SUMMER INTERNSHIP PROGRAM

at

National Health Mission, Rajasthan

From 6th May, 2024 to 4th July, 2024

A REPORT BY

Shivam Verma

Master of Business Administration

MBA Hospital & Health Management

2023-25

under the Mentorship of

Prof. Mamta Chauhan

IIHMR UNIVERSITY

Government of Rajasthan
National Health Mission, Rajasthan
Department of Medical, Health & FW, Swasthya Bhawan, Jaipur
Tel.No.0141-2229108, Email ID: spm_raj.nrhm@yahoo.com

No. F 2 (153) NHM/SPM/2024/ 842 Dated: 5/7/24

CERTIFICATE

This is to certify that **Mr Shivam Verma**, student of MBA, Indian Institute of Health Management Research (IIHMR University, Jaipur) has successfully completed his Summer Training at National Health Mission, Rajasthan from 06/05/2024 to 05/07/2024. He has worked on the project-

TRIBAL DISTRICTS OF RAJASTHAN UNDER MATERNAL HEALTH

His performance was found satisfactory. We extend him good wishes for a bright and successful career ahead.

(Dr Jitendra Kumar Soni)
Mission Director, NHM
Special Secretary
Medical Health & Family Welfare

IIHMR University Faculty Mentor Approval

This is to certify that **Mr Shivam Verma** of academic year 2023-25 of **INSTITUTE OF HEALTH MANAGEMENT RESEARCH** has prepared a poster with respect to his summer internship held during May-June 2024.

He has carried out work as per the guidelines. His poster is approved for presentation.

Date: 22nd July 2024

(Signature of Faculty Mentor)

Prof. Mamta Chauhan
Professor

IIHMR UNIVERSITY JAIPUR

Tribal & Aspirational Districts of Rajasthan

A Maternal Health Perspective

By: Shivam Verma-1830-HM
Under the guidance of Prof. Mamta Chauhan

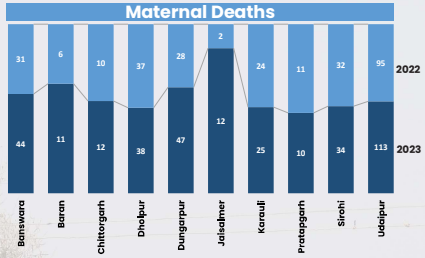
Aim

The National Health Mission (NHM) aims for attainment of universal access to equitable, affordable and quality health care services, accountable and responsive to people's needs, with effective inter-sectoral convergent action to address the wider social determinants of health.

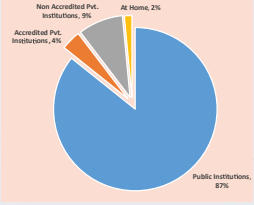
Background

- Government of India adopted the Reproductive Maternal Newborn Child Adolescent Health Plus Nutrition (RMNCAH+N) which essentially aims to address the major causes of mortality and morbidity among women and children. This framework also helps to understand and address anemia, malnutrition & the delays in accessing and utilizing health care services.
- This report focuses on the tribal districts of Rajasthan, regions that present unique challenges and with their distinct cultural practices and traditions, often have limited access to modern healthcare services. Similarly, they face environmental challenges such as extreme temperatures and water scarcity, further complicating healthcare delivery.
- Several policies has been put in place by the National Health Mission as well as the Ministry of Tribal Affairs by there are still gaps in the implementation of these policies.
- This poster crticially analyzes the condition of maternal health and utilisation of the services in the Tribal dominated southern districts of Rajasthan, ihabited in the moutainous and arid regions, with poor literacy rate and dependent on the daily wages, animla husbandry or migratory sources of income.

Maternal Deaths



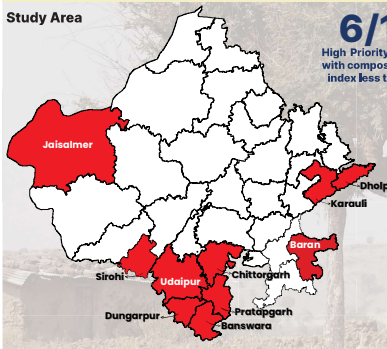
% Share of Institutional Deliveries



Result

1. Non-accredited private hospitals hold a larger share of institutional deliveries compared to accredited private hospitals.
2. Districts such as Banswara (59%), Pratapgarh (65%) and Udaipur (68%) exhibit significantly low rates for 4 ANC checkups.
3. Tetanus diphtheria (Td) dose coverage is generally high, with most districts achieving over 80%, indicating effective vaccination programs.
4. Udaipur reported the highest number of maternal deaths, increasing to 113 in 2023.
5. Jaisalmer(12) experienced a marked increase in maternal deaths in 2023 compared to 2022.
7. Banswara (87%), Dungarpur (73%), and Dholpur (79%) have the highest prevalence of anemia. among women.
8. All districts performed well in meeting institutional delivery targets, with rates exceeding 75%.

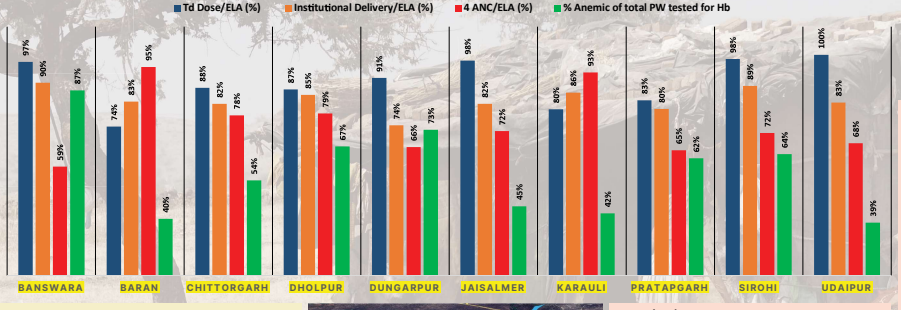
Study Area



6/12
High Priority Districts with composite health index less than 50%

5/12
Apirational Districts

Overview of the performance of Districts against the Targets (%)



Meathodolgy

- **Government Reports and Statistics:** Data from government sources, including the NHM, National Family Health Survey (NFHS), District Level Household and Facility Survey (DLHS), and Rajasthan's State Health Department reports (PCTS), were analyzed to understand maternal health trends and indicators.
- **Academic Research and Publications:** Relevant academic articles, research papers, and publications were reviewed to contextualize the findings and support the analysis.
- **NGO Reports:** Reports from NGOs working in the field of maternal health in Rajasthan were examined to gain additional perspectives and case studies.
- **Field Visits:** Interviews with ANMs at CHC Shahbad and BCMO Shahbad.

Case Study

Shahbad, a mountainous town in Baran district near the state border, is primarily inhabited by the Saharia tribe, 96,000 out of the total 157,000 population. The region faces challenges due to limited facilities, harsh weather, and arid regions, coupled with socio-cultural beliefs and traditional practices surrounding pregnancy and childbirth that differ from the mainstream population. The presence of five rivers causes flooding during the rainy season, submerging small river crossing bridges and blocking transit routes, which makes accessing healthcare facilities difficult during emergencies.

Key Findings

- Tobacco use in PW.
- Migration for Wages resulting in ANC Dropouts.
- Short PNC period due to loss of Wages.
- High Anemia prevalence.
- Low IFA tablet consumption due to myths of Abortion.
- Traditional beliefs and practices.
- lacks access to proper nutritional diet including milk that in turn affects women and the baby.

STRENGTHS

Government Support
Focus on Rural Areas
Comprehensive Programs
Capacity Building
Public Health Initiatives

WEAKNESSES

Resource Constraints
Implementation Challenges
Data Management
Accessibility Issues

OPPORTUNITIES

Technological Advancements
Public-Private Partnerships
Innovative Financing
Community Involvement

THREATS

Political Instability
Epidemics and Pandemics
Economic Challenges
Climate Change

Conclusion & Recommendations

1. Efficient Data Reporting
Streamline the reporting process on the PCTS portal and ensure regular audits to maintain data consistency.

2. Training and Education
Enhance training programs for personnel involved in data entry and reporting.
Educate communities on the benefits of modern medical practices to overcome resistance and cultural barriers.

3. Focus on Hard-to-Reach Areas
Prioritize interventions in areas lacking essential maternal health services.
Implement special programs to improve literacy and family earnings in tribal belts.

4. Infrastructure Improvements
Establish birth waiting rooms in hard-to-reach and flood-prone areas.
Design specific interventions to enhance emergency services where mobile medical units and ambulances are unavailable.

Table of Contents

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Summary

During my summer internship at the National Health Mission (NHM) Rajasthan from May 6th to July 4th, 2024, I focused primarily on different maternal health programmes & initiatives. After an initial orientation on various National Health Programs, I delved into an in-depth analysis of maternal health data using the PCTS portal. I studied Key Performance Indicators (KPIs) and conducted detailed analyses of maternal health performance across various districts. This included creating presentations to communicate my findings effectively. My work encompassed a range of initiatives such as MCH wings, Kushal Mangal Karyakram, Safe Motherhood Camps, and Prasuti Niyojan Diwas, enhancing my understanding of maternal health data reporting systems.

A significant part of my internship involved analyzing maternal health data for districts like Dausa, Baran, Jaipur, and Kota, identifying major causes of maternal deaths and evaluating the effectiveness of health interventions. I also explored the application of Geospatial Analysis in public health, particularly for maternal health data in Alwar District. This analysis helped uncover patterns and trends, facilitating targeted interventions. Additionally, I studied protocols for treating and managing maternal health complications and compared the Service Provider's Manual for Comprehensive Abortion Care between NHM Rajasthan and the Central Government.

Throughout the internship, I identified several critical gaps in the system. There was a notable lack of technology integration, which hindered efficient data management and reporting. Intersectoral coordination was often insufficient, leading to fragmented healthcare delivery. Moreover, inadequate training for data entry operators frequently resulted in discrepancies between original records and the data reported on the PCTS portal. These issues underscored the need for better training programs, enhanced use of technology, and improved coordination among different health sectors to ensure accurate and efficient healthcare delivery.

In conclusion, my internship experience at NHM Rajasthan was immensely educational and provided a real-world application of my academic knowledge. I gained valuable insights into the complexities of public health management and the importance of accurate data in driving health outcomes. Addressing the identified gaps by improving technology use, enhancing training programs, and ensuring better coordination among sectors could significantly enhance the effectiveness of NHM's maternal health initiatives. This experience underscored the critical role of systematic reporting and data accuracy in public health and highlighted the continuous need for improvement and innovation in healthcare delivery systems.

Compiled Internship Report

Name of the Organisation: National Health Mission, Rajasthan

Area/ Department/ Project of Summer Internship Program: Maternal Health

Name of the Student: Shivam Verma

Roll no: 1830

Stream: Hospital & Health Management

Activities Done

Week 1: The week commenced with an extensive orientation on various National Health Programs operational in Rajasthan, led by Directors, State Nodal Officers & State Program Officer who shared in-depth insights into their respective programs. On the first day, we explored the Family Welfare program, which focuses on Family planning information, counselling and services to women for healthy reproduction. Education about safe delivery and post-delivery of the mother and the baby and the treatment of women before pregnancy. This was followed by an overview of the Immunization & Supply Chain program, highlighting vaccine distribution logistics. We also delved into the Mobile Medical Units program that provides healthcare services to remote areas, Ayushman Arogya Manthan, which improves healthcare access through various schemes, and the Pre-Conception and Pre-Natal Diagnostic Techniques Act, which aims to prevent gender-based discrimination and ensure maternal and child health.

The second day concentrated on Quality Assurance in healthcare, emphasizing the maintenance and improvement of medical service standards. We learned about Community Health programs aimed at promoting health within local communities, Mukhyamantri Nishulk Dava Yojna and Mukhyamantri Nishulk Jaanch Yojna, which offer free medicines and diagnostic services, and Maternal Health programs focusing on reducing maternal mortality and enhancing maternal and infant health outcomes. On the third day, we covered the National Programme for Prevention and Control of Non-Communicable Diseases, addressing chronic illnesses like diabetes and hypertension, and the National Vector Borne Disease Control Programme, which targets diseases such as malaria and dengue.

The fourth day was dedicated to the Integrated Disease Surveillance Programme, essential for monitoring and controlling infectious disease outbreaks through systematic data collection and analysis. This program ensures early detection and timely intervention to safeguard public health. Overall, the orientation provided a thorough understanding of the diverse national

health programs, their implementation strategies, and their significant impact on the health and well-being of the people in Rajasthan. (Annexure 1)

Week 2: The orientation on various National Health Programs operational in Rajasthan continued with Directors & State Nodal Officers introducing and teaching about the specific programs. The sessions covered the Rashtriya Bal Swasthya Karyakram, Rashtriya Kishor Swasthya Karyakram, National Programme for Control of Blindness, and National Leprosy Eradication Programme. The following day, 14th May, focused on ASHA, DEO-Family Welfare, NUMH, National Tuberculosis Eradication Programme, and National Mental Health Programme. (Annexure 2)

Week 3: During this period, I conducted an in-depth analysis of maternal health data for 2023-24 across various districts and their respective blocks using the PCTS portal. I meticulously studied Key Performance Indicators (KPIs) used to monitor and evaluate maternal health performance, deriving valuable insights from the data. These insights were then compiled into detailed presentations to effectively communicate my findings. My research encompassed a range of initiatives, including MCH wings, Kushal Mangal Karyakram, Safe Motherhood Camps, and Prasuti Niyojan Diwas. Additionally, I was introduced to various frameworks for Maternal Health Data reporting systems, enhancing my understanding of the complex data structures and reporting mechanisms.

I delved into the specifics of Kushal Mangal Karyakram, Safe Motherhood Camps, and Prasuti Niyojan Diwas. I engaged in a comprehensive discussion with my mentor about the basic framework of Maternal Health Data reporting, focusing on the PCTS and MDSR portals. This discussion provided me with a deeper understanding of how data is reported and made accessible on these platforms. The following day, I analyzed the Maternal Health Report (MHR) data for Dausa District and its blocks, extracting key insights and creating a presentation to summarize my findings. I conducted a similar analysis for Jaipur-1 and its blocks, again drawing critical insights and developing a presentation.

Then my focus shifted to studying the various KPIs used to monitor maternal health services and assessing the impact of government interventions across the state. This involved a thorough review of the metrics used to gauge the effectiveness of maternal health programs. I reviewed data from several districts and selected Kota district for further analysis. This involved a detailed examination of their public maternal health services and an in-depth study of MCH Wings, contributing to a comprehensive understanding of the district's maternal health landscape. (Annexure 3)

Week 4: During this period, I engaged in comprehensive data analysis and presentation preparation focused on maternal health within Rajasthan. Initially, I meticulously analyzed the PCTS data of Bikaner, diving deep into the metrics and indicators relevant to maternal health

outcomes. Subsequently, I distilled this analysis into a clear and informative presentation to highlight key findings and trends from the data.

Following the Bikaner analysis, I turned my attention to the Jaipur Zone, specifically Jaipur 1 and Jaipur 2, where I conducted detailed analyses against various Key Performance Indicators (KPIs). This involved comparing and contrasting data across different blocks within the zones to identify areas of improvement and success in maternal health services.

A significant aspect of my work included identifying the major causes of maternal deaths based on the available data. I conducted in-depth reviews and comparisons to estimate the total number of maternal deaths against those reported, providing critical insights into the effectiveness of current health interventions and areas needing enhancement. These findings were pivotal in shaping discussions during the annual online meeting for the year 2023-24, which I hosted. The meeting brought together key stakeholders including the Director of Maternal Health, Project Director, State Nodal Officer, and various healthcare professionals. We deliberated on the achievements against set targets and assessed the current state of maternity facilities and services across Rajasthan, aiming to strategize and improve maternal health outcomes in the region. (Annexure 4)

Week 5: During this period, I deepened my understanding of Geospatial Analysis and its application in Public Health, particularly focusing on how it can be leveraged to derive valuable insights from maternal health data. I conducted a Geospatial analysis of Alwar District, using the maternal health line listing data available to uncover patterns and trends. Additionally, I studied protocols for the treatment, screening, and management of various complications and diseases affecting maternal women, which enriched my knowledge of comprehensive maternal healthcare practices.

I analyzed and compared the differences in the Service Provider's Manual for Comprehensive Abortion Care between NHM Rajasthan and the Central Government, identifying key distinctions and their implications. The following day, I focused on the treatment, screening, and management of Deworming, Gestational Diabetes Mellitus, and TB & Hypothyroidism, gaining insights into their protocols and best practices. On 5th June, my studies centered on managing complications such as Postpartum Hemorrhage (PPH), Preeclampsia, Eclampsia, HIV, Hepatitis, and the use of the Partograph for monitoring maternal and fetal health. This was followed by a dedicated study of the various aspects of Geospatial Analysis on 6th June, which provided a solid foundation for practical application.

I applied my knowledge by performing a Geospatial analysis on maternal deaths line listing data, presenting my findings to the State Nodal Officer (SNO). This exercise allowed me to visualize data spatially, making it easier to identify areas requiring targeted interventions. Additionally, I researched potential topics for my Summer Internship Project and discussed them with my mentor, ensuring that my project would be both impactful and aligned with my interests and career goals. This period was marked by significant learning and application of advanced analytical techniques to real-world public health challenges. (Annexure 5)

Week 6: During this period, my focus was on understanding maternal health interventions in the tribal belts of Rajasthan, which involved a multifaceted approach. I began by studying various interventions implemented in these regions, such as Birth Waiting Rooms, Janani Suraksha Yojana (JSY), Tele-medicine services, and initiatives like fixing 50% salary increments for Accredited Social Health Activists (ASHAs) and providing extra incentives to doctors. These interventions are crucial in addressing the unique challenges faced by tribal communities in accessing maternal healthcare services.

To deepen my knowledge base, I conducted a thorough literature review of articles and research papers focused on maternal health in tribal regions across India. This review provided insights into the existing healthcare disparities, effective interventions, and areas needing further attention or improvement. Additionally, I specifically studied the demography of Baran, Rajasthan, assessing its performance against key maternal health indicators outlined by the National Health Mission (NHM) Rajasthan. This analysis helped contextualize the challenges and opportunities within the local healthcare landscape.

A significant part of my work included field visits to Shahabad, Baran, Rajasthan, aimed at primary data collection. These visits allowed me to observe firsthand the healthcare infrastructure, interact with community members, healthcare providers, and officials, and gather qualitative insights into the maternal health practices and challenges faced by tribal populations. This practical experience complemented my theoretical understanding and provided a holistic perspective on the complexities of maternal healthcare delivery in tribal areas. (Annexure 6)

Week 7: Following the field visit to Shahabad, Baran, Rajasthan, I conducted a detailed analysis of the data collected, focusing on maternal health indicators and local healthcare practices. This involved compiling and interpreting quantitative and qualitative data to gain a comprehensive understanding of the maternal health scenario in the region. Subsequently, I prepared a detailed presentation to discuss my findings, highlighting key issues, challenges, and potential interventions to improve maternal health outcomes in Shahabad.

In parallel, I dedicated time to working on the Project Report, synthesizing all gathered information, analyses, and recommendations into a cohesive document. This report aimed to provide a structured overview of the maternal health situation in Shahabad, incorporating insights from the field visit, data analysis, and relevant literature. It outlined the current status of maternal healthcare services, identified gaps in service delivery, and proposed actionable strategies for enhancing maternal health services tailored to the needs of the local population.

Throughout this process, my efforts were directed towards not only analyzing data and preparing presentations but also towards crafting a comprehensive project report that could serve as a valuable resource for stakeholders and decision-makers involved in improving maternal health in Shahabad, Baran, Rajasthan. (Annexure 7)

Week 8: Finalized the Summer Internship report. (Annexure 8)

Linking theory (Classroom learning) with practice at your organisation	• Different aspects of Public Health studied in the classroom helped develop a better understanding of the National Health Programs along with the issues prevailing in the society. • Epidemiology and Demography was widely used to discuss the disease prevalence of different districts of Rajasthan. • The knowledge of the structure and working of Public health Systems and several other Health institutions helped to better understand the framework. • I used the concepts of Biostatistics to derive insights from the data as the data provided was not evenly distributed. So the concepts of median and Quartiles was used. • Concepts of Healthcare delivery systems module helped understand the various divisions the public health services and their working. • I used the concepts of Biostatistics to derive insights from the data as the data provided was not evenly distributed. So the concepts of median and Quartiles was used. • Concepts of Healthcare delivery systems module helped understand the various divisions the public health services and their working.

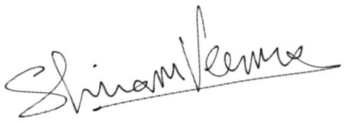
Gaps identified on the working area.	• **Behavior/Perspectives of Population**
	  • Tribal communities continue to rely on natural and traditional treatment methods.
	  • Literacy and family earnings significantly influence resistance to change.
	• **Lack of Technology Integration**
	  • Technical limitations hinder effective integration of technology in maternal health services.
	• **Lack of Intersectoral Coordination**
	  • Insufficient coordination among various sectors impacts the efficiency of maternal health programs.

	• **Lack of Proper Training and Knowledge**
	  • Lack of professional data entry operators leads to discrepancies between original records and PCTS data.
	  • Inefficient data reporting on the PCTS portal, resulting in gaps.
	• **Resistance to Change**
	  • Resistance to adopting new practices due to ingrained cultural habits and lack of education.
	• **Presentation and Reporting Issues**
	  • Yearly Maternal Health Report presentations are unclear and ineffective due to an incomprehensible template filled with tables.
	  • Reports lack a reference year for comparison, making it difficult to assess block performance and improvement areas.
	  • Inefficient reporting of deaths due to unavailability of accurate data.
	  • No professional format used for data entry of maternal health data.

Suggestions for improvement	**Standardized Data Entry and Reporting** • Adopt a standard format for line listing maternal deaths using Excel. • Implement data validation techniques and standardized data entry procedures to ensure accuracy. **Improved Presentation Templates** • Develop a clear and comprehensible template for presenting the Yearly Maternal Health Report.

	• Include reference years for comparison to assess performance and identify improvement areas. **Enhanced Training and Knowledge** • Provide proper training to data entry operators to minimize discrepancies. • Ensure all personnel involved in data entry and reporting are adequately trained. **Efficient Data Reporting** • Streamline the reporting process on the PCTS portal to eliminate gaps. • Ensure consistency between original records and PCTS data through regular audits. **Addressing Resistance and Cultural Barriers** • Educate communities on the benefits of modern medical practices. • Implement programs to improve literacy and family earnings to reduce resistance to change. **Focus on Hard-to-Reach Areas** • Prioritize special interventions in areas that lack basic and essential maternal health services. • Ensure continuous monitoring and support for these interventions to improve accessibility and quality of care. **ASHA Worker Compensation** • Ensure 50% of ASHA workers' salaries are fixed, with the remaining 50% being incentive-based, as per central government guidelines.

	Birth Waiting Rooms • Establish birth waiting rooms in hard-to-reach and flood-prone areas to provide safe and accessible maternal care. **Literacy and Education** • Implement special interventions by the Ministry of Child and Women Development to improve literacy rates in hard-to-reach and pocket villages in tribal belts. **Emergency Services** • Design specific interventions to improve emergency services in areas lacking mobile medical units and ambulances due to poor transit routes.



Signature of the Student

Approved by the IIHMR University's Mentor

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Annexure 1

Activity Done	• The week started with the Orientation of different National Health programs that are operational in the state of Rajasthan. • Directors or State Program Officer generally introduce and teach about the concerned National Health Programs. **Following is the day wise list of programmes introduced:** • **1st Day:** Family Welfare, Immunization & Supply Chain, Mobile Medical Units, Ayushman Arogya Manthan, Pre-Conception and Pre-Natal Diagnostic Techniques Act. • **2nd Day:** Quality Assurance, Community Health, Mukhyamantri Nishulk Dava Yojna, Mukhyamantri Nishulk Jaanch Yojna, Maternal Health • **3rd Day:** National Programme for Prevention and Control of Non Communicable Diseases, National Vector Borne Disease Control Programme. • **4th Day:** Integrated Disease Surveillance Programme • **5th Day & 6th Day was off**
Linking theory (Classroom learning) with practice at your organisation	• Different aspects of Public Health studied in the classroom helped develop a better understanding of the National Health Programs along with the issues prevailing in the society. • Epidemiology and Demography was widely used to discuss the disease prevalence of different districts of Rajasthan. • The knowledge of the structure and working of Public health Systems and several other Health institutions helped to better understand the framework.
Gaps identified on the working area.	• Till now we haven't actually performed any gap analysis to figure out the gaps as still the orientation is going on. • But from the lectures that we have received on different health programs we have figured out that despite efforts by the govt., are some the gaps that are hindering the success of these National Health Programs: a) Behaviour/perspectives of population

	b) Lack of technology integration due to technical limitations c) Lack of interpectoral coordination d) Lack of proper training and knowledge e) Resistance to change
Suggestions for improvement	**NA**
Plan for the next week	• The orientation would continue for the first two days of the week. • Then we'll be asked to choose a program of Interest and then we'll start working in our respective areas.

Annexure 2

Activity Done	• The Orientation of different National Health programs that are operational in the state of Rajasthan continued. • Directors or State Program Officer generally introduce and teach about the concerned National Health Programs. **Following is the day wise list of activities:** • **13th May:** Orientation of Rashtriya Bal Swasthya Karyakram, Rashtriya Kishor Swasthya Karyakram, National Programme for Control of Blindness, National Leprosy Eradication Programme. • **14th May:** Orientation of ASHA, DEO-Family Welfare, NUMH, National Tuberculosis Eradication Programme, National Mental Health Programme. • **15th May:** Departments were allotted. I choose Maternal Health. • **16th May:** Reporting to respective departments. • **17th May:** Basic orientation of the workflow in NHM. • **18th May:** It was off.
Linking theory (Classroom learning) with practice at your organisation	• Different aspects of Public Health studied in the classroom helped develop a better understanding of the National Health Programs along with the issues prevailing in the society. • Epidemiology and Demography was widely used to discuss the disease prevalence of different districts of Rajasthan. • The knowledge of the structure and working of Public health Systems and several other Health institutions helped to better understand the framework.
Gaps identified on the working area.	• Till now we haven't actually performed any gap analysis to figure out the gaps as still the orientation is going on.

	• But from the lectures that we have received on different health programs we have figured out that despite efforts by the govt., are some the gaps that are hindering the success of these National Health Programs: f) Behaviour/perspectives of population g) Lack of technology integration due to technical limitations h) Lack of interpectoral coordination i) Lack of proper training and knowledge j) Resistance to change
Suggestions for improvement	**NA**
Plan for the next week	• On Monday my mentor would brief us more about the working of the Health Programme and assign some work.

Annexure 3

Activity Done	• Analyzed maternal health data for the year 2023-24 across various districts and their respective blocks using the PCTS portal. • Studied various Key Performance Indicators (KPIs) used to monitor and evaluate maternal health performance across these districts (Maternal Health Report). • Derived insights from the data based on the defined KPIs and created presentations to share these findings. • Studied MCH wings, Kushal Mangal Karyakram, Safe Motherhood Camps, and Prasuti Niyojan Diwas. • Introduced to various frameworks for Maternal Health Data reporting systems. **Following is the day wise list of activities:** • **20th May:** Studied Kushal Mangal Karyakram, Safe Motherhood Camps, and Prasuti Niyojan Diwas. Discussed the basic framework of Maternal Health Data reporting, PCTS, and MDSR portals with my mentor. Gained insights into how the data is reported and made available on the portal. • **21st May:** Analyzed the Maternal Health Report (MHR) data for Dausa District and its blocks, drew insights, and created a presentation. • **22nd May:** Analyzed the MHR data for Jaipur-1 and its blocks, drew insights, and created a presentation. • **23rd May:** Studied various Key Performance Indicators (KPIs) used to monitor maternal health services and assessed the impact of government interventions in the state. • **24th May:** Reviewed data from several districts and selected Kota district for further analysis of their public maternal health services. Studied about MCH Wings. • **25th May: Day off.**

Linking theory (Classroom learning) with practice at your organisation	• I used the concepts of Biostatistics to derive insights from the data as the data provided was not evenly distributed. So the concepts of median and Quartiles was used. • Concepts of Healthcare delivery systems module helped understand the various divisions the public health services and their working.
Gaps identified on the working area.	• The basic template used for presenting the Yearly Maternal Health Report is incomprehensible and filled with tables, making the presentations unclear and ineffective. • The data presented in the report is only from the previous year, lacking a reference year for comparison to assess block performance and improvement areas.
Suggestions for improvement	• The present data should be mentioned alongside the data from the previous year. • Instead of just entering data in tables, graphs and heat maps should be used to present insights from the data.
Plan for the next week	• On Monday the Ppt for Kota would be submitted before the Nodal officer. • Through PCTS portal previous year data would be analysed to derive insights from it and evaluate the impact of the interventions.

Annexure 4

Activity Done	• Analysed PCTS data of Bikaner and Prepared presentations for the same. • Analysed PCTS data of Ajmer and Jaipur Zone and their blocks against • various KPIs and presented it. • Found the major causes of maternal deaths using the data available and • presented in the annual meeting held on 31st for the year 2023-24. **Following is the day wise list of activities:** • **27th May:** Analyzed the PCTS data of Bikaner. • **28th May:** Prepared presentation of the Bikaner analysis. • **29th May:** Analyzed data of Jaipur Zone (Jaipur 1 & 2). • **30th May:** Found the major causes of maternal death in the area and compared the estimate total no. of maternal deaths with maternal deaths reported and reviewed. Analyzed data of Ajmer Zone performed the same analysis. • **31st May:** Hosted the annual online meeting for the year 2023-24, a discussion on the targets achieved in the year

	2023-24 against several KPIs and current situation of the maternity facilities and services in the state of Rajasthan. Director Maternal Health, Project Director, State Nodal officer along with BCMOs, RCHOs, MS, Doctors, and Nurses etc. were present in the meeting. • **1st July:** Day off.
Linking theory (Classroom learning) with practice at your organisation	• I used the concepts of Biostatistics to derive insights from the data as the data provided was not evenly distributed. So the concepts of median and Quartiles was used. • Concepts of Healthcare delivery systems module helped understand the various divisions the public health services and their working.
Gaps identified on the working area.	• The reporting of data on the PCTS portal is not done efficiently. There are gaps in the data. • The original records and PCTS data vary from each other. • This is happening due to lack of professional data entry operators.
Suggestions for improvement	• Provide comprehensive training for data entry operators on accurate PCTS portal data entry and adherence to SOPs. • Establish a rigorous quality assurance process, including regular audits of original records and PCTS data. • Consider investing in automated data entry tools and ensuring adequate staffing to enhance efficiency and accuracy.
Plan for the next week	• I will start figuring out & researching on the Project topic for the Summer Internship.

Annexure 5

Activity Done	• Studied about Geospatial Analysis and how it is used in Public Health. • Performed Geospatial analysis of Alwar District to derive insights from the maternal health Line listing data available. • Studied protocols for treatment, screening and management of several complications and disease of Maternal Women. **Following is the day wise list of activities:** • **3rd June:** Studied and compared various differences in the Service provider's manual for the Comprehensive Abortion care of NHM Rajasthan and Central Govt. • **4th June:** Studied the treatment, screening and management of Deworming, Gestational Diabetes Mellitus, and TB & Hypothyroidism.

	• **5th June:** Studied the treatment, screening and management of complications related PPH, Preeclampsia, Eclampsia, HIV Hepatitis & The usage of Partograph in monitoring the health of Mother and the baby. • **6th June:** Studied Geospatial Analysis its various aspects. • **7th June:** Performed Geospatial analysis on the maternal deaths line listing data available and presented it before the SNO sir. Researched topics for the Summer Internship Project and discussed with the Mentor. • **8th June: Day off.**
Linking theory (Classroom learning) with practice at your organisation	• I used the concepts of Biostatistics to derive insights from the data as the data provided was not evenly distributed. So the concepts of median and Quartiles was used.
Gaps identified on the working area.	• The reporting of deaths is not efficient enough as accurate data is not available. • There is no professional format being used for the data entry of the maternal health data.
Suggestions for improvement	• A standard format should be used for the line listing for maternal deaths using excel. Data validations techniques, Standard data entry procedures should be used.
Plan for the next week	• The blueprint of the research topics for the summer internship project will be submitted before the SNO sir and he will the further guide as to how to proceed with it.

Annexure 6

Activity Done	• Studied about different interventions being carried out in the tribal belts of Rajasthan for improving maternal health. • Study different programs of Central and the state government for the tribal belts of India. • Did literature review of the articles and research papers available on maternal health in the tribal regions of India. • Went to Shahabad, Baran, Rajasthan for primary data collection. **Following is the day wise list of activities:**

	• **10th June:** Studied about different interventions being carried out in the tribal belts of Rajasthan for improving maternal health. Four example Birth waiting rooms, JSY, Tele-medicine, Fixing 50% salary of ASHA and providing extra incentive to doctors etc. • **11th June:** perform the literature review of the articles and research paper available on the maternal health in the tribal regions of India. • **12th June:** perform literature review. • **13th June:** studied about the demography of Baran Rajasthan, it's performance with respect to maternal health against several indicators laid out by the National Health Mission Rajasthan. • **14th June:** Field Visit to Baran, Rajasthan. • **15th June:** Field Visit to Baran, Rajasthan.
Linking theory (Classroom learning) with practice at your organisation	• Different aspects of research methodology like framing a research question, performing a literature review etc. • Different types of Data collection like questionnaires, interviews group group interviews etc. was done practically during the primary data collection.
Gaps identified on the working area.	• Despite special interventions being laid out by the government there are areas that are hard to reach and lakh basic and essential maternal Health services. • Tribal practices of using natural and traditional methods of treatment is still prevalent. • Literacy and family earnings still remains the most significant cause of the resistance of this tribal community to change.
Suggestions for improvement	• As per the central government 50% salary of Asha should be fixed and 50% should be incentive based. • For the areas that are hard to reach and are flood prone there should be a provision of birth waiting rooms . • Special interventions must be late down by the ministry of child and women development to improve the literacy rate in hard to reach and pocket villages of the tribal belts. • There are places where mobile medical units and ambulance are not available due to the lack of transit routes. So some interventions must be specifically designed for these areas to improve the emergency services.

Plan for the next week	• Prepare a report of the field visit and proceed with the gap finding.

Annexure 7

Activity Done	• Analysed the data collected on the field visit. • Prepared a presentation to discuss the Maternal Health scenario in Shahbad. • Worked on the Project Report
Linking theory (Classroom learning) with practice at your organisation	• Different aspects of research methodology like framing a research question, performing a literature review etc. • Different types of Data collection like questionnaires, interviews group group interviews etc. was done practically during the primary data collection
Gaps identified on the working area.	• Despite special interventions being laid out by the government there are areas that are hard to reach and lakh basic and essential maternal Health services. • Tribal practices of using natural and traditional methods of treatment is still prevalent. • Literacy and family earnings still remains the most significant cause of the resistance of this tribal community to change.
Suggestions for improvement	• As per the central government 50% salary of Asha should be fixed and 50% should be incentive based. • For the areas that are hard to reach and are flood prone there should be a provision of birth waiting rooms . • Special interventions must be late down by the ministry of child and women development to improve the literacy rate in hard to reach and pocket villages of the tribal belts. • There are places where mobile medical units and ambulance are not available due to the lack of transit routes. So some interventions must be specifically designed for these areas to improve the emergency services.

Plan for the next week	• Report and Poster Completion.

Annexure 8

Activity Done	• Finalized the Summer Internship report. • Made Corrections as directed.
Linking theory (Classroom learning) with practice at your organisation	• NA
Gaps identified on the working area.	• NA
Suggestions for improvement	NA
Plan for the next week	NA