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1) BRIEF HISTORY

The Antara Foundation (TAF) is a non-profit organization established in 2013, it aims to improve maternal and child health services in India. TAF has implemented impactful programs in Rajasthan, Chhattisgarh, and Madhya Pradesh. The foundation began in Rajasthan with a Memorandum of Understanding with the state government and Tata Trusts, initially working in Jhalawar and Baran.

TAF's notable initiatives include the AAA Platform, Rationalization of Registers, and Nurse Mentoring, launched in Rajasthan and scaled across its 46,000+ villages.

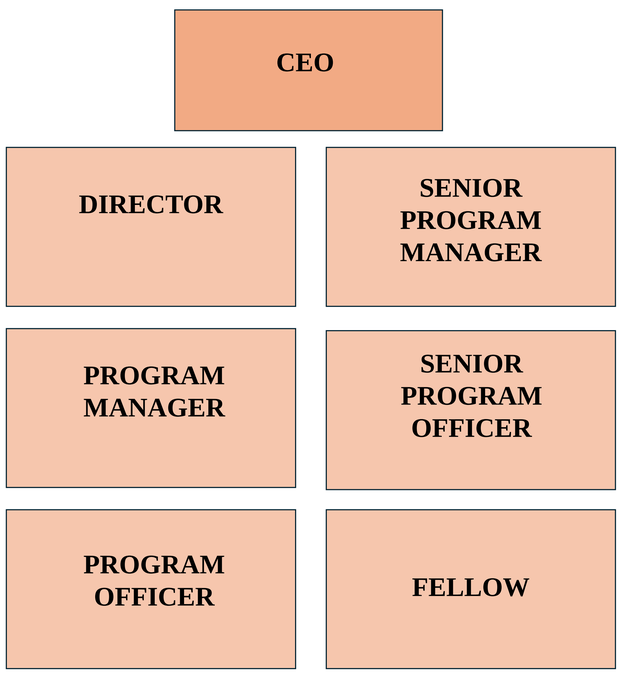
TAF's focus has broadened to include community mobilization, alongside health system strengthening.

2) VISION AND MISSION

VISION: Every mother and each child deserves an equal start to a healthy life.

MISSION: To support the public health system and deliver solutions at scale to improve maternal and child health outcomes, by partnering with the government and communities.

3) ORGANIZATION STRUCTURE



4) THEORETICAL V/S PRACTICAL

THEORETICAL

1. In the communication planning management module, I learned the applications of effective communication.
2. In the National Health Policy module, I learned about various programs and their beneficiaries especially RMNCHA+N and PMSMA in detail, this helped me give an overview of what circumstances led to the launch of those programs and the initiatives taken under these programs.

PRACTICAL

1. Field experience taught me how different factors like environment, local language, verbal expression, and body language affect the application of effective communication.
2. Practical exposure gave me hands-on experience on how these program's interventions are applied on the ground level.

5) SWOT ANALYSIS ON PMSMA SESSIONS

STRENGTH

1. Comprehensive ANC services on a fixed day.
2. Direct interaction with HRP women for feedback

WEAKNESS

1. Limited awareness about PMSMA among HRP women
2. Limited availability of healthcare professionals and resources can affect the quality of care provided.

OPPORTUNITY

1. As this intervention had made a positive impact on HRP it can be replicated in other blocks of Madhya Pradesh.
2. Collaborating with NGOs and other organizations can provide additional resources and support.

THREAT

1. Insufficient funding can restrict the ability to scale and sustain the program.
2. Cultural beliefs lead to resistance against seeking healthcare services.

6) LEARNINGS

1. Recognizing the critical role of accurate data entry and timely updates in monitoring and improving maternal health services.
2. Appreciating the need for cultural competence in healthcare delivery to better address community-specific health concerns and practices.
3. The value of patient feedback in improving service delivery and tailoring healthcare interventions.
4. Significance of effective communication and collaboration between various healthcare workers and administrative staff.

7) CHALLENGES OF PMSMA SESSIONS

- Maintaining accurate and timely data entry into the PMSMA portal was difficult, affecting the data quality.
- Coordination between ASHAs, ANMs, CHOs, and other healthcare workers was difficult impacting the efficiency of service delivery.
- High-risk pregnant women were often irregular in attending their follow-up appointments, making it difficult to ensure consistent monitoring and care.

8) USEFULNESS

Gained hands-on experience which provided real-world insights.

Professional Networking

Contribution to Community

9) SUGGESTIONS

1. To address the limited awareness about the program among HRP women, a small session on PMSMA can be conducted on Village Health Nutrition Day.
2. Use culturally sensitive materials in local languages to ensure clear understanding and engagement.
3. Provide regular training for ASHAs, ANMs, and CHOs on effective communication and cultural sensitivity to improve coordination and trust with HRP women in tribal areas.