



SIMPLICITY IN SOLUTIONS

Demonstrating how simple tools can enhance uptake of vaccines

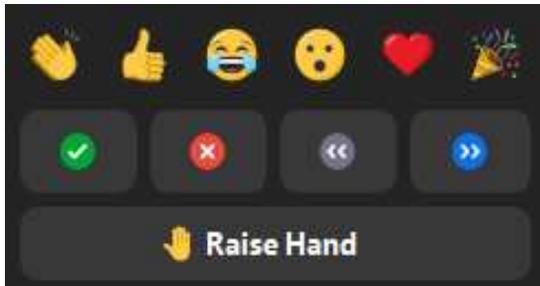
November 3, 2021



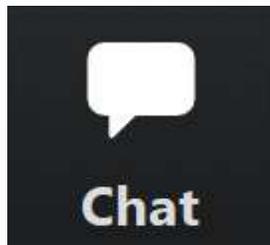
WELCOME & LOGISTICS



Please **mute yourself** (when not speaking) to limit background noise and feedback



Use the **Reactions button** at the bottom of your screen to **Raise your hand** during the session (if you want to speak).



You can engage in dialogue with your peers and workshop facilitators through the **Chat button** at the bottom of your screen



THE BOOST COMMUNITY

A global community where **immunization professionals connect, learn and lead.**



Connect

with fellow immunization peers and experts through virtual small groups or at face-to-face events



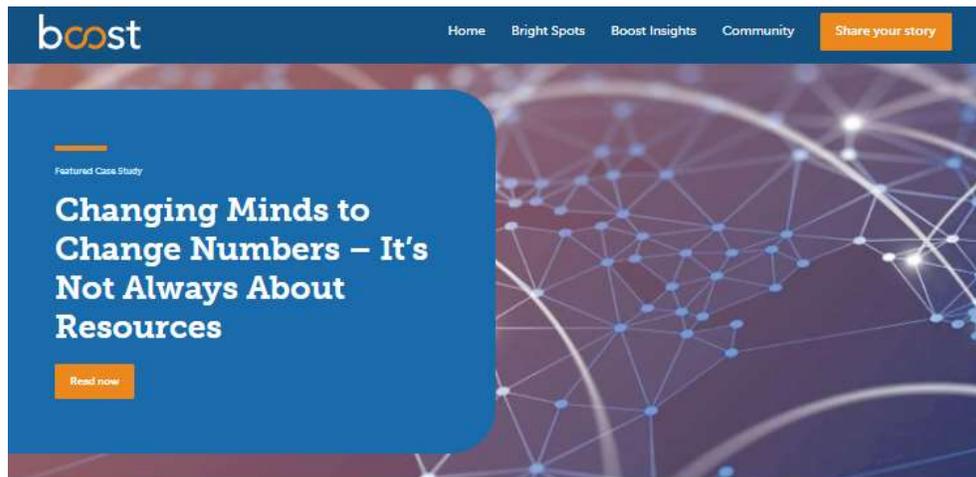
Learn

skills that build capacity and advance careers through Boost's peer and expert-led trainings and curated news section, sorted by topic



Lead

Immunization programs in any circumstance, including challenging contexts, with support from Boost's foundational practice of adaptive leadership



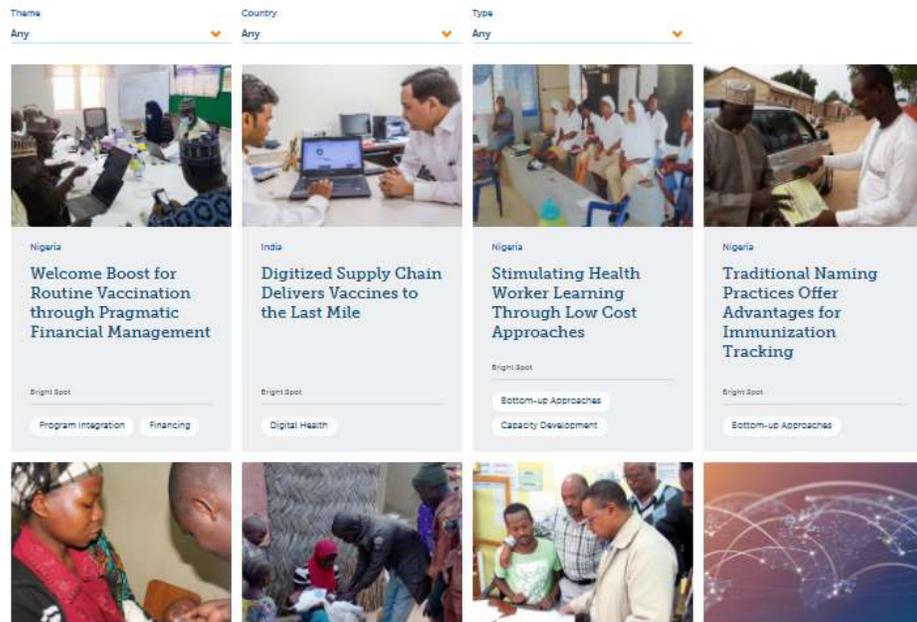
BRIGHT SPOTS

From engaging with religious leaders to improving supply chain to reach the last mile, there is innovation occurring at all levels of the system.

Bright Spots shine a light on the work that is happening on the ground and inspire immunization professionals everywhere to learn, adapt and take action in their own communities.

Collectively, we have more than **25 stories from 10 countries** occurring at the regional, district or facility level.

The **third round of Bright Spots** just closed, and we look forward to bringing you more stories by the end of the year.



<http://brightspots.boostcommunity.org>

Background of Immunization Programme in India

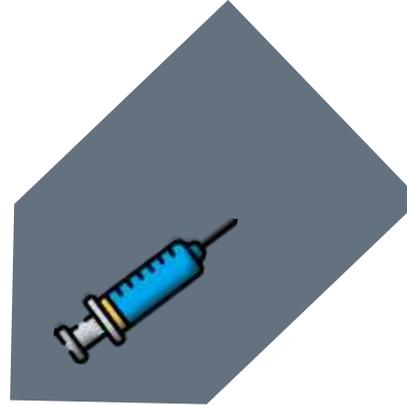
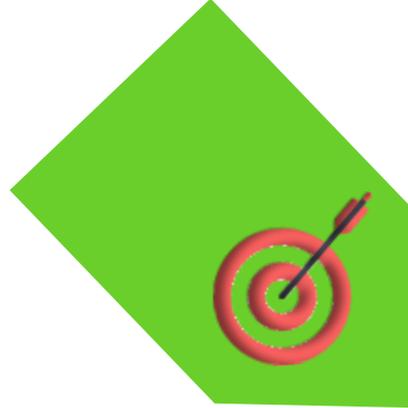
- Immunization Programme in India was introduced in 1978 as Expanded Programme of Immunization (EPI)
- The programme gained momentum in 1985 and was expanded as Universal Immunization Programme (UIP)
- Currently, under Universal Immunization Programme, Government of India is providing vaccination to prevent 12 vaccine preventable diseases i.e. Hepatitis-B, H-Influenza-B, Tuberculosis, Diphtheria, Pertussis, Tetanus, Japanese Encephalitis, Polio, Rotavirus diarrhoea, Pneumonia, Measles and Rubella.

Universal Immunization Programme

(Scope and Scale)

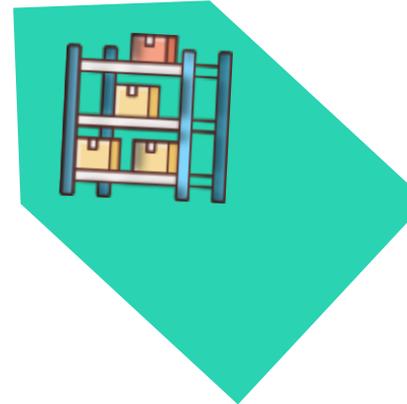
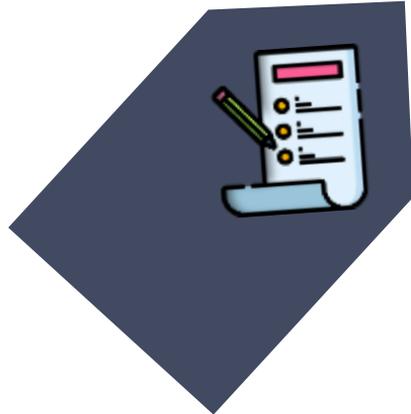
One of the largest Public Health Programmes

Annual target
2.67 crore newborns;
2.9 crore pregnant women



Vaccine against VPDs
10 nation wide;
2 sub-nationally (JE, PCV)

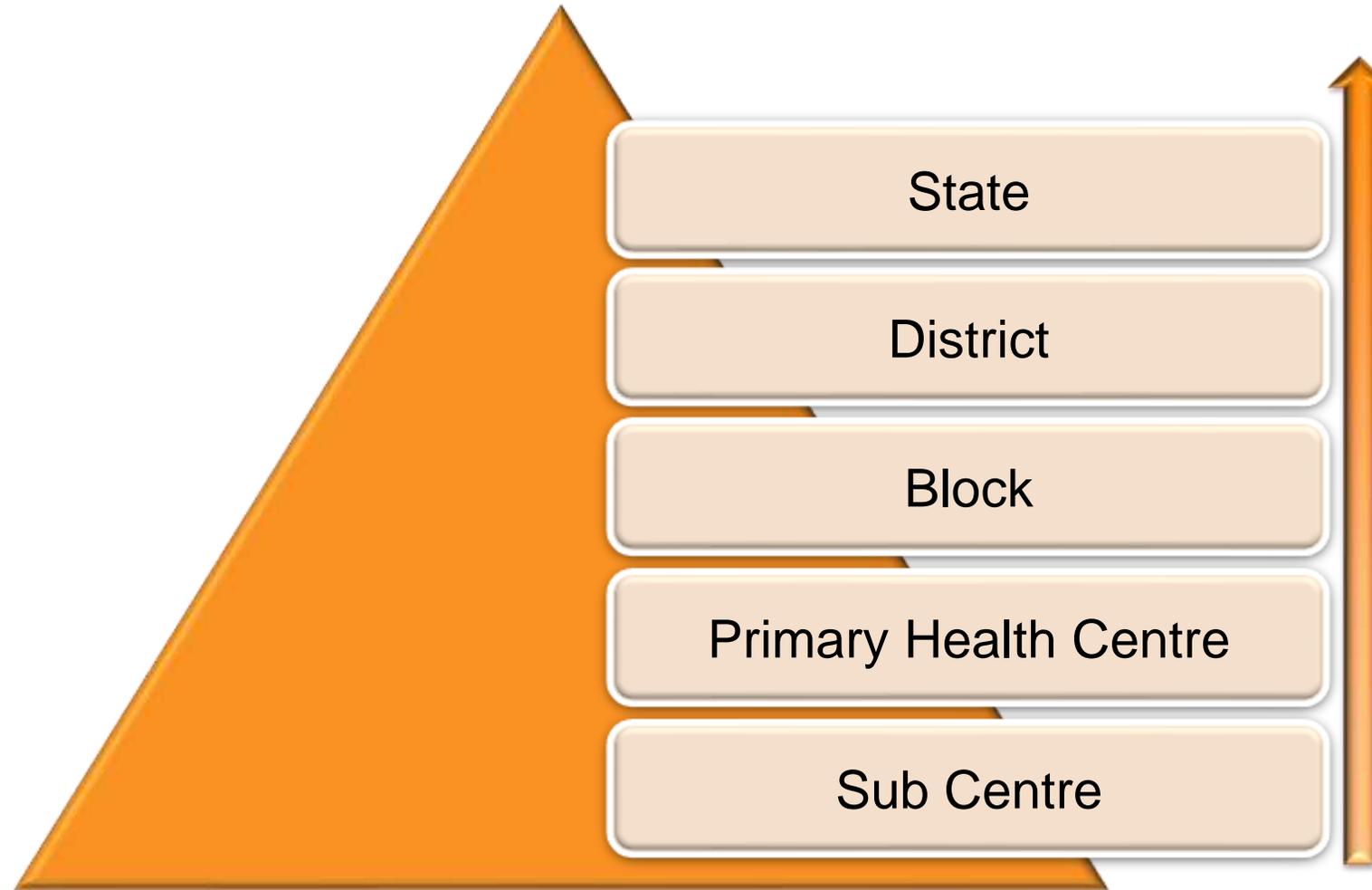
~1.2 crore sessions
planned per year



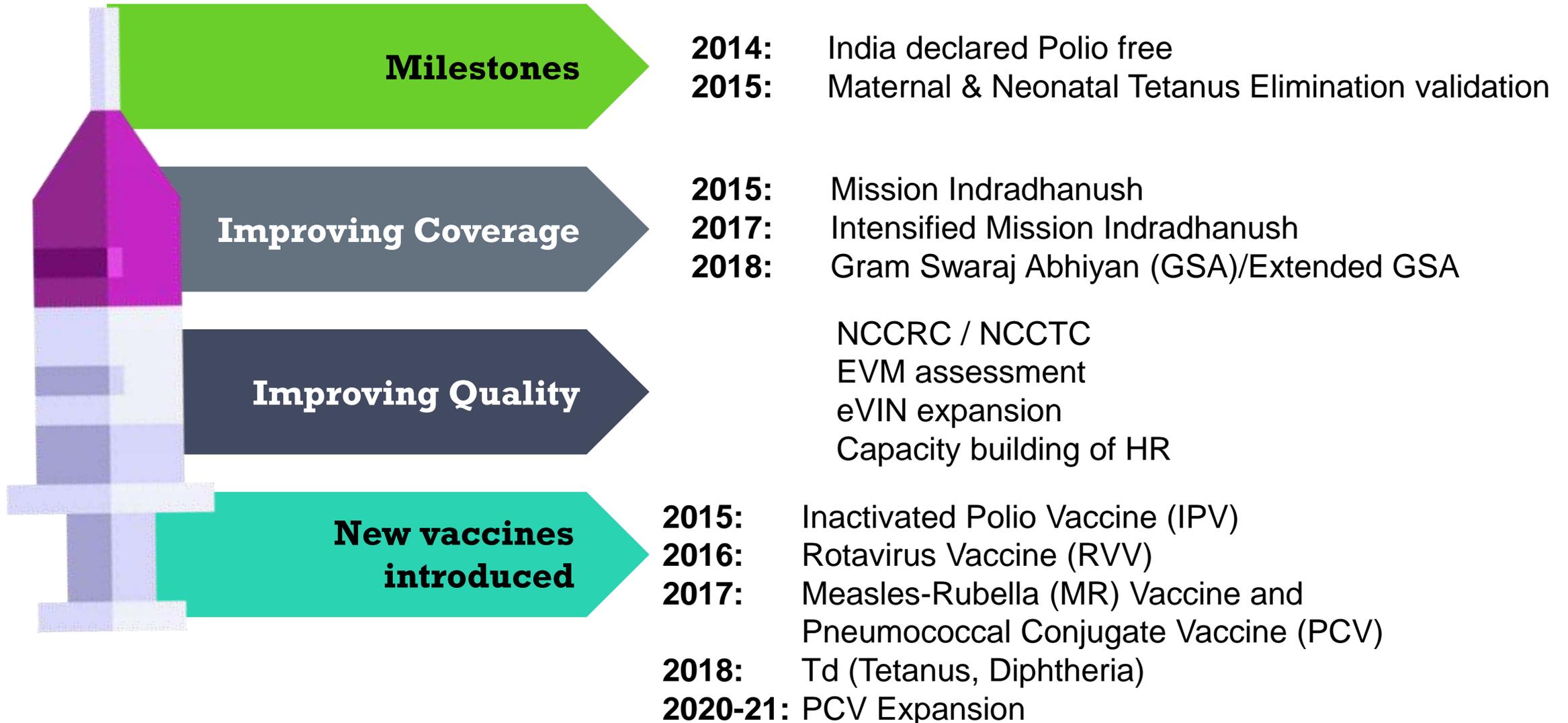
~29,000 cold chain points
for storage and
distribution of vaccines

Make in India: Largest vaccine manufacturing capacity in the world

Level of the IMMUNIZATION System



Rapidly Changing Landscape of Universal Immunization Programme



Monumental Milestones Achieved

On 14th July 2016, WHO certified India for eliminating maternal and neonatal tetanus



On 27th March 2014, South-East Asia Region of WHO, including India, certified POLIO-FREE





Lots of innovations have been done under RI program in India to improve the coverage. One such best practice shared here is from the **Mandi** district, **Himachal Pradesh**

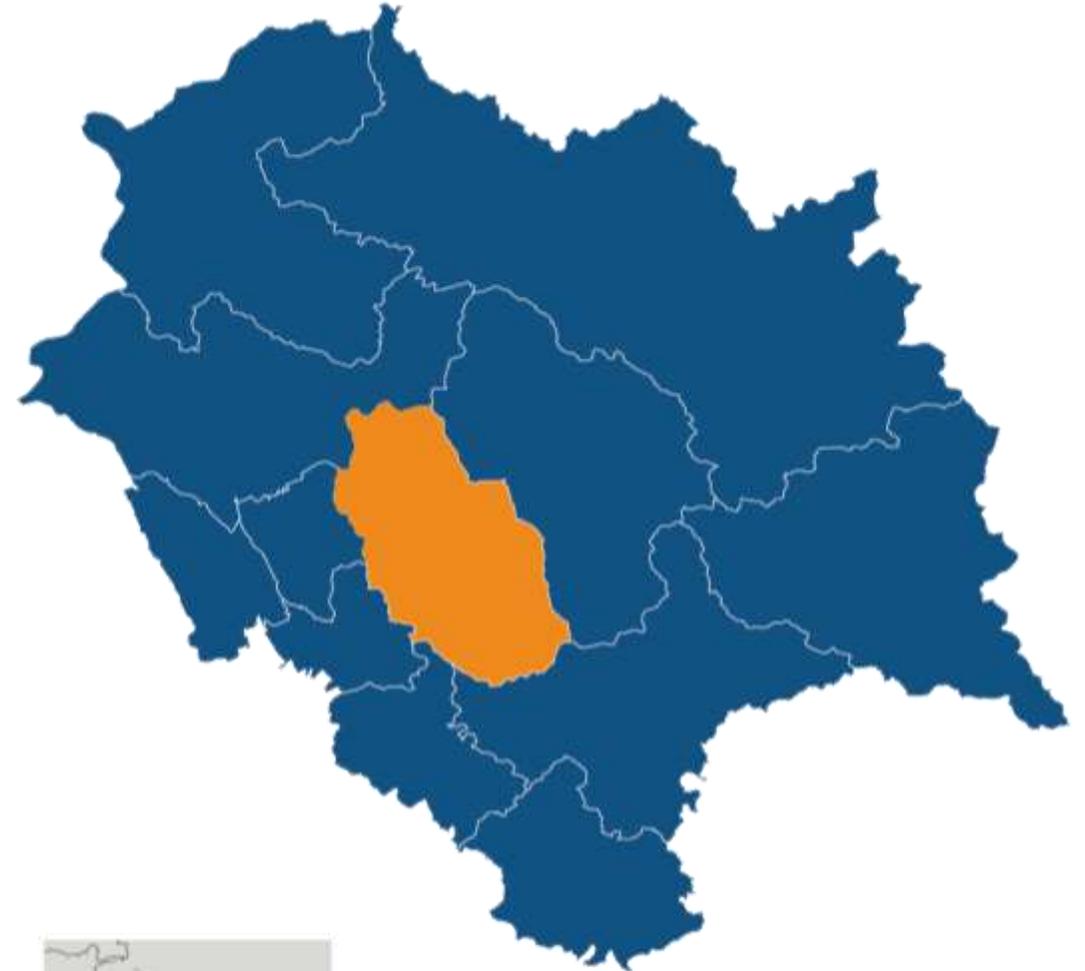


Use of Tracking Bags

Himachal Pradesh

Background

- A best practice from Northernmost state of India– Himachal Pradesh
- Within this mountainous region lies Saroa, a village in Bagsaid Block of Mandi District.
- Health Sub-Center, which caters to a population of just over three thousand people.



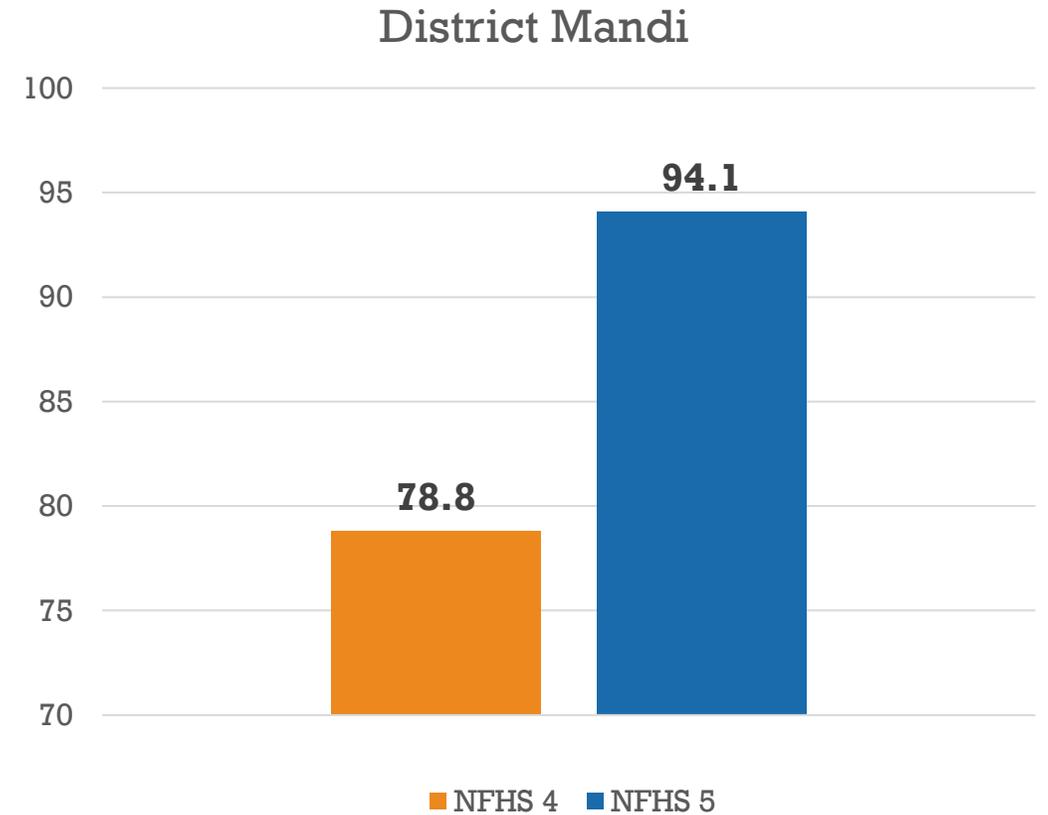
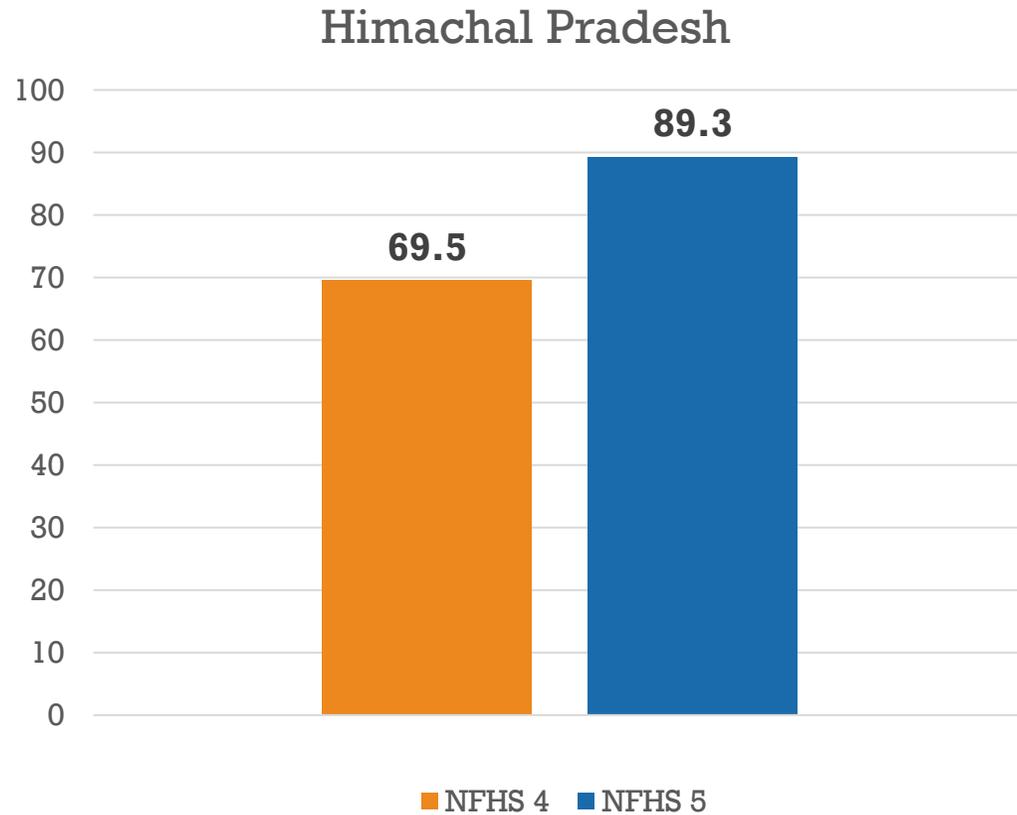
India

KEY

■ Himachal Pradesh state

■ Mandi district

Full Immunization Coverage (%)



Source: NFHS 5_FCTS/FactSheet_HP (NFHS 5: 2019-20) (NFHS 4: 2015-16)

The Challenges and Barriers

- Limited connectivity
- Tracking without the aid of technology
- Maintaining records of the beneficiaries
- Printed immunization registers (if available) are bulky, and are often not preferred to carry to outreach sites
- Terrain is difficult to traverse
- In such geography, Technology-based management solutions may not be a viable monitoring solution



Significant Contributors



- Triple A - The backbone of health delivery at the grassroots level
 - ANM
 - ASHA
 - AWW
- Convergence between two Ministries – Ministry of Health and Ministry of Women and Child Development



What is a Tracking Bag



- A cloth tracking bag, comprising of fourteen pockets, is a simple, easy- to- use tool for follow up of beneficiaries by filing counterfoils of Immunization cards.
- Provides the basis for preparing a session-wise name-based list of due beneficiaries for sharing with the AWW /ASHA/Mobilizer and helps estimate the logistics required
- Provide one tracking bag for every SC / village / urban area.



How Does it Work



- Each tracking bag has 12 pockets, one for each month of the year
- Two extra pockets - one for children who have passed away or left the area and another for those who are fully immunized.
- By the end of the monthly vaccination day, Mother and Child Protection (MCP) Cards are placed into the corresponding month's pockets for the next visit.



What does this Innovation Aims to Achieve



- Instrumental in serving missed out children for comprehensive coverage
- Lower drop-out rates and enhance immunization tracking, especially in geographies with low connectivity, internet penetration and difficult terrain





Advantages of using the tracking bag

- It's uncomplicated and straightforward process is much less cumbersome than managing a register
- Reduces the chance of mistakes in logging information and provides instant clarity for those whose work is defined by the data it holds

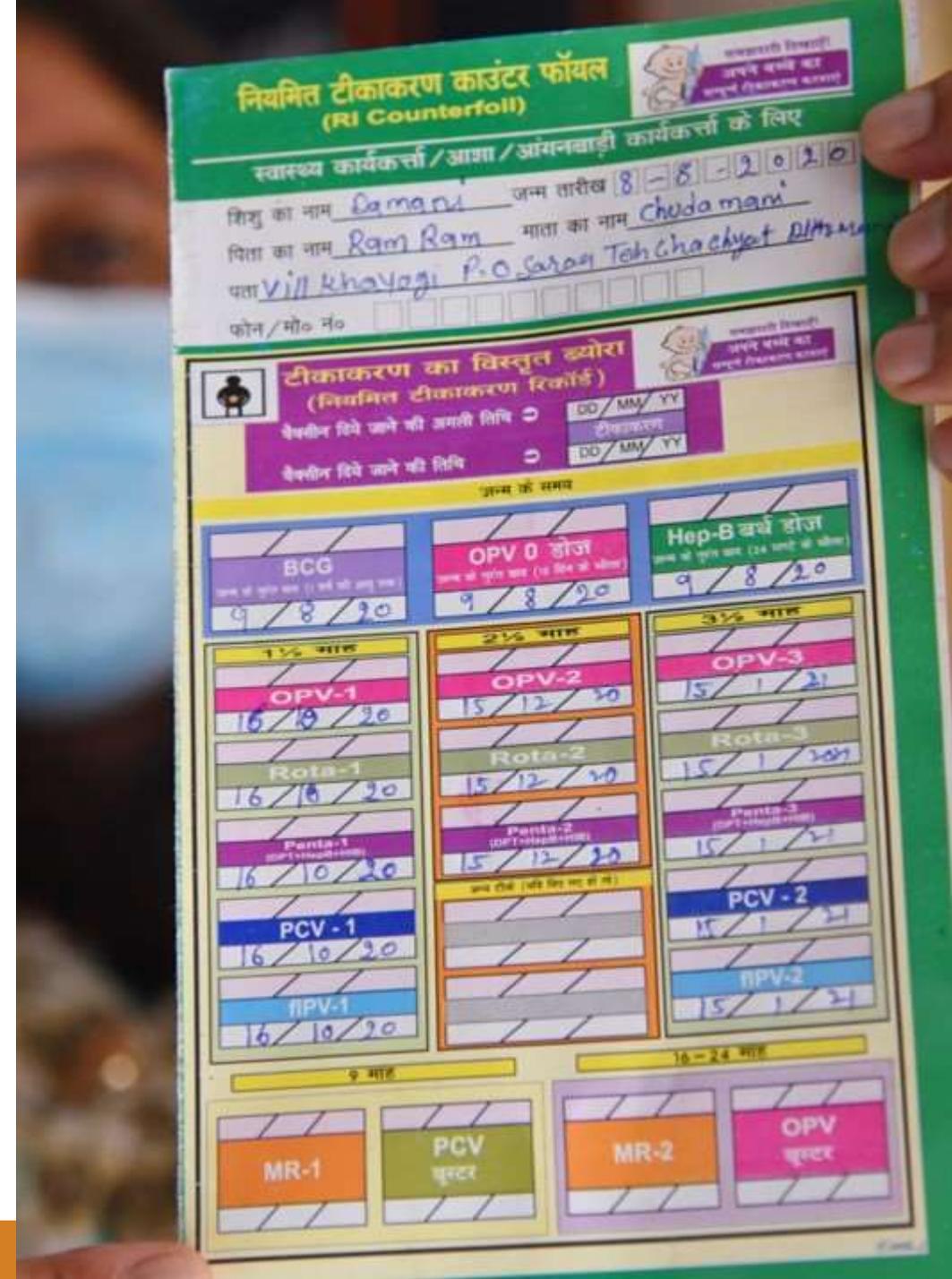
Qualitative IMPACT of the Tracking Bag

- Enhanced the RI coverage by preparing a session-wise name-based list of due beneficiaries for sharing with the ASHA/AWW/mobilizer
- Helped in estimating the vaccine requirement for the next session
- Has made tracking the dropouts easier
- Providing information, if the beneficiary/parent has lost the immunization card.



Lessons Learnt

- The solutions should be environment/area driven
- Encourage sharing of innovations to improve programme performance
- Encourage greater collaboration and integration within and beyond the health sector
- Grassroots innovations are more likely to succeed if they are integrated with the provision of other community health and social needs.
- There are no one-size-fits-all innovations. Approaches tailored to reach specific segments of the population, whether decision-makers or remote, “hard to reach” populations succeed

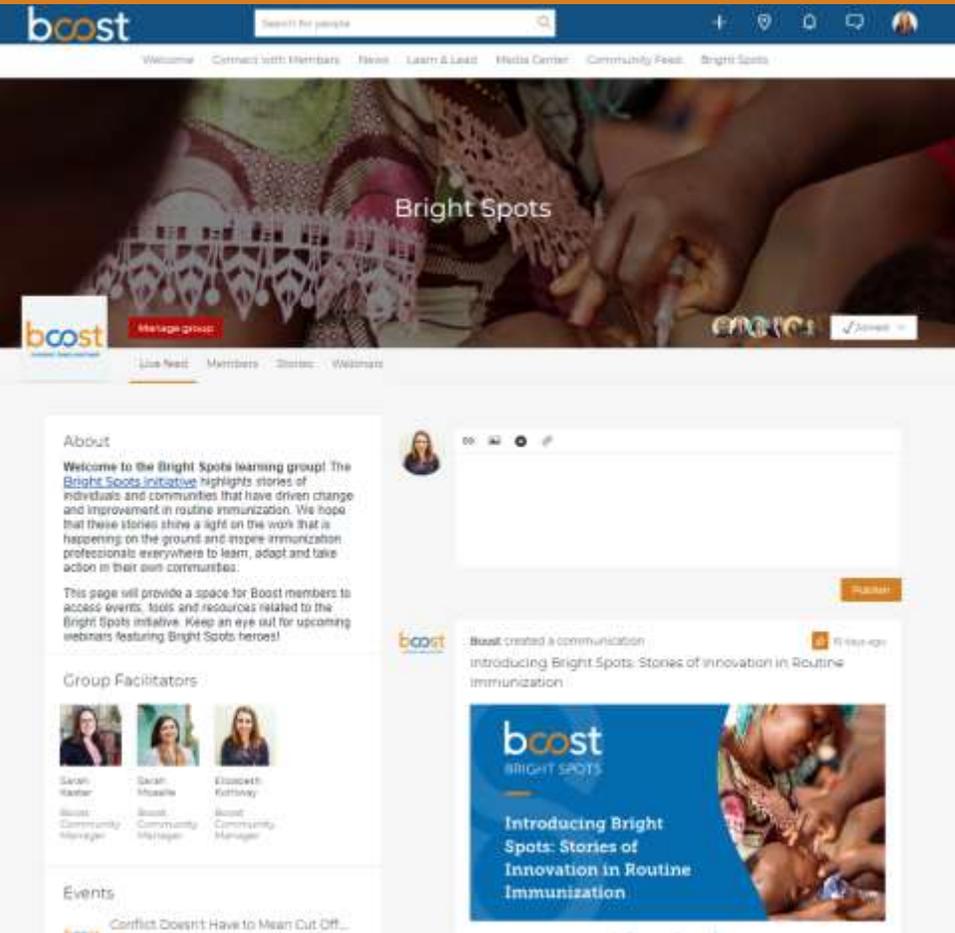


Q & A

If you have any questions or comments you would like to share,
please type them in the chat or raise your hand

CO

WHAT'S NEXT?



Join or Visit the Boost Community

The Boost Community enables immunization professionals to connect with peers and experts, learn skills that build capacity. Take advantage of our online platform, including online courses, live workshops, webinars, resources and more!

Join Boost's Telegram Channel

Connect with other immunization professionals and get live updates on new courses, webinars and other Boost offerings!

Join Boost's Bright Spots Learning Group

Continue sharing your comments, questions and challenges with your peers and experts in the special *Bright Spots Learning Group*.

Take Our Survey

We want to hear from you! Please share your thoughts with us.

Share Your Spark

Have a story you want to be featured as part of this new series? Share your experience and insights with the Boost team today!

THANK YOU

