SUMMER INTERNSHIP PROGRAM

at

THE ANTARA FOUNDATION

From – 6th May 2024 to 5th June 2024

A REPORT BY

SREEPRIYA.P

Master of Business Administration

Hospital and Health Management

2023-25

under the Mentorship of

ALOK KUMAR MATHUR

Professor

IIHMR University

Jaipur

antarafoundation

17th July 2024

This is to certify that **Ms. Sreepriya P** of. HM28 of Indian Institute of Health Management Research (IIHMR) University has worked with the Antara Foundation for her summer internship from 6th May 2024 to 5th July 2024.

The overall performance shown by her during the period was excellent. She was involved in developing micro-planning strategies for the supply side of the PMSMA project, and supporting in facilitating MCHN trainings, VHNDs and HBNCs.

She has also actively been involved in implementing enhanced follow-up protocols for HRP women, ensuring regular check-ins and support.

Throughout the internship Sreepriya has demonstrated strong analytical and implementation skills. She worked diligently and effectively with a high sense of integrity, contributing valuable insights to the MCHN intervention and other interventions of the foundation.

This certificate is being issued to meet the requirements of the IIHMR University.

THE ANTARA FOUNDATION

Pooja Mathur

Pooja Mathur Pande
Director – HR

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IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that Ms. Sreepriya .P 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

July 22, 2024

Mr. Alok Kumar Mathur

Designation: Professor

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PRADHAN MANTRI SURAKSHIT MATRITVA ABHIYAAN

Name: Sreepriya. P
Batch: MBA HM28
Roll no. : 1854
Faculty Mentor: Mr. Alok Kumar Mathur

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.

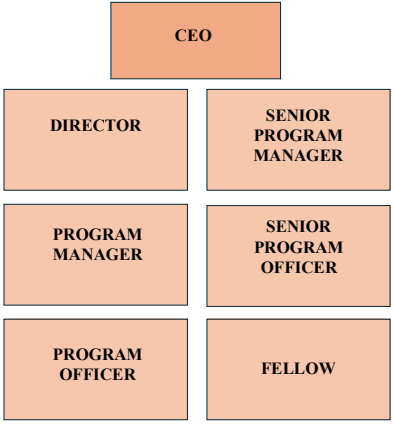
TAF's focus has broadened to include community mobilization, alongside health system strengthening.

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.

Weekly Report

NAME OF THE ORGANIZATION: THE ANTARA FOUNDATION (BETUL DISTRICT, MADHYA PRADESH)

AREA/ DEPARTMENT/ PROJECT OF SUMMER INTERNSHIP PROGRAM: - PILOT STUDY ON PMSMA

NAME OF THE STUDENT: SREEPRIYA.P

ROLL NO: 1854 **STREAM:** HEALTHCARE & HOSPITAL MANAGEMENT

WEEK NO: 01 **FROM:** 06/05/2024 TO 10/05/2024

ACTIVITY DONE	✓ Reported to District Lead Officer Dr. Sonu Rai. He provided insights into the Foundation's mission, emphasizing its focus on integrating data from the health sector, ICDS, and frontline workers—ASHA, ANM, and AWW. The foundation's AAA intervention involves analyzing data from these sectors and comparing it with the HMIS portal. ✓ I was assigned the project on PMSMA (PRADHAN MANTRI SURAKSHIT MATRITVA ABHIYAN) ✓ Engaged with fellows to understand their fieldwork experiences and methodologies. ✓ On the day of the PMSMA session (9th May) engaged with the doctor, ANM, and nurse staff to understand the challenges they faced like how they recorded the high-risk pregnant women on the PMSMA register. ✓ Conducted discussion with ASHA's with my colleague regarding their record-keeping practices, challenges they faced, and adequacy of supervision for severe and moderate acute malnutrition.
LINKING THEORY (CLASSROOM LEARNING) WITH PRACTICE AT YOUR ORGANIZATION	In the 3rd semester National Health Policy module, I learned about various programs and their beneficiaries especially RMNCHA+N and PMSMA in detail, this helped me give the overview of what circumstances led to the launch of those programs and the initiatives taken under these programs.

GAPS IDENTIFIED ON THE WORKING AREA.	When we learn in the classroom, we only go from the perspective of theoretical knowledge but when I interacted with the public health fellows and went on field visits, I noticed how important is practical work to understand the data and challenges faced on the grassroot level.
SUGGESTIONS FOR IMPROVEMENT	o Need to learn more details about the programs on maternal and child health. o While reading, understanding, and analyzing how to apply it practically. o Knowing and understanding the perspective of others.
PLAN FOR THE NEXT WEEK	As I observed the first session of PMSMA the next week is making the plan on how to make changes before the 2nd session of PMSMA that is on 25th May. Finding solutions and identifying the gaps.

SIGNATURE OF THE STUDENT: 

APPROVED BY THE IIHMR UNIVERSITY'S MENTOR

Weekly Report

NAME OF THE ORGANIZATION: THE ANTARA FOUNDATION (BETUL DISTRICT, MADHYA PRADESH)

AREA/ DEPARTMENT/ PROJECT OF SUMMER INTERNSHIP PROGRAM: - PILOT STUDY ON PMSMA

NAME OF THE STUDENT: SREEPRIYA.P

ROLL NO: 1854 **STREAM:** HEALTHCARE & HOSPITAL MANAGEMENT

WEEK NO: 02 **FROM:** 13/05/2024 TO 17/05/2024

ACTIVITY DONE	✓ Reviewed and identified gaps in PMSMA guidelines. ✓ Visited HWC, assessed HRP services, and gathered staff feedback. ✓ Accompanied ASHA on household visits; provided guidance on HRP management. ✓ Discussed healthcare delivery challenges with BMO and BPM. ✓ Evaluated care at NRC [Neonatal Rehabilitation Centre] and KMC [kangaroo mother care] units; interacted with staff and mothers. ✓ Reviewed HRP data, participated in a data management session, and debriefed. ✓ Observed HBNC visits with colleague Vijay. Identified data entry issues in the ASHA diary; provided guidance on accurate data entry. ✓ Observed critical gaps in the HBNC [Home-based neonatal care] process, emphasizing the importance of the first 42 days postpartum. ✓ Attended block-wise HBNC analysis review meeting at CMHO Office. ✓ Discussed challenges with DCM and BCM, focusing on increasing child deaths due to improper HBNC. ✓ Participated in discussions, provided solutions, and gave feedback. ✓ Gained insights into review processes and higher authority issue handling. ✓ Attended ANM training session in Betul rural. In the training, my colleague Niharika trained ANMs on calculating ANC targets

	and estimated live births. Provided counseling on breastfeeding. Conducted role-play training for better concept understanding.
LINKING THEORY (CLASSROOM LEARNING) WITH PRACTICE AT YOUR ORGANIZATION	In the 3rd semester, I went to an outreach program Unnat Bharat Abhiyan where I learned how to interact in community engagement. This helped me during the training of ANM and HBNC visits.
GAPS IDENTIFIED ON THE WORKING AREA.	In theory, we learned guidelines and procedures, but in practice, there were issues like incorrect data entry, incomplete counselling, and problems with equipment in remote areas. This shows the need for more practical training, better resources, and continuous support to ensure effective healthcare services.
SUGGESTIONS FOR IMPROVEMENT	o Need to learn how to support and supervise the healthcare workers. o Need to learn and observe how to effectively communicate and make ground-level people understand the concepts.
PLAN FOR THE NEXT WEEK	o Going to sector meeting, ASHA meetings. o Going to more HBNC visits. o Follow up before 25th PMSMA session. o Writing a case study if found a good one.

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Weekly Report

NAME OF THE ORGANIZATION: THE ANTARA FOUNDATION (BETUL DISTRICT, MADHYA PRADESH)

AREA/ DEPARTMENT/ PROJECT OF SUMMER INTERNSHIP PROGRAM: - PILOT STUDY ON PMSMA

NAME OF THE STUDENT: SREEPRIYA.P

ROLL NO: 1854 **STREAM:** HEALTHCARE & HOSPITAL MANAGEMENT

WEEK NO: 03 **FROM:** 20/05/2024 TO 25/05/2024

ACTIVITY DONE	✓ Visited CHC and discussed HRP women recording with BCM. ✓ Observed HBNC visit in Bagdona Basti; checked child's health and supervised ASHA's counseling. ✓ Had an Online meeting with Anviti [knowledge assessment mentor] for guidance on the pilot study and key indicators. ✓ Field visit to Bhimpur sector, a village named Imlidhana; observed VHND [vaccination and health nutrition day] process and record-keeping by ASHA, ANM, and Anganwadi workers. ✓ Attended AAA intervention meeting at Ghodadongari CMHO office. Discussed AAA intervention with various officials; aimed at improving health quality and data integration. Covered reasons behind HMIS and SAMPARK discrepancies and the importance of FLWs working together. Discussed phases: Preparatory (village mapping, ASHA training), Implementation (joint reports, VHNDs), and Tool Filling (duelist, checklist). ✓ Attended VHND in Mahendrawaadi; observed procedures and AAA meeting. ✓ Plan for upcoming ePMSMA day. Discussed PMSMA session improvements with ANM and gynaecologist at Ghodadongari CHC. ✓ Supervised ePMSMA session at CHC Ghodadongari on the 25th. A separate register was maintained for HRP, a counseling table was set up near the

	laboratory, and a separate room was available for abdominal checkups. These gaps were observed during the previous PMSMA session.
LINKING THEORY (CLASSROOM LEARNING) WITH PRACTICE AT YOUR ORGANIZATION	Classroom teachings on effective communication are applied in the field, highlighting their importance in building people's trust and ensuring accurate information exchange.
GAPS IDENTIFIED ON THE WORKING AREA.	Fieldwork shows the practical difficulties in data integration and the importance of meticulous record-keeping, which may be underestimated in theoretical learning.
SUGGESTIONS FOR IMPROVEMENT	o Need for better coordination to ensure HRP women are monitored effectively. o Need to learn and observe how to effectively communicate and make ground-level people understand the concepts. o Challenges in persuading patients to follow medical advice. Need to learn how to convince people.
PLAN FOR THE NEXT WEEK	o Conduct follow-up visits to CHC Ghodadongari to assess the implementation of recent improvements in PMSMA sessions and gather feedback from healthcare workers. o Evaluate the effectiveness of changes, such as the counseling table and separate checkup rooms. o Attend training sessions for ASHA and Anganwadi workers organized by the organization

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Weekly Report

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AREA/ DEPARTMENT/ PROJECT OF SUMMER INTERNSHIP PROGRAM: - PILOT STUDY ON PMSMA

NAME OF THE STUDENT: SREEPRIYA.P

ROLL NO: 1854 **STREAM:** HEALTHCARE & HOSPITAL MANAGEMENT

WEEK NO: 04 **FROM:** 27-05-2024 to 31-05-2024

ACTIVITY DONE	✓ Ensure all HRP line lists are updated promptly and accurately on the PMSMA portal. ✓ For addressing any persistent issues and reinforcing best practices training was conducted by the organization. ✓ Attended two trainings - MCHN (mother-child health nutrition) and HWC (health and wellness Centre) ✓ Documented all observations, interactions, and recommendations by preparing MOM (minutes of meeting) ✓ Started writing concept paper as instructed by the mentor mentioning the objective, plan, and observations of the 2 sessions of PMSMA. ✓ Attended training sessions organized by the Antara Foundation for ASHAs and ANMs to address challenges and reinforce proper practices. ✓ Interact with community members to understand their concerns and gather feedback. To work on strategies for good implementation.
LINKING THEORY (CLASSROOM LEARNING) WITH PRACTICE AT YOUR ORGANIZATION	Theoretical knowledge of the module research methodology is applied to develop a structured concept paper, reinforcing how to approach problems, plan interventions, and document findings systematically.

GAPS IDENTIFIED ON THE WORKING AREA.	Fieldwork shows the practical difficulties in data integration and the importance of meticulous record-keeping, which may be underestimated in theoretical learning. Without regular follow-ups, it is difficult to assess the effectiveness of changes and ensure continuous improvement.
SUGGESTIONS FOR IMPROVEMENT	o Need to learn and observe how to effectively communicate and make ground level people understand the concepts. o Challenges in persuading patients to follow medical advice. Need to learn how to convince people.
PLAN FOR THE NEXT WEEK	o Ensure that improvements from previous sessions are implemented. o Monitor the session for any new gaps and work towards resolving them. o Meet the data operator who update the PMSMA portal and RCH portal to ensure if it is updated or not.

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AREA/ DEPARTMENT/ PROJECT OF SUMMER INTERNSHIP PROGRAM: - PILOT STUDY ON PMSMA

NAME OF THE STUDENT: SREEPRIYA.P

ROLL NO: 1854 **STREAM:** HEALTHCARE & HOSPITAL MANAGEMENT

WEEK NO: 05 **FROM:** 03-06-2024 to 07-06-2024

ACTIVITY DONE	✓ Developed a micro-planning strategy for the supply side of the PMSMA project: This strategy focused on resource allocation, scheduling, coordination with healthcare workers, and communication to ensure HRP women can access services at CHCs. ✓ Met with BPO Eshwar Sir to discuss the line listing of HRP women and data entry in the PMSMA portal. Learned about the current status and entry process for HRP data at various levels. ✓ Attended a Village Health and Nutrition Day (VHND) in Dhadgoan village: Distributed informational cards on maternal and child health. Engaged with community members to assess their knowledge of nutrition and health practices. ✓ MCHN Training Session in Bhaisdehi: Presented on the PMSMA project, focusing on antenatal care (ANC) for CHOs. Covered key topics such as ANC room layout, history-taking, and communication with pregnant women. Discussed terms related to pregnancy and their practical application through case studies. Shared experiences and insights from the PMSMA project pilot phase in Ghodadongari. ✓ Second Day of MCHN Training: Conducted orientation on the PMSMA pilot study. Focused on ANC processes including abdominal checkups, and essential steps like preparation, inspection, palpation, and auscultation. Led discussions on HRP management and strategies for improving HRP outcomes. Covered topics on Home-Based Newborn Care (HBNC) visits and the

	importance of accurate ANC practices. Conducted role-playing exercises and interactive discussions to reinforce learning and practical application.
LINKING THEORY (CLASSROOM LEARNING) WITH PRACTICE AT YOUR ORGANIZATION	In the classroom, you learn evidence-based guidelines for maternal and child healthcare, including the stages of prenatal care, risk assessment, and nutritional requirements during pregnancy. Fieldwork provided insights into the practical aspects of maternal and child healthcare, such as during the VHND where you assessed community knowledge and identified gaps in understanding and practice.
GAPS IDENTIFIED ON THE WORKING AREA.	Potential communication barriers, including language differences and low literacy levels, may hinder effective health education and community engagement.
SUGGESTIONS FOR IMPROVEMENT	To enhance the effectiveness of the Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) project, it's crucial to standardize data entry protocols and provide comprehensive training for frontline workers to ensure accurate and consistent data management.
PLAN FOR THE NEXT WEEK	Attend the 9th day of the PMSMA program and follow up on the 16th day with visits to CHC, UPHC, and PHC. To monitor progress, support healthcare providers, and enhance maternal healthcare services.

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Weekly Report

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AREA/ DEPARTMENT/ PROJECT OF SUMMER INTERNSHIP PROGRAM: - PILOT STUDY ON PMSMA

NAME OF THE STUDENT: SREEPRIYA.P

ROLL NO: 1854 **STREAM:** HEALTHCARE & HOSPITAL MANAGEMENT

WEEK NO: 06 **FROM:** 10-06-2024 to 14-06-2024

ACTIVITY DONE	✓ **Attended and supervised the PMSMA (Pradhan Mantri Surakshit Matritva Abhiyan) session**. Noted issues on both supply and demand sides. Despite informing the BCM (Block Community Mobilizer) to provide the duellist in the previous week, the Auxiliary Nurse Midwife at CHC in Ghodadongari did not receive it. Observed an increase in the number of High-Risk Pregnancies (HRP) attending the PMSMA day, indicating an improvement. ✓ Accompanied by colleague Anisha, a Program Officer and Nurse Mentor in Betul Rural, supervised the Village Health and Nutrition Day. Noted improved quality of service at the Anganwadi. ASHA, ANM, and Anganwadi workers maintained proper records and data entry. Observed the availability of an electricity facility at the Anganwadi, which was absent in other VHNDs attended previously. ✓ **Home-Based Newborn Care (HBNC) Visits:** Conducted two HBNC visits on the same day: The first visit was to an HRP woman with a history of twins in the first pregnancy and triplets in the second, where one baby died, and the surviving two were low birth weight (1 kg and 200 grams). The second visit was to a healthy baby and mother, with the ASHA performing the procedures well. ✓ Met two pregnant migrant women at the VHND. Discussed their approach to vaccination and accessing health facilities.

	✓ Attended a meeting at the Health and Wellness Centre, interacting with all Anganwadi workers. Discussed common reporting formats and data entry into the portal, providing solutions to their problems. ✓ Had a team meeting with Liya, a Senior Nurse Mentor, to discuss the progress of the ongoing project. The call aimed to assess the project's status and address any emerging issues. ✓ Took a desk day to complete the writing part of a concept paper. ✓ Received guidance from District Lead, Dr. Sonu Rai, on analyzing data from the pilot study to evaluate the impact of PMSMA sessions on beneficiaries.
LINKING THEORY (CLASSROOM LEARNING) WITH PRACTICE AT YOUR ORGANIZATION	o Classroom learning emphasizes the importance of systematic program management and monitoring to identify gaps and ensure effective implementation. o During the PMSMA session, issues on both supply (e.g., missing duelist) and demand sides were identified, reflecting the need for close monitoring to ensure resources are appropriately allocated and utilized.
GAPS IDENTIFIED ON THE WORKING AREA.	o The duelist, critical for tracking high-risk pregnancies, was not provided to the ANM at the Community Health Centre in Ghodadongari despite prior communication. o Interaction with pregnant migrant workers revealed potential barriers to accessing vaccination and health services, indicating gaps in reaching marginalized groups.
SUGGESTIONS FOR IMPROVEMENT	o Conduct regular impact assessment to measure the effectiveness of health programs and identify areas for improvement. Regular assessments will ensure that programs are continually refined and optimized for maximum impact. o Improved coordination will lead to more integrated service delivery and better health outcomes.

PLAN FOR THE NEXT WEEK	Attend the 25th day of the PMSMA program and take up follow up routines with BCM, BPO and keep regular visits to CHC, UPHC, and PHC to monitor progress. Have an interaction with HRP women to know if they are getting any benefit with the PMSMA sessions.

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Weekly Report

NAME OF THE ORGANIZATION: THE ANTARA FOUNDATION (BETUL DISTRICT, MADHYA PRADESH)

AREA/ DEPARTMENT/ PROJECT OF SUMMER INTERNSHIP PROGRAM: - PILOT STUDY ON PMSMA

NAME OF THE STUDENT: SREEPRIYA.P

ROLL NO: 1854 **STREAM:** HEALTHCARE & HOSPITAL MANAGEMENT

WEEK NO: 07 **FROM:** 17-06-2024 to 21-06-2024

ACTIVITY DONE	✓ Participated in an office meeting to discuss the new Home-Based Postnatal Care (HBPNC) checklist. Gained insights into the revised HBPNC protocols aimed at improving postnatal care quality. Understood the checklist's comprehensive nature, focusing on better monitoring and support for new mothers and infants. ✓ Conducted a field visit to Batki Village and collected a case study of a high-risk pregnant woman from the Gond community. Highlighted the importance of understanding cultural and familial dynamics in healthcare. Recognized the need for culturally sensitive approaches to encourage healthcare access and compliance among vulnerable populations. ✓ For the upcoming ePMSMA session took a follow-up with BCM to ensure the duelist is provided to CHCs promptly. Progress is being monitored to prevent future delays. ✓ As per mentor feedback had a look into the management issues. ✓ Implemented enhanced follow-up protocols for HRP women, ensuring regular check-ins and support to encourage healthcare compliance
LINKING THEORY (CLASSROOM LEARNING) WITH PRACTICE AT YOUR ORGANIZATION	Classroom discussions on cultural competence emphasize the importance of understanding and respecting diverse cultural backgrounds to improve healthcare access. This concept was vividly illustrated during a field visit to Batki Village, where we encountered a pregnant woman from the Gond community. This experience underscored the necessity for

	healthcare providers to adopt tailored, respectful approaches that consider individual cultural contexts, ensuring that all patients feel understood and are more likely to seek and comply with medical advice.
GAPS IDENTIFIED ON THE WORKING AREA.	There is a lack of follow-up and monitoring protocols for high-risk groups, such as HRP women, who require ongoing care and attention. This leads to missed opportunities for early intervention and increases the likelihood of adverse health outcomes due to unmanaged risks
SUGGESTIONS FOR IMPROVEMENT	Develop comprehensive follow-up procedures for HRP women and other high-risk groups, ensuring regular check-ins and monitoring. This will facilitate early detection of health issues and ensure timely interventions, reducing the risk of adverse outcomes.
PLAN FOR THE NEXT WEEK	Attend the 25th day of the PMSMA program monitor the progress so far and make changes looking into the challenges. Collaborate with the data operator to review and correct inaccuracies in the PMSMA portal entries, ensuring that data is entered accurately and consistently

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Weekly Report

NAME OF THE ORGANIZATION: THE ANTARA FOUNDATION (BETUL DISTRICT, MADHYA PRADESH)

AREA/ DEPARTMENT/ PROJECT OF SUMMER INTERNSHIP PROGRAM: - PILOT STUDY ON PMSMA

NAME OF THE STUDENT: SREEPRIYA.P

ROLL NO: 1854 **STREAM:** HEALTHCARE & HOSPITAL MANAGEMENT

WEEK NO: 08 **FROM:** 24-06-2024 to 29-06-2024

ACTIVITY DONE	✓ Discussed with the Block Community Mobilizer (BCM) about preparing a duelist for the upcoming ePMSMA session. ✓ Follow-up was done with the Block Program Officer (BPO) to ensure that necessary resources, approvals, and logistical support are in place, streamlining the execution of ePMSMA sessions. ✓ Visited the Community Health Center (CHC) at Ghodadongari to plan for the ePMSMA before the 25th by coordinating with local staff. ✓ Participated in the ePMSMA session, where a duelist was efficiently prepared and provided to the ANM, aiding in the easy tracking of high-risk pregnant (HRP) women. This led to significant improvements in diagnostic accuracy and session management. ✓ Collected feedback from high-risk pregnant women on their understanding of PMSMA and the impact of the initiative. Received positive feedback about better counseling, support, and ease of access to health services. ✓ Observed and noted improvements in the process of entering data into the ePMSMA portal, ensuring more accurate and efficient data management. ✓ Attended a monthly report meeting at the office, gaining insights on various health information systems such as HMIS, ANMOL, POSHAN tracker, CDR portal, and MDR portal. ✓ Completed the writing part of the concept paper and discussed it with Director Paras Nath Sidh and Senior Nurse Mentor Liya,

	receiving feedback on additional information needed.
LINKING THEORY (CLASSROOM LEARNING) WITH PRACTICE AT YOUR ORGANIZATION	In the classroom, during the NHP module, Behaviour Change Communication we learn the importance of stakeholder coordination and engagement in ensuring the success of health programs. The coordination with the Block Community Mobilizer (BCM) and the follow-up with the Block Program Officer (BPO) exemplify this theory in practice. By working closely with these stakeholders, the organization ensured the accurate preparation of the duelist and secured necessary resources for the ePMSMA sessions, leading to efficient program execution and better service delivery.
GAPS IDENTIFIED ON THE WORKING AREA.	Regular check-ups with the data operator highlighted inaccuracies and inconsistencies in the PMSMA portal entries.
SUGGESTIONS FOR IMPROVEMENT	Take follow ups with the data operators focusing on accurate data entry and management and establish a routine data audit process to ensure the integrity and reliability of the PMSMA portal entries.
PLAN FOR THE NEXT WEEK	Write 2 case study one on gond community and another on HRP. Complete the concept paper as few information to be added such as beneficiary insights.

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NAME OF THE ORGANIZATION: THE ANTARA FOUNDATION (BETUL DISTRICT, MADHYA PRADESH)

AREA/ DEPARTMENT/ PROJECT OF SUMMER INTERNSHIP PROGRAM: - PILOT STUDY ON PMSMA

NAME OF THE STUDENT: SREEPRIYA.P

ROLL NO: 1854 **STREAM:** HEALTHCARE & HOSPITAL MANAGEMENT

WEEK NO: 09 **FROM:** 01-07-2024 to 06-07-2024

ACTIVITY DONE	✓ Visited the Community Health Center at Ghodadongari for the follow-up visit. ✓ Presented the pilot study's methodology, key findings, and recommendations to colleagues. Engaged in discussions to evaluate the study's implications for improving maternal health services. Collected valuable feedback that will inform the refinement and potential scaling up of the initiative. ✓ Presented the pilot study to senior leaders including the Joint Director, Director, and District Lead Officer. Highlighted the positive outcomes and best practices identified during the study. Received affirmative feedback and support for expanding the initiative to other areas.
LINKING THEORY (CLASSROOM LEARNING) WITH PRACTICE AT YOUR ORGANIZATION	Understanding and addressing the social determinants of health is essential for reducing disparities and ensuring equitable access to healthcare for all populations.
GAPS IDENTIFIED ON THE WORKING AREA.	Inaccurate or incomplete data can hinder effective monitoring, reporting, and decision-making for health programs.
SUGGESTIONS FOR IMPROVEMENT	A unified system will streamline data collection and improve the quality of health program reporting.

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COMPILED REPORT

NAME OF THE ORGANIZATION: THE ANTARA FOUNDATION (BETUL DISTRICT, MADHYA PRADESH)

AREA/ DEPARTMENT/ PROJECT OF SUMMER INTERNSHIP PROGRAM: - PILOT STUDY ON PMSMA

NAME OF THE STUDENT: SREEPRIYA.P

ROLL NO: 1854 **STREAM:** HEALTHCARE & HOSPITAL MANAGEMENT

ACTIVITY DONE	✓ Reported to District Lead Officer Dr. Sonu Rai. He provided insights into the Foundation's mission, emphasizing its focus on integrating data from the health sector, ICDS, and frontline workers—ASHA, ANM, and AWW. The foundation's AAA intervention involves analyzing data from these sectors and comparing it with the HMIS portal. ✓ I was assigned the project on PMSMA (PRADHAN MANTRI SURAKSHIT MATRITVA ABHIYAN) ✓ On the day of the PMSMA session (9th May) engaged with the doctor, ANM, and nurse staff to understand the challenges they faced like how they recorded the high-risk pregnant women on the PMSMA register. ✓ Reviewed and identified gaps in PMSMA sessions. Visited HWC, assessed HRP services, and gathered staff feedback. Accompanied ASHA on household visits; guided HRP management. ✓ Discussed healthcare delivery challenges with BMO and BPM of Ghodadongri. Evaluated care at NRC [Neonatal Rehabilitation Centre] and KMC [Kangaroo Mother Care] units; interacted with staff and mothers. Reviewed HRP data, participated in a data management session, and debriefed.

	✓ **Home-Based Newborn Care (HBNC) Visits:** Conducted two HBNC visits on the same day: The first visit was to an HRP woman with a history of twins in the first pregnancy and triplets in the second, where one baby died, and the surviving two were low birth weight (1 kg and 200 grams). The second visit was to a healthy baby and mother, with the ASHA performing the procedures well. ✓ Observed critical gaps in the HBNC process, emphasizing the importance of the first 42 days postpartum. Attended block-wise HBNC analysis review meeting at CMHO Office. Discussed challenges with DCM and BCM, focusing on increasing child deaths due to improper HBNC. ✓ Attended ANM training session in Betul rural. In the training, my colleague Niharika trained ANMs on calculating ANC targets and estimated live births. Provided counseling on breastfeeding. Conducted role-play training for better concept understanding. ✓ Field visit to Bhimpur, a village named Imlidhana; observed VHND (vaccination and health nutrition day) process and record-keeping by ASHA, ANM, and Anganwadi workers. ✓ Attended AAA intervention meeting at Ghodadongari CMHO office. Discussed AAA intervention with various officials; aimed at improving health quality and data integration. Covered reasons behind HMIS and SAMPARK discrepancies and the importance of FLWs working together. Discussed phases: Preparatory (village mapping, ASHA training), Implementation (joint reports, VHNDs), and Tool Filling (duelist, checklist). ✓ Supervised ePMSMA session at CHC Ghodadongari on the 25th. A separate register was maintained for HRP, a counseling table was set up near the

	laboratory, and a separate room was available for abdominal checkups. These were the specific gaps observed during the previous PMSMA session. ✓ Ensured all HRP line lists were updated promptly and accurately on the PMSMA portal. Interacted with the pregnant women to understand their concerns and gather feedback. To work on strategies for good implementation. ✓ Developed a micro-planning strategy for the supply side of the PMSMA project: This strategy focused on resource allocation, scheduling, coordination with healthcare workers, and communication to ensure HRP women can access services at CHCs. ✓ Met with BPO Eshwar Sir to discuss the line listing of HRP women and data entry in the PMSMA portal. Learned about the status and entry process for HRP data at various levels. ✓ Attended a VHND in Dhadgoan village: Distributed informational cards on maternal and child health. Engaged with community members to assess their knowledge of nutrition and health practices. ✓ MCHN (Mother Child Health and Nutrition) Training Session in Bhaisdehi: Presented on the PMSMA project, focusing on antenatal care for CHOs. Covered key topics such as ANC room layout, history-taking, and communication with pregnant women. Discussed terms related to pregnancy and their practical application through case studies. Shared experiences and insights from the PMSMA project pilot phase in Ghodadongari. ✓ Second Day of MCHN Training: Conducted orientation on the PMSMA pilot study. Focused on ANC processes including abdominal checkups, and essential steps like preparation, inspection, palpation, and auscultation. Led discussions on HRP management and strategies for improving

	HRP outcomes. Covered topics on HBNC visits and the importance of accurate ANC practices. Conducted role-playing exercises and interactive discussions to reinforce learning and practical application. ✓ Noted issues on both supply and demand sides. Despite informing the Block Community Mobilizer to provide a duellist in the previous week, the Auxiliary Nurse Midwife at CHC in Ghodadongari did not receive it. ✓ Observed an increase in the number of High-Risk Pregnancies attending the PMSMA day, indicating an improvement. ✓ Attended a meeting at the Health and Wellness Centre, interacting with all Anganwadi workers. Discussed common reporting formats and data entry into the portal, providing solutions to their problems. ✓ Received guidance from District Lead, Dr. Sonu Rai, on analyzing data from the pilot study to evaluate the impact of PMSMA sessions on beneficiaries. ✓ Participated in an office meeting to discuss the new Home-Based Postnatal Care checklist. Gained insights into the revised HBPNC protocols aimed at improving postnatal care quality. Understood the checklist's comprehensive nature, focusing on better monitoring and support for new mothers and infants. ✓ Conducted a field visit to Batki Village and collected a case study of a high-risk pregnant woman from the Gond community. Highlighted the importance of understanding cultural and familial dynamics in healthcare. Recognized the need for culturally sensitive approaches to encourage healthcare access and compliance among vulnerable populations. ✓ For the upcoming ePMSMA (25th) session I followed up with BCM to ensure the duelist

	is provided to CHCs promptly. Progress is being monitored to prevent future delays. ✓ Implemented enhanced follow-up protocols for HRP women, ensuring regular check-ins and support to encourage healthcare compliance ✓ Discussed with the Block Community Mobilizer about preparing a duelist for the upcoming ePMSMA session. Follow-up was done with the Block Program Officer to ensure that necessary resources, approvals, and logistical support were in place, streamlining the execution of ePMSMA sessions. ✓ Participated in the ePMSMA session, where a duelist was efficiently prepared and provided to the ANM, aiding in the easy tracking of high-risk pregnant women. This led to significant improvements in diagnostic accuracy and session management. ✓ Collected feedback from high-risk pregnant women on their understanding of PMSMA and the impact of the initiative. Received positive feedback about better counseling, support, and ease of access to health services. Observed and noted improvements in the process of entering data into the ePMSMA portal, ensuring more accurate and efficient data management. ✓ Attended a monthly report meeting at the office, gaining insights on various health information systems such as HMIS, ANMOL, POSHAN tracker, CDR portal, and MDR portal.

LINKING THEORY (CLASSROOM LEARNING) WITH PRACTICE AT YOUR ORGANIZATION	○ In the 3rd semester National Health Policy module, I learned about various programs and their beneficiaries especially RMNCHA+N and PMSMA in detail, this helped me in giving the overview of what circumstances led to the launch of those programs and the initiatives taken under these programs. ○ In the 3rd semester, I went to an outreach program Unnat Bharat Abhiyan where I learned how to interact in community engagement. This helped me during the training of ANM and HBNC visits. ○ Classroom teachings on effective communication are applied in the field, highlighting their importance in building people's trust and ensuring accurate information exchange. ○ Theoretical knowledge of the module research methodology is applied to develop a structured concept paper, reinforcing how to systematically approach problems, plan interventions, and document findings. ○ In the classroom, you learn evidence-based guidelines for maternal and child healthcare, including the stages of prenatal care, risk assessment, and nutritional requirements during pregnancy. Fieldwork provided insights into the practical aspects of maternal and child healthcare, such as during the VHND where you assessed community knowledge and identified gaps in understanding and practice. ○ Classroom learning emphasizes the importance of systematic program management and monitoring to identify gaps and ensure effective implementation. During the PMSMA session, issues on both supply (e.g., missing duelist) and demand sides were identified, reflecting the need for close monitoring to ensure resources are appropriately allocated and utilized. ○ Classroom discussions on cultural competence emphasize the importance of

	understanding and respecting diverse cultural backgrounds to improve healthcare access. This concept was vividly illustrated during a field visit to Batki Village, where we encountered a pregnant woman from the Gond community. This experience underscored the necessity for healthcare providers to adopt tailored, respectful approaches that consider individual cultural contexts, ensuring that all patients feel understood and are more likely to seek and comply with medical advice. o In the classroom, during the NHP module, Behaviour Change Communication we learn the importance of stakeholder coordination and engagement in ensuring the success of health programs. The coordination with the Block Community Mobilizer and the follow-up with the Block Program Officer exemplify this theory in practice. By working closely with these stakeholders, the organization ensured the accurate preparation of the duelist and secured necessary resources for the ePMSMA sessions, leading to efficient program execution and better service delivery.
GAPS IDENTIFIED ON THE WORKING AREA.	o When we learn in the classroom, we only go from the perspective of theoretical knowledge but when I interacted with the public health fellows and went on field visits, I noticed how important is practical work to understand the data and challenges faced on the grassroots level. o In theory, we learned guidelines and procedures, but in practice, there were issues like incorrect data entry, incomplete counseling, and problems with equipment in remote areas. This shows the need for more practical training, better resources, and continuous support to ensure effective healthcare services.

	o Potential communication barriers, including language differences and low literacy levels, may hinder effective health education and community engagement. o The duelist, critical for tracking high-risk pregnancies, was not provided to the ANM at the Community Health Centre in Ghodadongari despite prior communication. o Interaction with pregnant migrant workers revealed potential barriers to accessing vaccination and health services, indicating gaps in reaching marginalized groups. o There is a lack of follow-up and monitoring protocols for high-risk groups, such as HRP women, who require ongoing care and attention. This leads to missed opportunities for early intervention and increases the likelihood of adverse health outcomes due to unmanaged risks. o Regular check-ups with the data operator highlighted inaccuracies and inconsistencies in the PMSMA portal entries.
SUGGESTIONS FOR IMPROVEMENT	o Need to learn and observe how to effectively communicate and make ground-level people understand the concepts. o Need for better coordination to ensure HRP women are monitored effectively. Challenges in persuading patients to follow medical advice. o To enhance the effectiveness of the Pradhan Mantri Surakshit Matritva Abhiyan project, it's crucial to standardize data entry protocols and provide comprehensive training for frontline workers to ensure accurate and consistent data management. o Conduct regular impact assessments to measure the effectiveness of health programs and identify areas for improvement. Regular assessments will ensure that programs are continually refined and optimized for maximum impact.

	○ Develop comprehensive follow-up procedures for HRP women and other high-risk groups, ensuring regular check-ins and monitoring. This will facilitate early detection of health issues and ensure timely interventions, reducing the risk of adverse outcomes. ○ Take follow-ups with the data operators focusing on accurate data entry and management and establish a routine data audit process to ensure the integrity and reliability of the PMSMA portal entries.
PLAN FOR THE NEXT WEEK	○ As I observed the first session of PMSMA the next week is making the plan on how to make changes before the 2nd session of PMSMA which is on 25th May. Finding solutions and identifying the gaps. ○ Going to sector meetings and ASHA meetings. Follow up before the 25th PMSMA session. Writing a case study. ○ Conduct follow-up visits to CHC Ghodadongari to assess the implementation of recent improvements in PMSMA sessions and gather feedback from healthcare workers. ○ Ensure that improvements from previous sessions are implemented. Monitor the session for any new gaps and work towards resolving them. Meet the data operator who updates the PMSMA portal and RCH portal to ensure it is updated or not. ○ Attend the 9th day of the PMSMA program and follow up on the 16th day with visits to CHC, UPHC, and PHC. To monitor progress, support healthcare providers, and enhance maternal healthcare services. ○ Attend the 25th day of the PMSMA program and take up follow up routines with BCM, BPO and keep regular visits to CHC, UPHC, and PHC to monitor progress. Have an interaction with HRP women to

	know if they are getting any benefit with the PMSMA sessions. o Collaborate with the data operator to review and correct inaccuracies in the PMSMA portal entries, ensuring that data is entered accurately and consistently. o Write 2 case studies one on the gond community and another on HRP. Complete the pilot study report on PMSMA.

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