SUMMER INTERNSHIP PROGRAM

At

(NATIONAL HEALTH MISSION, GUJARAT)

From 5TH MAY 2024 to 5TH JULY 2024

A REPORT BY

ANJALI PUROHIT

Master of Business Administration

(Hospital & Health Management)

2023-25

under the Mentorship of

Mr. ASHISH BANDHU

Ministry of Health & Family Welfare
Government of India

NATIONAL HEALTH MISSION

Certificate of Internship

This is to certify that ~~Mr./Miss.~~ Dr. Anjali Purohit student of IIHMR University, Jaipur has successfully completed the Internship of MBA (Hospital and Health Management) from 06.05.2024 to 05.07.2024 at Maternal Health, CoH, Gandhinagar

During the period of ~~his~~/her internship programme with us, ~~He~~/She has been exposed to different processes and was found diligent, hardworking & inquisitive.

We wish ~~him~~/her every success in life & career.

Mrs. K.M. Sheth, GAS
Programme Officer(Admin)
National Health Mission,Gujarat

Remya Mohan, IAS
Mission Director,
National Health Mission,Gujarat

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **DR. ANJALI PUROHIT** of academic year 2023-25 Of **INSTITUE 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 July 2024

Mr. Ashish Bandhu

Assistant Professor

IIHMR University Jaipur

ANALYSIS OF GUJRAT'S MATERNAL HEALTH PERFORMANCE FY 2023-24 AND INSIGHTS FROM FIELD VISITS ON MAMTA DIWAS

NAME- DR. ANJALI PUROHIT | ROLL NO. -1677 | FACULTY MENTOR –MR. ASHISH BANDHU | ORGANIZATION'S MENTOR- DR. HARSHAD B PATEL

NATIONAL HEALTH MISSION, GUJARAT

NHM was launched nationwide on 1st May 2013 by the Government of India which consists of two submissions, NRHM on 12th April 2005 & NUHM on 1st May 2013.

Maternal Health is one of the Sustainable Development Goal and a vital component towards achieving Continuum of Care. Gujarat has reduced from 172 per 1 lakh live births in year 2001 – 2003 to 57 per 1 lakh live births in year 2018 – 2020 (SRS).

VISION

To provide universal access to equitable, affordable, and quality healthcare services, addressing the health needs of underserved rural and urban areas.

MISSION

To enhance healthcare access and quality, focusing on maternal and child health, disease control, and family planning. It aims to improve health infrastructure and ensure safe water and sanitation. Community participation and equitable healthcare delivery are central to its efforts.

ORGANIZATIONS STRUCTURE

- MISSION DIRECTOR (NHM)
- ADDITIONAL DIRECTOR (FAMILY WELFARE)
- ASSISTANT DIRECTOR (FAMILY WELFARE)
- DEPUTY DIRECTOR (MCH)
- CONSULTANT / PROJECT OFFICER
- PROGRAMME OFFICER

MAMTA DIWAS : INSIGHTS FROM FIELD VISITS FOR MATERNAL AND CHILDHEALTH

Mamta Divas is an initiative aimed to improve maternal and child healthcare, a day dedicated to providing free health services to expectant mothers, post-natal mothers, children aged 0 to 5 years, and adolescent girls in Anganwadi centers and sub-centers across the state every Wednesday.

KEY OBSERVATIONS

- Role of ASHA and Female Health Workers:
  - ASHA confidently explained each scheme to pregnant women, counselled them on diet, and explained the criteria for filling out forms. She also shared her contact information for further assistance.
  - She made detailed entries in Mamta cards, recording vitals and health information.
  - ASHA worker was not aware of a new scheme related to high-risk pregnancies. This could potentially hinder its implementation and outreach to women who might qualify for additional support.
- Services Offered :
  - Immunizations for mothers and children, but some women skipped their vaccines and when asked they responded they were not available there.
  - Blood pressure (inconsistency observed in blood pressure check ups across locations)
  - Dietary counseling.
  - Identification of high-risk cases.
  - Information and counselling on health schemes (JSY, JSSK, PMMVY, Namoshree).
- Infrastructure Variations:
  - Recently renovated HWCs: provided clean and spacious facilities.
  - Some HWCs lack privacy in OPD areas, proper toilets, and water coolers.
  - Anganwadi's can be well-equipped and require better maintenance.
- Attendance Variations:
  - Low participation observed in rural areas even after ASHA contacted them from due list for their schedule
  - Also in urban area which were newly constructed.
- High-Risk Case Identification:
  - Mamta Diwas helps identify mothers with low weight or requiring additional support.
- Community Awareness Challenges:
  - Low awareness about vaccinations exists in some communities.

SWOT ANALYSIS

STRENGTH
- Effective Counseling by ASHA.
- Hygiene Practices maintained by FHW .
- Maintaining records in MAMTA card.
- Community Engagement and awareness.

WEAKNESS
1. Incentive Issues
2. Infrastructure Limitations
3. Staffing Shortages
4. Malfunctioning Equipment and Facilities

OPPORTUNITIES
1. Training and Awareness
2. Infrastructure Development
3. Incentive Programs
4. Technological Integration

THREATS
1. Inadequate awareness about new scheme.
2. Staff Burnout
3. Lack of special attention to high risk cases.

PRACTICAL EXPOSURE

1. Conducting field visits to observe ASHA workers performing ANC checkups, counseling, and record-keeping(verifying Mamta Divas checklist)
2. Witnessing Anganwadi functioning including providing supplementary nutrition to children under RBSK.
3. Analyzing JSY/JSSK data for evaluating the effectiveness of program .
4. Observing HWCs functioning, including NCD screening and vaccinations(verifying through HWC checklist)

THEORETICAL UNDERSTANDING

1. Used data triangulation to address data inconsistencies.
2. Assessed JSY/JSSK effectiveness through program evaluation frameworks.
3. Identified solutions for ASHA worker incentives and staffing shortages also unawareness about the new schemes.

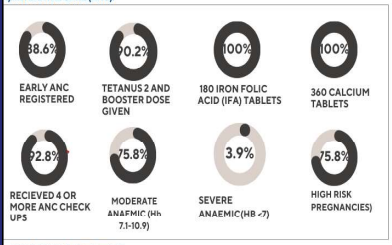
ANALYSIS OR MATERNAL HEALTH PERFORMANCE FY 2023-2024

DATA SOURCE -HMIS

Total number of NEW Pregnant Women registered for ANC

14 lacs

1)ANTENATAL CARE (ANC):



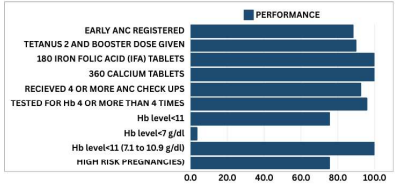
(1)HIG ANC REGISTRATION:
- Most pregnant women (≈92.8%) are registering for antenatal care early. This is crucial for early detection of potential problems and ensuring healthy pregnancies.

(2) IMMUNIZATION AND SUPPLEMENTATION RATES:
- A significant portion of women are receiving tetanus vaccinations (≈90.2%) and iron-folic acid (IFA) supplementation (≈92.8%), which helps prevent anaemia and birth defects. A good percentage (≈75.8%) also received calcium tablets, aiding bone development in the fetus.

(3)DELIVERIES:
- Nearly all deliveries (≈99.89%) were institutional deliveries which decreases the risk of complications for both mother and baby compared to home births. A much smaller percentage (≈0.11%) of deliveries occurred at home.

(4)POSTNATAL CARE (PNC):
- Most (≈83.24%) of women are receiving postnatal checkups, allowing for early detection of postpartum complications.

(5)MATERNAL DEATH REVIEW:
- ≈98% of maternal deaths are reviewed.



CHALLENGES FACED

- Language Barrier.
- Extreme Weather Conditions .
- Limited time to conduct comprehensive studies and analyses.
- Limited field visits.

LEARNINGS AND VALUE ADDITION

- Gained knowledge about how the healthcare system operates at the grassroots level.
- Learned about Data analysis and to make comprehensive/One page interpretation report.
- Learned how to write a proposal.
- Realized the importance of time management and setting realistic goals to meet deadlines.
- Gained experience in conducting field visits.
- Learned about the critical role of ASHA workers and FHWs in delivering healthcare services at both the event and community levels.
- Enhanced Soft skills.

SUGGESTIONS

- Conduct monthly ASHA worker training sessions with video support.
- Increase the frequency of field visits to observe data collection challenges firsthand and validate data accuracy across different healthcare facilities.
- Address infrastructure challenges at HWC such as privacy issues at OPD , inadequate sanitation facilities, and lack of diagnostic tools in healthcare facilities to improve service delivery and patient care.

Reporting Format

(Weekly)

Name of the Organization: National Health Mission, Gandhinagar

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

Name of the Student: Anjali Purohit

Roll no: 1677 Stream: MBA (Hospital and Health Management)

Week no:1 From: MAY 6TH 2024 to MAY 10TH 2024

Activity Done	1. Analysed monthly data from HMIS for maternal health indicators like ANC registered , number of deliveries, and C-sections across MCs and sub-districts. 2. Created one-page reports summarizing the data analysis of the states maternal health through the indictors and also of high-risk pregnancies. 3. Reviewed the guidelines for very high risk pregnancies (Reduction of maternal death by giving birth in Medical hospital and District hospital).
Linking theory (Classroom learning) with practice at your organisation	1. Knowledge of data management and public health policies to real-world scenarios, enhancing my understanding of maternal health initiatives and data analysis.
Gaps identified on the working area.	1. Incomplete data entries. 2. No changes in indicators in some districts, suggesting reporting issues. 3. Need for data rechecking to ensure accuracy. 4. Training gaps among healthcare workers in data entry and reporting.
Suggestions for improvement	1. Implement regular monitoring and feedback systems. 2. Provide ongoing technical support for data entry systems.
Plan for the next week	1. Research the high-risk pregnancy initiative in detail for my project for next two months. 2. Conduct field visits to observe data collection challenges. 3. Develop an action plan for my project

Reporting Format

(Weekly)

Name of the Organization: National Health Mission, Gandhinagar

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

Name of the Student: Anjali Purohit

Roll no: 1677 Stream: MBA (Hospital and Health Management)

Week no:2 From: MAY 13TH 2024 to MAY 18TH 2024

Activity Done	1. Reviewed maternal health guidelines and NHM Gujarat. 2. Analysed maternal health data from HMIS, categorizing it by district hospitals, and medical colleges for in-depth evaluation. 3. Utilized TeCHO+ portal for comprehensive maternal health data analysis, extracting insights maternal health status 4. Did Data entry evaluated the report of 24*7 PHC performance until March 2024, identifying persistent gaps in data completeness across districts and sub-districts.
Linking theory (Classroom learning) with practice at your organisation	1. Observed how classroom theories apply to real-life situations, how data analysis is done to identify areas of improvement.
Gaps identified on the working area.	1. Persistent gaps were noted in the completeness and accuracy of data from various districts and sub-districts.
Suggestions for improvement	1. Emphasize capacity building initiatives to enhance data collection, mostly validation, and reporting at he district and sub-district levels.
Plan for the next week	1. Work with everyone involved to fix any problems with the data we have about maternal health. 2. Look closely at the data and talk to people to figure out what project topic I can choose for internship and focus on.

Reporting Format
(Weekly)

Name of the Organization: National Health Mission, Gandhinagar

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

Name of the Student: Anjali Purohit

Roll no: 1677 Stream: MBA HOSPITAL AND HEALTH MANAGEMENT

Week no: 3 From: MAY 20th 2024 to MAY 25th 2024

Activity Done	1. Focused on a literature review of high-risk pregnancies, patient satisfaction, and labour room analysis. I also analysed maternal health data for FY 2023-24 . 2. Analysed and compared TeCHO+ data from the past two years, summarizing key maternal health indicators in a one-page report. 3. Attended a meeting to discuss annual reports, they discussed gaps and inaccuracies, and discussed solutions for low-performing states, noting issues with data accuracy and the need for more field visits.
Linking theory (Classroom learning) with practice at your organisation	1. Knowledge of data management and public health policies to real-world scenarios, enhancing my understanding of maternal health initiatives and data analysis. 2. How annual analysis is done and new schemes are initiated to fill the gap.
Gaps identified on the working area.	1. Data inaccuracies and entries exceeding 100%. 2. Insufficient field visits for data verification. 3. Errors in data analysis.
Suggestions for improvement	1. Implement regular monitoring and feedback systems. 2. Increase field visits for accurate data collection. 3. Establish a robust monitoring and feedback system
Plan for the next week	1. Continue data analysis from TeCHO+ and learn more about how to make an interpretation.

Reporting Format
(Weekly)

Name of the Organization: National Health Mission, Gandhinagar

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

Name of the Student: Anjali Purohit

Roll no: 1677 Stream: MBA HOSPITAL AND HEALTH MANAGEMENT

Week no: 4 From: MAY 27th 2024 to JUNE 1ST 2024

Activity Done	1. Read and reviewed guidelines of program JSY and JSSK. 2. Extracted data from HMIS and TeCHO+ portal , did a performance analysis of the data . 3. Compared the analysed report with Physical data and found the gap between both . 4. Learned about Data triangulation.
Linking theory (Classroom learning) with practice at your organisation	1. Knowledge of programs and its indicators, JSSY and JSK. 2. How monthly is done and new schemes are initiated to fill the gap. 3. Applying the theory of research methods to practical conduct a study.
Gaps identified on the working area.	1. Difference in physical recorded data and data on portals.
Suggestions for improvement	1. Implement regular monitoring and feedback systems. 2. Increase field visits for accurate data collection. 3. Establish a robust monitoring and feedback system
Plan for the next week	1. Conduct Visit to observe Mamta diwas. 2. Learn more about other maternal health programs going on in NHM Gandhinagar. 3. Visit and facility to see MAMTA DIWAS and observe for more practical knowledge.

Reporting Format
(Weekly)

Name of the Organization: National Health Mission, Gandhinagar

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

Name of the Student: Anjali Purohit

Roll no: 1677 Stream: MBA (Hospital and Health Management)

Week no: 5 From: JUNE 3rd 2024 to JUNE 7th 2024

Activity Done	1. Continued doing Analysis of JSSK scheme, mostly about the services provided and learned about Data triangulation. 2. Visited SUVIDHA OFFICE for MAMTA DIVAS held on every Wednesday, made report of the field visit and observation. 3. Did a data analysis of scheme PMSMA.
Linking theory (Classroom learning) with practice at your organisation	1. Knowledge of duties and responsibilities of ASHA and FHW , how they actually work . 2. How schemes Namoshree and JSY are actually been utilised by the people.
Gaps identified on the working area.	1. Incentive Issues: ASHA expressed disappointment over not receiving any incentives or rewards for her work, which could affect motivation and performance. (Gandhinagar Sector 19,20,21) 2. Infrastructure provided for just on day service was too conjusted. 3. Weighing machine was not properly working, was showing errors. 4. Asha was unaware about the current scheme of very high-risk pregnancy scheme.
Suggestions for improvement	1. Implement regular monitoring system for the equipment. 2. The system should consider maintain a record system for incentives for ASHA for motivation. 3. Regular training and schemes should be informed and educated to them.
Plan for the next week	1. One more Visit to facility to see MAMTA DIVAS and observe according to the checklist. 2. Continue doing analysis on the PMSMA.

Reporting Format
(Weekly)

Name of the Organization: National Health Mission, Gandhinagar

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

Name of the Student: Anjali Purohit

Roll no: 1677 Stream: MBA HOSPITAL AND HEALTH MANAGEMENT

Week no: 6 From: JUNE 10TH 2024 to JUNE 15TH 2024

Activity Done	1. During this week, my primary activity was a field visit to the Health and Wellness Centre (Sarkari Davakhana) in Sector 21, Gandhinagar, on Mamta Divas. The visit focused on observing the maternal and child healthcare services provided and assessing the facility's infrastructure, staffing, and overall operations. 2. Did Data analysis for scheme PMSMA.
Linking theory (Classroom learning) with practice at your organisation	1. Staff Coordination and Roles: Saw firsthand how different roles (e.g., ASHA workers, staff nurse, MPW) coordinate to deliver healthcare services. 2. Observed the administration of vaccinations, which reinforced understanding of immunization schedules and practices.
Gaps identified on the working area.	1. Privacy Issues: The OPD lacked adequate privacy, as the provided curtain was not in use. 2. Inadequate Sanitation Facilities: There was only one toilet available and no water cooler, requiring staff to bring their own water. 3. Record-Keeping Delays: The staff nurse mentioned delays in entering OPD details into the registers. 4. ASHA Worker Training: ASHA workers were not aware of new healthcare schemes, such as those for high-risk pregnancies. 5. Lack of Diagnostic Facilities: The HWC did not have diagnostic facilities and referred patients to other centres.
Suggestions for improvement	1. ASHA Worker Training: Conduct regular training sessions for ASHA workers on new healthcare schemes and protocols. 2. Diagnostic Facilities: Equip the HWC with basic diagnostic tools to reduce the need for patient referrals and improve service delivery.
Plan for the next week	1. Conduct field visit to rural area on Mamta Diwas: Bridging gaps between maternal and child healthcare.

Reporting Format
(Weekly)

Name of the Organisation: National Health Mission, Gandhinagar

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

Name of the Student: Anjali Purohit

Roll no: 1677 Stream: MBA HOSPITAL AND HEALTH MANAGEMENT

Week no: 7 From: JUNE 18TH 2024 to JUNE 21st 2024

Activity Done	1. Visited the Health and Wellness Centre (HWC) under UPHC Palaj on Mamta Divas. 2. Observed infrastructure, services, and activities aimed at improving maternal and child healthcare, and Non-Communicable Disease (NCD) screening. 3. Visited an Anganwadi Centre in Village Borij 3. 4. Noted challenges faced by Anganwadi workers and HWC staff in delivering healthcare services.
Linking theory (Classroom learning) with practice at your organisation	1. Applied knowledge on maternal and child health services, community health programs, and health infrastructure management 2. Observed real-world implementation of NCD screening and maternal health services 3. Gained practical insights into operational aspects and challenges in healthcare settings
Gaps identified on the working area.	1. Staffing shortages at both HWC and Anganwadi Centre 2. Hygiene issues at the Anganwadi Centre 3. Low attendance for maternal health services despite having a due list.
Suggestions for improvement	1. Conduct community awareness programs on maternal and child healthcare.
Plan for the next week	1. Write a report on Mamta diwas: Bridging gaps and my observations from last 4 visits.

Reporting Format
(Weekly)

Name of the Organisation: National Health Mission, Gandhinagar

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

Name of the Student: Anjali Purohit

Roll no: 1677 Stream: MBA HOSPITAL AND HEALTH MANAGEMENT

Week no: 8 From: JUNE 24th 2024 to JUNE 29th 2024

Activity Done	2. Worked on writing a report about MAMTA DIWAS: BRIDGING GAPS I MATERNAL AND CHILD HEALTH from all visits, SWOT analysis of this. 3. Compiled my analysis of maternal health performance 23-24 and made an interpretation in One page report.
Linking theory (Classroom learning) with practice at your organisation	2. By applying theoretical frameworks learned in our academic coursework, such as SWOT analysis and performance analysis, we were able to provide insights and reports
Gaps identified on the working area.	1. Awareness Programs: Need for more robust community engagement strategies.
Suggestions for improvement	1. Conduct regular training sessions for ASHA workers on new healthcare schemes and protocols.
Plan for the next week	1. Write Compiled report of internship.

Compiled Report

Name of the Organization: National Health Mission, Gandhinagar

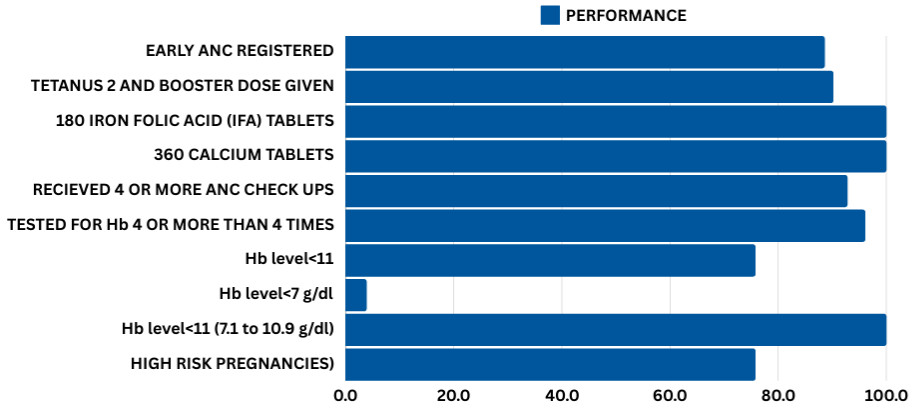
Area/ Department/ Project of Summer Internship Program: Maternal health

Name of the Student: Anjali Purohit

Roll no: 1677 Stream: MBA (Hospital and Health Management)

Week no: 1 to 8 From: May 5th 2024 to July 5th 2024

Activity Done	**1. <u>Read and Reviewed</u>** ✓ **Maternal Health Guidelines:** Reviewed official maternal health guidelines and relevant documents published by the National Health Mission (NHM) Gujarat. ✓ **Schemes:** Read program guidelines and indicators for JSY (Janani Suraksha Yojana) and JSSK (Janani Shishu Suraksha Karyakram) to understand government schemes supporting maternal health. Additionally, the newly introduced scheme for very high-risk pregnancies highlighted the NHM's commitment to continuous improvement. ✓ **Data Sources:** Gained practical experience in data analysis through TeCHO+ and HMIS portals. These online platforms house a wealth of maternal health data, which proved instrumental in internship projects. ✓ Made a compiled notes of the all the things under Maternal Health. **2. <u>Did Data Analysis and Evaluation</u>** • **Maternal Health Data Performance 2023-24 from HMIS** ✓ In this analysis, we thoroughly examined the maternal health data performance for the year 2023-24 from HMIS (Health Management Information System), focusing on key indicators across Antenatal Care (ANC), deliveries, Postnatal Care (PNC), and Maternal Death Review. ✓ By analysing the percentages of early ANC registrations, Td booster administrations, IFA and calcium tablet distributions, multiple ANC checkups, haemoglobin testing, anaemic pregnancies, and high-risk pregnancies, we identified significant variances in healthcare service delivery across different regions. ✓ Looked into the percentages of home and institutional deliveries, C-section rates, postnatal care follow-ups, and maternal death reviews to highlight the regions which needs more attention related to the healthcare services.



- **Analysis of Very High-Risk Pregnant Women (April 1 - May 17, 2024)**

✓ In this Analysis, we focused on identifying the prevalence and outcomes of very high-risk pregnant women (VHR PW) in the state during a specific reporting period from April 1 to May 17, 2024. This analysis aimed to determine the proportion of VHR PW delivering at district and medical college hospitals and to evaluate district-wise performance in ensuring VHR PW deliver at appropriate healthcare facilities.

✓ Additionally, we reviewed maternal death reports among VHR PW during the reporting period.

✓ The goal was to ensure that VHR PW receive necessary care at adequately equipped healthcare facilities and to identify districts needing improvements in protocols or interventions for managing high-risk pregnancies.

- **Maternal health performance comparison FY (2022-2023) and (2023-24) from TeCHO+ data.**

✓ Conducted a comparative analysis of maternal health performance across two fiscal years, 2022-2023 and 2023-24, using data from the TeCHO+ portal.

✓ To assess the hanges in the number of public institutional deliveries, home deliveries, and prenatal care visits.

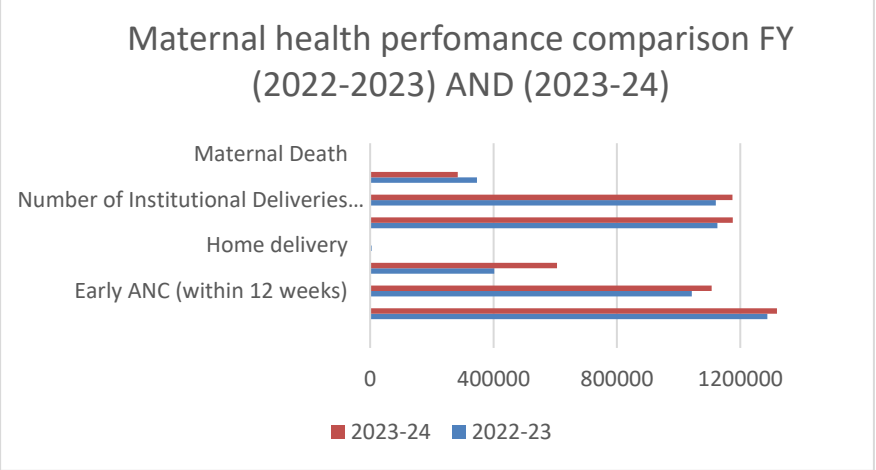
✓ This comparative study aimed to assess the progress made in maternal healthcare delivery and identify areas needing further improvement, providing insights into the effectiveness of interventions implemented over the two fiscal years.

KEY FINDINGS

✓ The number of public institutional deliveries conducted appears to have increased between the two fiscal years.

✓ There seems to be a decrease in home deliveries during the same time period.

✓ The data suggests an increase in the number of pregnant women who received prenatal care at least four times during their pregnancy, while the number of women who received prenatal care within the first trimester seems to be lower in FY 2023-2024 compared to FY 2022-2023.



CONDUCTED FIELD VISITS TO VARIOUS CENTRES TO OBSERVE MAMTA DIVAS AND ALSO OBSERVED THE WORKING OF HWC AND ANGANWADI.

Key Observations

Suvidha Office, Gandhinagar

- ✓ **Immunization Schedule:** During the visit, I observed the immunization schedule for both children and mothers. A 2-month-old baby received the Oral Polio Vaccine, Rota Virus Vaccine, PCV, and Pentavalent Vaccine, followed by Vitamin A syrup. ASHA, the health worker, advised the parents on post-vaccination care, including using ice to reduce swelling and administering paracetamol syrup for pain relief.
- ✓ **Roles of ASHA and Female Health Worker:** ASHA played a crucial role in explaining various health schemes to pregnant mothers, providing dietary counseling, and assisting with form filling for health schemes. Detailed entries were made in the Mamta cards, recording immunizations, blood pressure measurements, weight, and recent reports.
- ✓ **Hygiene Maintenance:** The Female Health Worker maintained proper hygiene by ensuring the correct disposal of needles and segregating waste appropriately.
- ✓ **High-Risk Cases:** Four pregnant women were identified with very low weight, with one considered high-risk due to a weight of 41 kg. ASHA provided Iron and Folic Acid (IFA) tablets and dietary advice.
- ✓ **RCHO Visit:** Two RCHO officers visited to ensure proper functioning and provided guidance on making observations during visits.
- ✓ **Counseling and Awareness:** ASHA provided counseling on JSY, JSSK, PMMVY, and Namoshree schemes, enhancing awareness among the attendees.

Health and Wellness Centre (HWC) under UPHC Palaj

- ✓ **Infrastructure:** The HWC was recently renovated, providing a spacious and well-planned facility with designated areas for yoga, private examinations, and IEC materials for various health programs. The cleanliness and spaciousness of the center facilitated comfortable activities and examinations.

	✓ **Staffing:** The center was staffed with a doctor, peon, staff nurse, and Multi-Purpose Health Worker (MPHW). However, the absence of a pharmacist meant the pharmacy was managed by the nurse and MPHW. ✓ **Services:** The primary focus was on Non-Communicable Disease (NCD) screening, with a prevalence rate of 35%. The center covers a population of 7,000, with 1,800 individuals diagnosed with NCDs. Patient information was efficiently managed on a health portal. ✓ **Recent Outbreak Management:** The center effectively managed a recent cholera outbreak in Sector 13 through isolation, community surveys, and water chlorination. ✓ **Facilities:** The center had internet connectivity, a tablet, and a desktop. It also had one washroom available for use. The Outpatient Department (OPD) typically served 15-20 patients daily. ✓ **Inspections and Training:** Program officers from the RDD office inspected the center, and the doctor had received NCD training, enhancing the center's capacity to handle such cases. **<u>Anganwadi Centre, Village Borij 3</u>** ✓ **Staffing and Roles:** The Anganwadi was managed by one Anganwadi Worker (AWW) and one ASHA worker, with the Anganwadi Helper (AWH) position vacant for six years. The AWW managed all tasks, including childcare, meal provision, register maintenance, and distribution of Balshakti packets. ✓ **Population Coverage:** The Anganwadi covers a population of 1,500-1,700, providing two fixed meals daily to regular attendees. ✓ **Facilities and Hygiene:** The center was well-equipped with toys, educational books, a TV, and a swing. Although the center was initially dirty, it was cleaned in preparation for an inspection. ✓ **Nutrition and Health Services:** Balshakti packets were provided to children aged 6 months to 3 years, ensuring regular nutrition. ✓ **Community Awareness and Challenges:** There was low awareness about vaccinations among community members. The AWW faced challenges in managing duties alone and maintaining high attendance. ✓ **Mamta Divas:** Three children and two women attended Mamta Divas, with one high-risk pregnant mother receiving a TD vaccine. Blood pressure checks were skipped for all women. • **<u>Health and Wellness Centre (Sarkari Dawakhana), Sector 21, Gandhinagar</u>** ✓ **Infrastructure:** The HWC consisted of several rooms with designated purposes, including a room for Mamta Divas activities and a separate doctor’s room. However, the OPD lacked privacy, and there was only one toilet available with no water cooler. The center had an adequate waiting area but lacked diagnostic facilities.

	✓ **Staffing:** The center was staffed by one MBBS doctor, one staff nurse, one peon, and an MPW. On the day of the visit, the doctor was on leave, and the MPW was on a field visit. ✓ **Population Coverage:** The HWC served a population of 3,000 to 5,000, with the OPD operating from 9 AM to 1 PM and 5 PM to 9 PM. The average daily patient load was 15-20. ✓ **Mamta Divas:** The center maintained a due list for vaccinations and had an AEFI treatment kit. Two pregnant mothers attended, with one receiving IFA tablets, calcium, and the TD2 vaccine. Three children received their scheduled vaccinations.
Linking theory (Classroom learning) with practice at your organisation	✓ The field visits allowed me to witness these maternal health initiatives in action. I observed ASHA workers performing ANC checkups, counseling pregnant women on nutrition and hygiene, and maintaining health records, complementing theoretical knowledge from classroom sessions on maternal health initiatives. ✓ I saw the crucial role of Anganwadi's in providing supplementary nutrition to children. Witnessing these initiatives firsthand deepened my understanding of their practical implementation and the challenges faced by healthcare workers on the ground. ✓ My classroom learnings on data collection methodologies came into play when I learned about the importance of data triangulation during field visits. Inconsistencies in data from different sources (physical records and online portals) highlighted the need for data verification and cross-checking ✓ Analysing data on the JSY and JSSK schemes, I applied theoretical frameworks for program evaluation learned in class. This involved assessing program effectiveness by examining indicators like program reach, utilization, and impact on maternal health outcomes. ✓ I saw firsthand how HWCs function, providing essential services like NCD screening and vaccinations. ✓ Knowledge of data management and public health policies to real-world scenarios, enhancing my understanding of maternal health initiatives and data analysis. ✓ How annual analysis is done and new schemes are initiated to fill the gap. Gaps identified on the working area.
Gaps identified on the working area.	**Data Accuracy and Completeness:** • Incomplete data entries. • No changes in indicators in some districts, suggesting reporting issues. • Need for data rechecking to ensure accuracy. • Training gaps among healthcare workers in data entry and reporting. • Difference in physical recorded data and data on portals.

	FIELD VISITS **Human Resources and Training:** • Incentive issues for ASHA workers impacting motivation and performance. • Lack of proper record-keeping system for ASHA incentives. • ASHA worker unawareness of new schemes (e.g., high-risk pregnancies) at HWCs. • Staffing shortages at both HWC and Anganwadi centers. • Lack of awareness about vaccinations among community members at Anganwadi center. **Infrastructure and Service Delivery:** • Lack of privacy in OPD areas at HWCs. • Inadequate sanitation facilities at HWCs. • Record-keeping delays at HWCs. • Lack of diagnostic facilities at HWCs. • Hygiene issues at Anganwadi centers. **Utilization of Services:** • Low attendance for maternal health services despite having a due list at HWCs.
Suggestions for improvement	• **Monthly ASHA Training:** ✓ Conduct monthly training sessions for ASHA workers to educate them about various schemes and updates in maternal and child healthcare. ✓ Use video sessions to enhance understanding and retention of information. • **Enhanced Privacy and Sanitation Facilities:** ✓ Improve privacy in consultation rooms and provide sufficient sanitation facilities, including water coolers. • **Community Awareness Programs:** ✓ Increase community awareness about the importance of vaccinations and maternal health services through targeted campaigns. ✓ Address staffing shortages at HWCs and Anganwadi centres ✓ Increase field visits for data verification and quality control.

Approved by the IIHMR University's Mentor