagement, I accompanied ASHAs on home visits in areas with high zero-dose populations. These visits revealed resistance due to prior negative experiences, misinformation about vaccine side effects, and inconsistent follow-up by health workers. We addressed caregiver doubts through dialogue, presented flyers, and coordinated return visits for vaccination.

**F. Coordination with Urban Local Bodies and UWIN Data Entry**

I participated in review meetings involving Urban Local Bodies (ULBs), where discussions focused on service delivery improvement and coordination for outreach sessions. I also observed how UWIN portal data entry was managed at the UPHC level and the challenges faced in real-time tracking of children’s immunization status.

## 6. RELEVANCE TO DISSERTATION STUDY

The internship experience strongly reinforced the objectives of my dissertation titled: "A Comparative Study on Full Immunization Coverage in High-Performing and Low-Performing UPHCs in District Patna." Through extensive field observations, interviews, and data collection, I was able to contextualize the quantitative findings from my dissertation.

- **Comparative Analysis**: By visiting both high-performing and low-performing UPHCs, I witnessed first-hand the operational factors influencing coverage. For example, while Sandalpur had sufficient manpower and high turnout, sites like Kankarbagh faced frequent absenteeism and low turnout.
- **Understanding Systemic Barriers**: Field engagement highlighted real bottlenecks such as inadequate vaccine stock, unmotivated staff, and lack of session preparedness that contributed to poor coverage.
- **Community Behavior Insights**: The internship allowed me to qualitatively understand how socio-economic status, gender roles, and misinformation contribute to immunization refusal or dropout.
- **Microplanning Linkages**: I observed the practical utility of microplans in guiding field activities, and how inaccuracies in population estimates or settlement mapping led to coverage gaps.
- **KOBO Data Collection**: My work with KOBO enabled me to validate secondary data by collecting primary evidence from the field, thus strengthening the reliability of my research findings.

This practical exposure enhanced the analytical depth of my dissertation and provided a richer understanding of the policy-to-practice disconnect.

## 7. KEY LEARNINGS FROM INTERNSHIP

My internship journey was deeply enriching, both personally and professionally. The following were the key takeaways:

**A. Field-Based Learning**

- Gained direct exposure to how routine immunization is implemented in urban Bihar.
- Understood the complexity of scheduling, logistics, and service delivery at the last mile.
- Realized the importance of adaptability in fieldwork when facing community-level resistance or session cancellations.

**B. Communication and Interpersonal Skills**

- Improved my ability to communicate health messages during community interactions.
- Learned how to respectfully navigate sensitive topics like vaccine fear and reproductive health in conservative communities.
- Developed confidence in facilitating discussions during MAS and fathers' meetings.

**C. Data Handling and Reporting**

- Learned the usage of KOBO Toolbox for structured data collection.
- Developed skills in documenting qualitative field insights and synthesizing them into actionable summaries.
- Understood how real-time data helps in monitoring program performance and improving accountability.

**D. Strategic Thinking**

- Understood the systemic interdependence between FLWs, ULBs, and health facilities.
- Identified areas for improvement and recommended solutions grounded in field realities.

- Appreciated the value of behavior change communication as a complement to service provision.

**E. Professionalism and Ethics**

- Maintained a respectful, ethical, and inclusive approach while engaging with diverse stakeholders.
- Honed my skills in time management, adaptability, and collaboration.
- Strengthened my commitment to public health equity and community empowerment.

## 8. SUGGESTIONS AND RECOMMENDATIONS

Based on my observations, I propose the following suggestions for improving urban immunization services:

**A. Infrastructure and Logistics**

- Ensure regular vaccine availability, especially RVV, Vitamin A, and birth doses.
- Provide ANMs with necessary equipment such as BP monitors, MUAC tapes, and functional hub cutters.
- Improve cold chain maintenance at UPHCs with backup power supply and regular checks.

**B. Human Resources and Capacity Building**

- Address FLW absenteeism by ensuring timely incentive payments and performance recognition.
- Conduct refresher training for ANMs and ASHAs on interpersonal communication, side effect management, and session protocols.

**C. Community Engagement**

- Institutionalize fathers' meetings on a quarterly basis with support from ULBs.
- Expand MAS roles to include home-based follow-up and zero-dose tracking.
- Include religious and local influencers in immunization campaigns to reduce resistance.

**D. Strengthening IEC/BCC Tools**

- Redesign immunization chequebooks with larger visuals and localized messages.
- Introduce ASHA-friendly digital BCC apps with storytelling features and FAQs.
- Conduct periodic assessments of IEC tool effectiveness through community feedback.

**E. Monitoring and Supervision**

- Establish district-level dashboard monitoring systems for zero-dose tracking.
- Encourage third-party audits and community scorecards for accountability.

## 9. CONCLUSION

The internship with John Snow India offered me a rich and transformative learning experience that bridged academic training with on-ground public health practice. I gained a multidimensional understanding of routine immunization programming in urban settings, with a focus on equity, efficiency, and engagement.

Through structured supervision, community meetings, data collection, and IEC review, I learned how immunization outcomes are shaped not just by medical supplies, but also by frontline efforts, community behavior, and systemic support.

This journey reaffirmed my aspiration to work in public health implementation and policy. It equipped me with the tools, confidence, and insight needed to contribute meaningfully to health systems strengthening and community-centered solutions.