SUMMER INTERNSHIP PROGRAM

at

TATA STEEL FOUNDATION

From 06/05/2024 to 05/07/2024

A REPORT BY

Aahel Adhikary

Master of Business Administration

(Hospital and Health Management)

2023-25

under the Mentorship of

Dr. Dhirendra Kumar

Professor

IIHMR UNIVERSITY

TSF/PF/221/2024 **5-July-2024**

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Mr. Aahel Adhikary from IIHMR, Jaipur has interned with Tata Steel Foundation from 6th May 2024 to 5th July 2024 under the guidance of Dr. Vishal Chandra, Manager – Public Health.

During his internship he worked on the following project:

"To evaluate the impact and limitations of Prasuti Pratikshalay launched by Tata Steel Foundation "

We wish him success for his future endeavours.

Warmly,

Abhinav Sahrma
Head – People Function
Tata Steel Foundation

IIHMR University Faculty Mentor Approval

This is to certify that **Mr. Aahel Adhikary** of the academic year **2023-25** of the School 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: 24.07.2024

(Signature of Faculty Mentor)

Name: Dr. Dhirendra Kumar

Designation: Professor

IIHMR UNIVERSITY

Presented by - Aahel Adhikary (MBA-HHM)
Enrollment Number - 1656

To Evaluate the impact and limitations of Prasuti Pratikshalay launched by Tata Steel Foundation

TATA STEEL FOUNDATION

Mentors -
Dr Dhirendra Kumar (Professor, IIHMR)
Dr Vishal Chandra (Project Manager, TSF)

TATA STEEL FOUNDATION

Overview - The Tata Steel Foundation anchors one of the most profound and arguably most diversified societal developmental efforts, impacting more than 1.5 million lives directly, annually, across 4,500 gram-panchayats in Jharkhand and Odisha.

Vision - To enable an enlightened, equitable society in which every individual realizes her potential, with dignity.

MANSI+

MANSI+ is built on the successful collaboration and engagement in phase 1 and 2 of the MANSI project. It is envisaged to be a holistic program seeking to reduce preventable new-born mortality and improve health outcomes in pregnant & lactating women, adolescents, and young children. This will be achieved by strengthening the capacity of the Government frontline workers (ASHAs, ANMs and AWWs) and project team members (MANSI Mitra), to deliver quality home-based care, empowering adolescent girls, support in strengthening public health services.

Program Title:	Maternal and New-born Survival Initiative Plus (MANSI+)
Country/State	India, Jharkhand
Project Duration:	5 Years
Target Population:	4 million vulnerable and marginalized populations in the Kolhan region of Jharkhand
Geographical Area:	Kolhan division - 38 Blocks across three districts of East Singhbhum, West Singhbhum and Saraikela, Jharkhand, India.
SDG Impacted:	SGD 3: Good Health and Wellbeing SDG 5: Gender Equality SDG 10: Reducing inequalities. SDG 17: Partnership for Goals.
Project Partners:	American India Foundation, National Health Mission-Jharkhand and Tata Steel Foundation

Objectives -

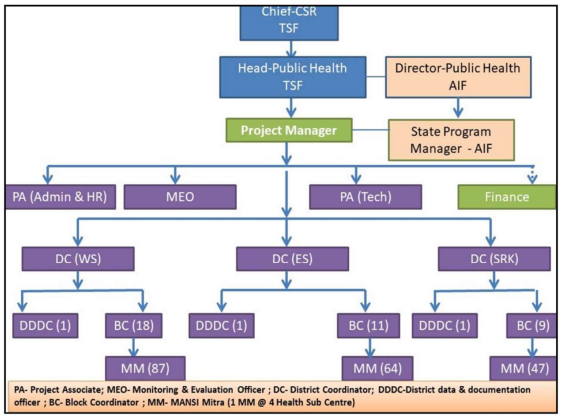
- To reduce the incidence of underage marriage and delay the first pregnancy among underage married girls to at least 19 years of age - *Kishore Nav Dampati MANSI Mandali, Anemia screening among adolescent girls.*
- To strengthen the Home Base Care during the antenatal period, post-delivery till the child is 2 years old. (1000-day care) - *ILA session to train ASHAs, Home Visits, Saas Bahu Pati Sammelan.*
- Reduction in prevalence of Anemia among girls, women, and underweight children up to 5 years - Annaprasan Diwas, Referral of Severe Acute Malnutrition - *SAM children to MTC, Nutrition Garden, Orientation for AWW.*
- Demonstrate innovative low-cost technology interventions for improving service quality care under the public health system and in the community - *Prasuti Pratikshalay, Development and Upgradation of Operation Sunshine, HD AI based Stethoscope.*
- Strengthening of existing Community based institution to improve maternal and child health outcome - *VHNSC meetings, VHND, Training of VHSNCs members.*

PRASUTI PRATIKSHALAY

Project Prasuti Pratikshalay, or Birth Waiting Facility, is being developed to provide accommodation to pregnant women approaching their expected delivery date, ensuring timely institutional deliveries. Such institutions are essential in remote areas where accessing medical services in time for institutional births is severely hampered by a lack of transportation. This is especially important for high-risk pregnant women. One such difficult-to-reach pocket has been identified in each of the three districts by the MANSI team in collaboration with the District Health Authorities.

Three health centers were identified in the mentioned pockets and they were equipped with essential services including food, water, beds, medicines, equipment, and trained ANMs who can ensure the safe delivery of pregnant women. The first center was established in Dumaria Block of East Singbhum district in September 2023, followed by Kuchai Block of Seraikela Kharaswan district in November 2023 and Bandgaon Block of West Singbhum district in January 2024.

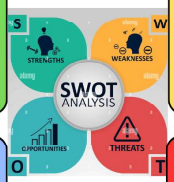
ORGANIZATIONAL STRUCTURE



SWOT ANALYSIS OF PRASUTI PRATIKSHALAY

- Long associate with credible partners like AIF and NHM Jharkhand.
- Deployment of project staff in HWC level from same community.
- No language barrier.
- Close monitoring of the project through digital platforms.
- MANSI+ has been built on successful PPP over the last decade.
- Skilled ANM experienced in delivering deployed in Prasuti Pratikshalay.

- Absence of frontline health workers in most villages.
- Coordination with weak and inactive front-line health workers.
- Delay in registration of pregnancy resulting in wrong EDD by 2 weeks to a month rendering the services provided in PP useless for the beneficiaries.
- Mansi Mitra do not advise pregnant women in some hard-to-reach areas to opt for PP because of lack of food provisions or Mamta Wahan.



- Close monitoring of the project through digital platforms.
- MANSI+ has been built on successful PPP over the last decade.
- Skilled ANMs experienced in delivering deployed in Prasuti Pratikshalays.

- No support from the Government programs.
- Dependency on Frontline healthcare workers (ASHA, AWW, ANM)
- Dependency on technology in hard-to-reach areas where no network is available.
- Lack of safe roads for Mamta Wahan to travel in hard-to-reach areas.
- Existence of Marxist Communist Party preventing ambulance in village at night.
- Existence of Pathalgari system in some villages/families.

DIFFERENCE BETWEEN PRACTICAL EXPOSURE AND THEORETICAL UNDERSTANDING

Theoretical Understanding

- Detailed understanding of initiatives under MANSI+
- Literature review of Maternity Waiting Homes.
- In depth understanding of VHSNC, Nutrition Garden, MTCs, VHND.
- In depth understanding of the role of ASHA, ANM and AWW in the government programs to improve health outcomes in the community.

Practical Exposure

- Field visit to conduct pilot study of VHSNC, Nutrition Garden, PP.
- Creating data collection tools based on the results of pilot study to conduct study on impact and limitations of PP.
- Understanding the challenges in the implementation of various interventions by interviewing frontline health workers and the community.
- Conducting a meeting in Kuchai block with ASHAs, ANMs, CHOs, Manki Munda and Mukhiya to spread awareness of PP.

METHODOLOGY

Tool used: Semi structured questionnaire

Distinct Groups:

- Manki Munda: Community Leaders.
- Mothers who delivered in PP.
- Mothers who opted for home delivery.

Sample Size: 86 candidates.

Sampling Method: 2 eligible candidates of each group from all Panchayats.

Study area: All areas falling under the cluster mapping of PP in Bandgaon, Dumuria and Kuchai Block.

Data for the financial year 2023-2024 of Institutional deliveries, home deliveries, abortions, stillbirths, and maternal and child deaths were taken from HWC.

CHALLENGES FACED DURING INTERNSHIP

- Secondary data of Sursi HWC could not be collected as only 3 villages were in the HSC's catchment area which were identified as hard to reach pockets.
- Secondary Data of Gurabanda panchayat might be incomplete as there is no ANM in the panchayat and thus data was collected from ASHA Supervisor who allegedly doesn't keep previous year's data in registers after submitting the data in HMIS. Data was taken from ASHA Supervisor's unofficial diary which may not have complete data.
- Secondary data of HSC's from Bandgaon couldn't be collected due to time constraints.

SUGGESTIONS GIVEN TO ORGANIZATION

- As seen from primary data, in the villages where Manki Munda has knowledge of PP, institutional delivery is preferred more than home delivery while the same cannot be said for villages where Manki Munda is not aware of PP, as in some of those villages home delivery is preferred. Mansi Mitra/ Block Coordinator should hold community meetings with Manki Munda and ASHA and encourage them to promote PP in Gram Sabha.
- Families should be made aware of the JSY incentive for institutional delivery and the advantage of free birth certificate, immediate vaccination, IFA, calcium pills and their necessity, and encouraged to take early admission in PP in areas with lack of transportation or lack of food provisions at their own expense until those services could be provided.
- Strengthening of Saas Bahu Pati Sammelan and Kishore Dampati Nav MANSI Mandali to counter lack of family support.
- MM and ASHA should pay more focus to beneficiaries who have delivered in home as data shows that women who are accustomed to home delivery tend to reject institutional deliveries and hide their pregnancies than women who are expecting for the first time.
- Community counselling regarding the importance of noting down the correct date of LMP and marking in calendars. Additionally, distribution of calendars with steps explained in picture format to the community by TSF.

USEFULNESS OF INTERNSHIP

- My experience allowed me to apply theoretical knowledge to practical situations.
- I gained valuable insights into the implementations of public health programs and their impact in the community.

LEARNING OUTCOMES

- Ground-level challenges for community participation.
- Primary and Secondary Data Collection and Analysis.
- Front Line Health Workers and Community Leaders' Role in improving health outcomes.
- Mother and Child Protection Card and its impact in reducing maternal and newborn death.
- Conducting pilot study and creating Questionnaire tools.
- In-depth understanding of the JSSK scheme and its implementation in the community.

FINDINGS

Pre intervention:

- Home delivery is 27.5% in Kuchai.
- Home delivery is 10.46% in Dumuria.

Post intervention:

- Home delivery reduced to 9.9% in Kuchai. PP contributed to 10.61% of the total deliveries.
- Home delivery is 3.94% in Dumuria. PP contributed to 24.73% of the total deliveries.

Limitations of current strategy

- Lack of food provisions in Dumuria and Bandgaon block, and lack of ambulance service in Kuchai block leads to OOP for pregnant women and her family, especially if they are referred to secondary tier health centers.
- Conformity to home delivery leads to hiding pregnancy from frontline healthcare workers in the community, which sometimes leads to no MCP card.
- Late registration of first ANC leads to wrong estimation of EDD by 2 weeks to 1 month which makes the point of PP moot.
- In some hard-to-reach areas, ASHA are newly appointed, and they do not know how to facilitate institutional deliveries in the face of network issues.
- Lack of family support is a major reason in both Bandgaon and Kuchai block.

Annexure-E

Weekly Report

Name of the Organisation: Tata Steel Foundation

Project of Summer Internship Program: To evaluate the impact and limitations of Prasuti Pratikshalay launched by Tata Steel Foundation.

Name of the Student: Aahel Adhikary

Roll no: 1656 **Stream:** HHM

Week no: 1 **From:……**06/05/2024**……to……**12/05/2024**……**

Activity Done	• Gained a basic understanding of MANSI+ and the initiatives under the program. • Worked on the layout of Mansi Darpan (Newsletter) • Worked on High-Risk Pregnancy identification and follow-up and SAM follow-up report. It covered the blocks of WS, ES, and SK districts. • Field visit of Kuchai block to understand the workings and challenges of the Prasuti Pratikshala in Dalbhanga.
Linking theory (Classroom learning) with practice at your organization	• Insight into AWC and HSC. • Usage of Mother and Child Protection Card in the community. • Insight into the daily responsibilities and workload of ASHA in the field of HBNC.
Gaps identified in the working area.	• Traditions of the community in contrast to advice by frontline health workers. • Lack of transport services from hilly areas to HSC. • Network issues in some villages affecting coordination between ASHA, HSC, and pregnant women.
Suggestions for improvement	• Plan on organizing a meeting with the stakeholders instead of Sahiyas/ASHA to raise awareness on the usefulness and services provided in Prasuti Pratikshala.
Plan for the next week	• Field visit in Kuchai, Seraikela, Dumuria, and Bandgaon to understand the perspectives of Mukhiya, MOIC, Munda Manki, mothers who delivered in Prasuti Pratikshala, and mothers who had home deliveries. • Field visit to see the issues with the Nutrition Garden in the above blocks. • Preparing an agenda for the meeting to resolve operational challenges at Dalbhanga Prasuti Pratikshalay.

Weekly Report

Name of the Organisation: Tata Steel Foundation

Project of Summer Internship Program: To evaluate the impact and limitations of Prasuti Pratikshalay launched by Tata Steel Foundation.

Name of the Student: Aahel Adhikary

Roll no: 1656 **Stream:** HHM

Week no: 2 **From:……**13/05/2024**……to……**19/05/2024**……**

Activity Done	• Field visit of various villages in Kuchai block to understand the awareness and perspectives of beneficiaries in regards to Prasuti Pratikshalay and VHSNC. • Field visit of various villages in Dumuria block to understand the awareness and perspectives of beneficiaries concerning Prasuti Pratikshalay and VHSNC. • Field visit of various villages in Bandgaon block to understand the awareness and perspectives of beneficiaries concerning Prasuti Pratikshalay and VHSNC.
Linking theory (Classroom learning) with practice at your organization	• Use of semi-structured interviews in primary data collection. • Insight into the requirements for availing JSY scheme. • Insight into the workings of VHSNC.
Gaps identified in the working area.	• Lack of food provision deters pregnant women from taking admission before labor pain in Bandgaon and Dumuria block. • Most Gram Pradhan/Manki Munda/Ward members don't participate in VHSNC meetings frequently. • Some villages have not received VHSNC grants since last year due to the resignation of ASHA stationed in the village. • Lack of Sahiya in a few villages of Kuchai block, lack of clarity in recently employed ASHA regards their duties impacting the effectiveness of VHSNC scheme and Prasuti Pratikshalay initiative negatively.
Suggestions for improvement	• ASHA can inform pregnant women in their last stage of the third trimester to take admission in Prasuti Pratikshalay 4-5 days before EDD in villages with network issues.
Plan for the next week	• Compilation of findings and submission of field visit reports. • Collection of data from Prasuti Pratikshalay. • Mapping of all villages in Kuchai block for preparation of meetings involving beneficiaries.

Weekly Report

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Roll no: 1656 **Stream:** HHM

Week no: 3 **From:……**20/05/2024**……to……**26/05/2024**……**

Activity Done	• Creating a report on the field visits of different blocks. • Worked on collecting data from the Kuchai block regarding no. of deliveries in the birth waiting hall. • Worked on creating a map of all hard-to-reach villages in Kuchai for presentation during the meeting.
Linking theory (Classroom learning) with practice at your organization	• Data collection – Demography. • Report writing – BCC.
Gaps identified in the working area.	• No further gaps have been identified.
Suggestions for improvement	• Not enough clarity regarding the working area to provide suggestions.
Plan for the next week	• Preparing a narrative writing based on the reports of the field visits.

Weekly Report

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Name of the Student: Aahel Adhikary

Roll no: 1656 **Stream:** HHM

Week no: 4 **From:……**27/05/2024**……to……**02/06/2024**……**

Activity Done	• Field visit to Potka block to gain insight into the cluster meetings of ASHA workers. • Writing narrative analysis based on the interviews of beneficiaries taken in the previous field visits. • Preparing mapping of the panchayats in Kuchai block covered under Prasuti Pratikshalay with total, SC, and ST population, and household number details taken from the population census. • Finalizing meeting involving beneficiaries and frontline workers to raise awareness of maternity waiting home/Prasuti Pratikshalay on week 6.
Linking theory (Classroom learning) with practice at your organization	• Data collection – Demography. • Insight into the activities of ASHA workers in capacity building and data collection – National Health Policy.
Gaps identified in the working area.	• No further gaps have been identified.
Suggestions for improvement	• Not enough clarity regarding the working area to provide suggestions.
Plan for the next week	• Field visit to Kuchai block to gather data on maternal and child deaths, live births, stillbirths, total ANC registrations, total home, private and institutional delivery. • Preparing a presentation for the meeting with the beneficiaries, gram Pradhans, Manki Mundas, and frontline workers to raise awareness on Prasuti Pratikshalay on week 6.

Weekly Report

Name of the Organisation: Tata Steel Foundation

Project of Summer Internship Program: To evaluate the impact and limitations of Prasuti Pratikshalay launched by Tata Steel Foundation.

Name of the Student: Aahel Adhikary

Roll no: 1656 **Stream:** HHM

Week no: 5

From:……03/06/2024**……to……**09/06/2024**……**

Activity Done	• Field visit to Kuchai block to gather data on maternal and child deaths, live births, stillbirths, total ANC registrations, total home, private and institutional delivery. • Preparing a presentation for the meeting with the beneficiaries, gram Pradhans, Manki Mundas, and frontline workers to raise awareness on the necessity of institutional deliveries and the benefits of maternal waiting home/Prasuti Pratikshalay. • Meeting with the block coordinator of Kuchai and the medical officer in charge of CHC Kuchai to finalize the meeting date. The meeting was postponed after 24th Jun due to time constraints.
Linking theory (Classroom learning) with practice at your organization	• Data collection – Demography. • Insight into the activities of ANM in data collection and storage through HMIS –Digital Health.
Gaps identified in the working area.	• As the CHC data office department only has access to data centre-wise and not village-wise, it is difficult to get relevant data regarding the project.
Suggestions for improvement	• Coordinating with the ANMs digitally instead of face to face ensuring work flexibility and getting relevant data directly from HWC registers.
Plan for the next week	• Presenting Monthly progress report to the department on the findings of the identified area and future work plan. • Presentation of the PPT prepared for the upcoming meeting with the community with the department for approval and further suggestions for improvement. • Collection of data from the remaining HWC of the block which were unable to be completed due to time constraints.

Weekly Report

Name of the Organisation: Tata Steel Foundation

Project of Summer Internship Program: To evaluate the impact and limitations of Prasuti Pratikshalay launched by Tata Steel Foundation.

Name of the Student: Aahel Adhikary

Roll no: 1656 **Stream:** HHM

Week no: 6

From:……10/06/2024**……to……**16/06/2024**……**

Activity Done	• Presenting Monthly progress report to the department on the findings of the identified area and future work plan. • Presentation of the PPT prepared for the upcoming meeting with the community with the department for approval and further suggestions for improvement. • Meeting with the block coordinator of Kuchai, the district coordinator of Seraikela Kharaswan district, and the medical officer in charge of CHC Kuchai to finalize the meeting date. The meeting was decided on 26th July 2024. • Data collection of no of home deliveries, institutional deliveries, HSC catchment areas, deliveries in maternal waiting home, and all hard-to-reach to which the MWH covers of Bandgaon and Dumuriya block. • Collection of data from remaining HWC's of Kuchai block which falls under the catchment area of Prasuti Pratikshalay. • Creating a close-ended questionnaire tool for future visits to Bandgaon and Dumuriya blocks to collect primary data.
Linking theory (Classroom learning) with practice at your organization	• Data collection – Demography. • Insight into the activities of ANM in data collection and storage through HMIS –Digital Health. • Data analysis – Research Methodology.
Gaps identified in the working area.	• No new gaps have been identified.
Suggestions for improvement	• No new suggestions have been found.
Plan for the next week	• Field visit to Kuchai and Bandgaon to collect primary data from the remaining Panchayat of Kuchai and 4 Panchayats of Bandgaon.

Weekly Report

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Name of the Student: Aahel Adhikary

Roll no: 1656 **Stream:** HHM

Week no: 7

From:……17/06/2024**……to……**23/06/2024**……**

Activity Done	• Field visit to Kuchai and Bandgaon to collect primary data from the remaining Panchayat of Kuchai and 4 Panchayats of Bandgaon. • Community meeting of Kuchai is postponed to 3rd July 2024.
Linking theory (Classroom learning) with practice at your organization	• Structured face-to-face interviews – Research Methodology.
Gaps identified in the working area.	• Some villages are practicing Pathalgari and refusing government services in Bandgaon block. This is one of the major reasons why home deliveries still happen in the block despite active transportation services. • Because of the delay in the first ANC registration, pregnant women give the wrong LMP to ASHA, which results in incorrect EDD. Thus Mansi Mitra and ASHA aren't prepared to inform and counsel pregnant women to avail MWH service until labor pain starts in Kuchai and Bandgaon block. • Most of the beneficiaries didn't have any information about MWH service when they went to CHC for delivery, thus they didn't go for admission beforehand.
Suggestions for improvement	• Suggested Mansi Mitra to advise pregnant women to come for admission beforehand in Prasuti Pratikshalay by explaining the benefits of birth certificate, JSSK, medicines, and vaccination to them and advise them to arrange transportation or food by themselves until those services are available as the pros outweigh the cons.
Plan for the next week	• Field visit to Dumuriya block to collect primary data from the remaining areas shown in the cluster mapping. • Field visit to Dumuriya block to gather data on maternal and child deaths, live births, stillbirths, total ANC registrations, and total home, private, and institutional delivery for the financial year of 2023 from HWCs.

Weekly Report

Name of the Organisation: Tata Steel Foundation

Project of Summer Internship Program: To evaluate the impact and limitations of Prasuti Pratikshalay launched by Tata Steel Foundation.

Name of the Student: Aahel Adhikary

Roll no: 1656 **Stream:** HHM

Week no: 8

From:……24/06/2024**……to……**30/06/2024**……**

Activity Done	• Field visit to Dumuriya block to collect primary data from the remaining areas shown in the cluster mapping. • Field visit to Dumuriya block to gather data on maternal and child deaths, live births, stillbirths, total ANC registrations, and total home, private, and institutional delivery for the financial year of 2023 from HWCs. • Analysis of Primary Data and Secondary Data for final report presentation.
Linking theory (Classroom learning) with practice at your organization	• Data Analysis – Research Methodology.
Gaps identified in the working area.	• No new gaps have been identified.
Suggestions for improvement	• No new suggestions have been given.
Plan for the next week	• Presentation and submission of the final report alongside submission of primary, secondary, and data collection tools.

Compiled Report

Name of the Organisation: Tata Steel Foundation

Project of Summer Internship Program: To evaluate the impact and limitations of Prasuti Pratikshalay launched by Tata Steel Foundation.

Name of the Student: Aahel Adhikary

Roll no: 1656 **Stream:** HHM

From:……06/05/2024**……to……**05/07/2024**……**

Activity Done	In my induction at MANSI+, I gained an overview of the project's aims and objectives, and the means it employs for the reduction in mortality through various health-centered programs and some very strategic collaborations. As part of the induction process, I got to know the methodologies and strategies that MANSI+ works with, oriented toward improving community health. I got to know how the partnerships between the National Health Mission in Jharkhand, the American India Foundation, and MANSI+ strengthen the initiatives taken toward effectiveness and outreach. The process of understanding the evolution of MANSI+ from its initiation to the current phase reflected the rationale behind the life cycle approach for long-term benefits. I also took notice of the distribution of workflow in the hierarchy of the Project from Bottom to Top, from the crucial roles played by Mansi Mitra and the Block Coordinator of MANSI+ in counseling the beneficiaries and building the capacity of ASHA workers in rural areas under the guidance of District Coordinators who oversaw the management of the entire program at the district level, to the Project management team who managed human resource, supply chain, documentation, implementation, monitoring, and evaluation of the entire project from headquarters. All of these indeed provided me with a solid foundation for gaining insight into public health interventions and understanding the role of frontline healthcare workers in creating a positive impact in the community. For the experimental part of my internship, I conducted a pilot study in hard-to-reach areas of Kuchai block, Dumaria block, and Bandgaon block to collect primary data from beneficiaries who are involved in the maternity waiting home, VHSNC, and nutrition garden programs. Varied groups of stakeholders were consulted, including the block coordinator and Mansi Mitra from MANSI+, ANM and ASHA workers from NHM, and community leaders like Manki Munda, Gram Pradhan, and ward members. I also interacted with lactating women who gave birth at the maternity waiting home and women who delivered at home in inaccessible rural areas to get their views on the advantages and gaps of the schemes put in place to support them.

	For the implementation phase, I was given the choice to work in any one of the schemes, I chose to work on the evaluation of the impact and limitations of maternity waiting home launched by Tata Steel Foundation as the data needed for the evaluation process was more readily available than for the other programs. Moreover, as the nutrition garden's season had already passed, VHSNC was only conducted once a month so primary data for both the programs couldn't be collected in the timespan of two months. I collected secondary data from HWCs of the areas falling under the catchment areas of the maternity waiting homes for the financial year of 2023-2024. For primary data collection, I created a close-ended questionnaire from the previous findings of the pilot study. After the collection of data, I analysed the data using Excel and presented it to the management team. Additionally, I was advised to arrange a community meeting involving CHO, ANM, ASHA workers, Manki Munda, and Mukhiya of Kuchai block. The meeting was conducted to spread awareness of the services provided in maternity waiting homes and the advantages of choosing institutional delivery instead of home delivery. I prepared a presentation that included the dangers of unsupervised and unsafe delivery, benefits such as the JSSK incentive, free birth certificate, and mapping of the villages and panchayats in the hard-to-reach areas of Kuchai with the number of home deliveries, institutional deliveries, deliveries in Prasuti Pratikshalay, (Maternal Waiting Home) maternal and child deaths, and stillbirths and medical termination of pregnancies in the financial year of 2023-2024 to show the improvement maternity waiting home program has brought in the community.
Linking theory (Classroom learning) with practice at your organization	1. *Behaviour change communication with Ground-level challenges for community participation*: understanding the perspective of beneficiaries to understand the reasons why beneficiaries do not want or are hesitant to access and utilize health services in a rural set-up. Exploring the ingress of potential solutions towards making already launched public health programs more effective and far-reaching. This led me to conduct a meeting with the community leaders and the frontline healthcare workers in Kuchai Block and my learnings in the module BCC helped me apply my theoretical knowledge in practical scenarios. 2. *Research Methodology with Primary and Secondary Data Collection and Analysis*: Gained insight into the importance of data collection and analysis to evaluate any program. The module helped me utilize my theoretical knowledge to create a concise report on my findings and analyze my data. 3. *Research Methodology with Face-to-face interviews*: Face-to-face interviews allowed me to gain valuable insights from the direct subjects affected by health schemes or subjects who affect

	community participation of the group. The module helped me utilize my theoretical knowledge of conducting face-to-face as a means to collect primary data from the community. 4. *National Health Policy with Front-Line Health Workers and Community Leaders' Role*: I got an opportunity to go through the critical roles played by frontline health workers from Mansi Mitra to Block Coordinators, ANMs, and ASHA workers, in implementing and facilitating the health initiatives. 5. *National Health Policy with Mother and Child Protection Card and its impact in reducing maternal death*: Deepened my understanding of POSHAN by gaining insight into the Mother and Child Protection Card's importance in ANC and PNC. I also understood how the MCP card ensures the monitoring of pregnancy to ensure safe institutional delivery and keep track of vaccination and nutrition intake of newborns and mothers pre- and post-delivery. 6. *Research Methodology with Creating Questionnaire Tools*: Developed questionnaire tools for data collection to ensure comprehensive and relevant information gathering. Refined skills in designing effective surveys to capture the necessary data for evaluating health interventions. 7. *National Health Policy with an In-depth understanding of the JSSK scheme*: Deepened my understanding of the impact and implementation process of Janani Shishu Suraksha Karyakaram at the community level. These learnings provided a holistic understanding of the practical aspects of public health initiatives, the importance of data collection, and the critical roles of various stakeholders in achieving health outcomes.
Gaps identified in the working area.	The study revealed several key insights regarding the impact of the Prasuti Pratikshalay (PP) initiative on institutional deliveries in the Kuchai block, given below are the insights gained from some of the Manki Munda from the villages in the hard-to-reach pockets of the Kuchai block: **Ambulance Services:** • The lack of ambulance services emerged as the biggest reason why many families prefer home deliveries. According to most Manki Munda, the absence of reliable transportation to healthcare facilities poses a significant barrier to accessing institutional deliveries. **Availability and Experience of Sahiyyas:** • In some areas, the absence of Sahiyyas (community health workers) or the recent appointment of inexperienced Sahiyyas has been identified as a challenge. These health workers are

essential in promoting institutional deliveries and providing support to pregnant women, and their lack of experience or availability can hinder efforts to increase institutional delivery rates.

Provision of Food and Support Services:

- Most Manki Munda reported that the lack of food provisions for pregnant women before delivery and for the people accompanying them is a major reason why families do not seek institutional deliveries earlier. However, the Prasuti Pratikshalay provides these services, although many Manki Munda were unaware of these benefits. This indicates a need for better communication and awareness programs to inform the community about the available services at PP.

The study identified several key factors that contribute to the reluctance of pregnant women in the hard-to-reach pockets of Kuchai Block to opt for Maternity Waiting Homes (MWHs):

1. **Lack of Awareness**:
    - A major reason for pregnant women not opting for MWHs is the lack of awareness about the Prasuti Pratikshalay initiative. Frontline workers, such as Sahiyyas and Mansi Mitra, often do not inform women about the availability and benefits of these facilities as transport is not available in most hard to reach pockets.
2. **Non-Reporting of Pregnancies**:
    - Some women do not report their pregnancies to Sahiyyas or Manki Munda, which leads to the absence of a mother and Child Protection (MCP) card. Consequently, these women do not receive antenatal care (ANC) until delivery, missing out on essential health services. Consequently, their pregnancies aren't registered as well.
3. **Transportation Challenges**:
    - The lack of ambulance services is a significant issue. Women fear the out-of-pocket (OOP) expenses associated with being referred to distant health facilities from Community Health Centres (CHCs), leading them to hide their pregnancies and avoid seeking timely care.
4. **Lack of Family Support**:
    - A moderate obstacle is the lack of family support and the preference for home deliveries, which is often driven by traditional practices and resistance to institutional deliveries.
5. **Incorrect Estimation of Delivery Date**:
    - Incorrect Last Menstrual Period (LMP) dates leading to wrong Estimated Delivery Dates (EDD) is a major issue. This results in families being unprepared for early

	admission to MWHs, thereby missing the opportunity for timely institutional delivery. The study revealed several key insights regarding the impact of the Prasuti Pratikshalay (PP) initiative on institutional deliveries in the Dumaria block: 1. **Lack of Food Provision**: o A major reason why pregnant women do not get admitted to Maternity Waiting Homes (MWHs) earlier is the absence of food provisions for both the patient and the accompanying individuals. This discourages early admission and utilization of MWH facilities. Additionally, in 4 out of the 5 panchayats of the hard-to-reach pockets, home deliveries are non-existent due to smooth ambulance service and trust in ANM. Thus, beneficiaries don't find the need to opt for admission beforehand. 2. **Fear of Out-of-Pocket Expenditures**: o Pregnant women and their families fear the potential out-of-pocket expenses that may arise if they are referred from MWHs to higher-level health facilities for high-risk cases, as in this case transport is not provided after discharge of the patient. This financial concern is a significant barrier to opting for institutional deliveries through MWHs. 3. **Lack of Family Support**: o A moderate obstacle is the lack of family support and the preference for home deliveries, which is often driven by traditional practices and resistance to institutional deliveries. The study revealed several key insights regarding the key challenges of the Prasuti Pratikshalay (PP) initiative to increase institutional deliveries in the Bandgaon block: • Major reasons for pregnant women not opting for MWH is lack of provision for food before delivery for the patient which would lead to OOP for the family. • Fear of being extra expenditure, animal care and conformity to home delivery is a moderately difficult challenge. • The Marxist Communist Party prevents Mamata Wahan from coming at night. Additionally, some families are avid followers of Pathalgari, and they reject service from the government. • Some pregnant women are not aware of MWH service in CHC. • Wrong LMP resulting to wrong EDD ranging from 2 weeks to a month is a major issue which results in families being unprepared to report earlier for admission.
Suggestions for improvement	1. **Increase Awareness Among Community Leaders**: • More Manki Munda and Mukhiya should be informed about the Maternity Waiting Homes (MWHs). They should be encouraged

to spread this knowledge during gram Sabha meetings to increase community awareness.

2. **Encourage Pre-arranged Transportation**:

   - Beneficiaries should be advised to arrange transportation in advance in areas lacking transport services. Until ambulance services are fully established, Mansi Mitra and Sahiyya should inform them about the Janani Shishu Suraksha Karyakram (JSSK) incentives and the provision of free birth certificates, emphasizing these benefits alongside the safety of institutional deliveries.

3. **Track Last Menstrual Period (LMP) for Accurate EDD**:

   - Awareness campaigns could be conducted to encourage women within the reproductive age group to mark their Last Menstrual Period (LMP) on a calendar or note it down. This practice will help in determining an accurate Estimated Delivery Date (EDD) and ensure timely utilization of MWH services.

4. **Increased counselling to husband to decrease lack of family Support**:

   - Special focus should be given to counselling husbands and highlight the importance of institutional deliveries to them. Manki Munda can play a crucial role in this by discussing the issue during village meetings or gram Sabha sessions to gather broader family support.
   - Primary data shows that women who have previously delivered at home are more likely to reject institutional deliveries in recent times as only 8.68% of women who delivered in home delivered for the first time. When visiting villages with high home delivery rates in the last two years Mansi Mitra could check for hidden pregnancies by visiting women in the village who may have opted for home delivery in the previous two years or ask the villagers for information regarding new pregnancies and provide targeted interventions to promote institutional deliveries after providing them MCP card.

5. **Geographical Focus on High-Risk Areas**:

   - Pregnant women from Rolahatu and Gomiadih Panchayats in the Kuchai block and Gurubanda Panchayat in the Gurubanda block should be monitored closely, especially during their last trimester, to ensure they receive necessary care and support.

6. **Incentives for Frontline Workers**:

   - If feasible, Mansi Mitra could be incentivized with monetary rewards or performance certificates for successfully converting women who previously opted for home deliveries to choose institutional deliveries. This approach addresses the challenge

	of frontline healthcare workers giving up on convincing adamant women due to the pressure of reaching targets. By implementing these recommendations, the effectiveness of the Prasuti Pratikshalay initiative may be enhanced, leading to improved maternal and neonatal health outcomes in the Kolhan division.