SUMMER INTERNSHIP PROGRAM

at

Jhpiego, Rajasthan.

From 01.05.2024 to 30.06.2024

A REPORT BY

Sana Shamoil
Master of Business Administration

(Hospital and Health Management)

2023-25

under the Mentorship of

Dr. Piyusha Majumdar (Associate Professor)

IIHMR UNIVERSITY

jhpiego
Saving lives. Improving health. Transforming futures.

July 02, 2024

CERTIFICATE OF INTERNSHIP

This is to certify that Dr. Sana Shamoil has completed her internship with Jhpiego from May 01, 2024 till June 30, 2024.

She interned at Jaipur, Rajasthan location. She provided concurrent research (quantitative and qualitative) and documentation support for ongoing and future initiatives in anti- natal care, conducted literature/desk review for assigned research reports and manuscripts, and participated in various ongoing and new research projects by providing support in designing methodology and report writing and editing. She also supported in data extraction, cleaning and analysis for reporting and manuscripts, and organized knowledge resources and facilitate dissemination of resources.

Sana's performance was good and she was able to accomplish the assigned tasks timely and successfully. She worked diligently during this period and displayed positive attitude and effective interpersonal, communication and professional skills.

I wish her success in life.

On behalf of Jhpiego

Vidya Tulsidharan

Ms. Vidya Tulsidharan
Director: HR

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Dr. Sana Shamoil** of academic year 2023 – 25 of **Institute of Health Management Research** has prepared a poster with respect to her summer internship held during May-June 2024.

She has carried out work as per the guidelines. Her poster is approved for presentation.

Date: 22.07.2024

Dr. Piyusha Majumdar

Associate Professor

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Digital Monitoring of Maternal vital signs, Neonatal outcomes in cases of Maternal hypotension and Analysis of PPIUCD insertion rates through Prasav watch Application in 3 Districts of Rajasthan.

Name : Dr. Sana Shamoil
Roll no- 1815 (MBA HM28)
Faculty Mentor : Dr. Piyusha Majumdar
Organization Mentor : Mr. Ruvin Sharma

Jhpiego, a nonprofit global health leader and Johns Hopkins University affiliate, saves lives, improves health, and transforms futures. Since its founding in 1973, Jhpiego has been innovating to save the lives of women and families worldwide. Beginning in 1974, Jhpiego held training sessions on family planning/reproductive health for doctors and nurses in the USA. In 1980, Jhpiego started its first in-country training programs in India by working in a close collaboration with National and State Governments, providing technical assistance in the areas of family planning and reproductive health and Maternal & Child health.

Mission

- Jhpiego creates and delivers transformative health care solutions that save lives. In partnership with national governments, health experts and local communities, Jhpiego builds health providers' skills and develops systems that save lives now and guarantee healthier futures for women and their families.

Vision

- Self-reliant countries, healthy families and resilient communities. All women and families, regardless of where they live, having equitable access to high-quality, lifesaving health care delivered by competent and caring providers.

SWOT

S
- Pioneer organization in maternal and child health in India.
- Liasioning with state and central government.

W
- Reliability on the government for the proper functioning and monitoring.

O
- Expansion in more states.

T
- Uncertainty in fundings.
- Other competing organisations.

Organization Structure

- Country Director
- Dy. Country Director
- Program Director
- Program Manager
- State Program Officer
- Sr. Program Officer
- Program Officer
- Program Coordinator

Prasav watch: It is a unique healthcare initiative leveraging technology-based innovation to support safe health outcomes for childbirth and improve maternal & newborn health and it also enables labor room service providers to stay alert and take decision for managing high-risk conditions and providing timely services.

Objectives

1) To investigate the relationship between maternal hypotension and complications observed in the newborn in the three districts of Rajasthan.

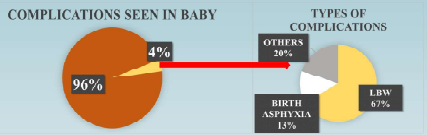
2) To study the frequency of Post-partum Intrauterine contraceptive device (PPIUCD) insertions following delivery in the three districts of Rajasthan

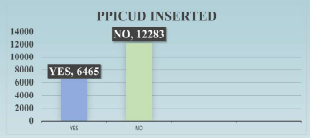
Mother with low BP: 396

COMPLICATIONS SEEN IN BABY	NUMBER
YES	15
NO	381

Total number of PPIUCD : 18748

PPIUCD INSERTED	NUMBER
YES	6465
NO	12283





Difference between practical exposure and theoretical understanding

1) Application of Knowledge:
- *Theoretical:* Focuses on learning concepts, models, and frameworks such as epidemiology and National Health Programs.
- *Practical:* Involves implementing these concepts in real-world settings, designing and evaluating health programs, and adapting strategies to fit specific community needs.

2) Impact Assessment:
- *Theoretical:* Involves learning methods for evaluating public health interventions and their expected impacts based on existing literature.
- *Practical:* Includes conducting real impact assessments, collecting and analyzing field data, and making evidence-based recommendations for improvement.

Learnings during Internship

- Acquired knowledge of how the healthcare system operates at the grassroot level.
- Understanding the program and project in the organization.
- Data entry, cleaning and analysis.
- Transcription of in-depth interviews.
- Thematic analysis.

Usefulness of Internship

- Networking.
- Practical experience.
- Skill Development.
- Understanding the working of public health organization.

Challenges faced during Internship

- Restrictions on field visits.
- Gap between classroom learning and practical application.
- Unclear or Poorly defined roles and responsibilities.

Suggestions to Organization

- Adequate monitoring of data entered in the Prasav watch application.
- Provision of regular training for healthcare providers involved in ARS – iCoC.
- Interdepartmental employee interaction should be increased.

Compiled Reporting Format

Name of the Organisation: Jhpiego, Rajasthan.

Area/ Department/ Project of Summer Internship Program: Maternal and Child Health.

Name of the Student: Sana Shamoil

Roll no: 1815 **Stream: MBA (Hospital and Health Management)**

Activity Done	- Listed all the National Health Programs, reporting of cases/people under them to the government whether manually or any digital portal (monitoring & surveillance). Also to mention if any incentives are being provided under the program. - Prepared a Differential Care Package for Malaria in pregnancy by mentioning all the details of malaria in pregnancy which included types, effect, treatment and management at different levels of healthcare i.e, by ASHA, ANM, MO & Specialty care. - Did retrospective analysis of the prevalence of malaria in pregnancy using the research papers/articles previously available. - Prepared a Presentation on FCM (Ferric Carboxy maltose). - Prepared a format for the questionnaire for the healthcare facilities for Bundi in the excel sheet. - Did manual transcription for the Semi structured interviews and Focus group discussions of doctors and nurses working in the labor rooms conducted for feedback evaluation of Prasav watch within the healthcare facilities of three districts of Rajasthan. - Reviewed articles for the secondary research

	for the topics such as: a) Time motion study for healthcare providers. b) Ante-natal care provided by midwives in the hospital. c) Birth pattern variation in the months in India. d)Percentage of intrapartum complications in pregnancy and its outcome & effect on child. - Review of literature on the topic - Risk factors and consequences of Asymptomatic Bacteriuria in pregnant women and assessing its influence on maternal & foetal health outcomes. - Assisted in literature review for the topic - Need to measure Hemoglobin of a female post-delivery/before discharge. - Did Review of literature as well as prepared a PPT on Panchayati Raj Institutions in India & it's role in healthcare delivery at different levels. - Reviewed articles for secondary research on the guidelines for PRIs in 9 different states (Assam, Odisha, Jharkhand, Karnataka, Madhya Pradesh, Rajasthan, Himachal Pradesh, Punjab and Maharashtra). - Converted the Qualitative data from the STATA to pie chart forms for easy understanding of the data as well as presented the research results. - Did the manual transcription for the interview for the IoT devices and other instruments required for the smooth functioning of Prasav watch. - Did thematic analysis for the Focus group discussions and semi – structured interviews conducted for Bundi and Udaipur. - Did compilation for data on HMSC (Health Ministry Screening Committee) for approved projects from the year 2012 to 2024 as well as prepared an excel sheet for the same.

	- Worked on the project that has been assigned to me – "Does digital leads to better monitoring of vitals at the time of discharge at the levels of CHC and PHC?" with the help of STATA, MS – EXCEL and various other data representation methods such as Pie charts, Bar diagrams etc. Also did data mining / data extraction / data cleaning and data analysis for the same. - Prepared a poster for my summer internship program as well compiled the report for the same.
Linking theory (Classroom learning) with practice at your organization	1) During the National Health Program module, I got the basic idea about the public health programs - their objectives, Need, Target population, Benefits and the method of implementation. 2) During the lectures taken in the Class, I came to know about the Ante natal care and its importance as well as the importance of Iron Folic Acid supplementation during Pregnancy. 3) During the lectures taken in the Class, I leaned about the concept of turnaround time for patients in hospitals, emphasizing its critical role in enhancing healthcare efficiency. Here at Jhpiego, with the help of task given – By analyzing and optimizing each step in the patient journey from initial to the final step help us to identify bottlenecks and streamline processes, ensuring that the antenatal services are both timely and effective in order to provide high quality care to the patient. 4) PRIs play a very important role in healthcare delivery by ensuring that the health programs are effectively implemented and meet the specific needs of local communities. Understanding the structure, function and impact of PRIs on health delivery aligns with the broader themes discussed in class regarding community – based health initiatives and decentralization of health governance as well as preparing a presentation on this topic helped me to

	reinforce the theoretical knowledge gained in lectures and underscores the importance of PRIs in achieving the goals of the NHM and other National health programs. 5) It is essential to link theoretical knowledge of IoT devices with practical applications in educational settings. The theory covers components like sensors, connectivity, data processing, and user interfaces, as well as the architecture, protocols, standards, and security measures. Practical uses include health monitoring, environmental monitoring, and industrial IoT, involving activities like device setup, data tracking, and system optimization. Bridging theory and practice can be achieved through classroom demonstrations, hands-on projects, industry collaborations, and case studies. This integrated approach enhances understanding and fosters innovation in IoT. 6) During research methodology module, we learnt how to make proposals for projects but we didn't know how to allocate a budget to that proposal so working on Health Ministry Screening Committee projects data it gave us knowledge on practical application as well as understanding of public health screening programs and also by engaging in these processes, we enhanced our understanding of public health initiatives, learning to align financial resources with project goals and justify expenditures. 7) During the lectures taken in the Class, I came to know about the Theoretical frameworks such as patient-centered care provided digitally which helped me to understand the benefits and challenges, including improved data accuracy and system efficiency and working here in Jhpiego and analyzing the data set of Prasav watch co-related the theory that had been taught in the class as to how digitalization can help in providing better patient care. 8) During my lectures, I learned about the theoretical frameworks of digitalization in the healthcare sector, which highlighted the benefits and challenges, including improved

	data accuracy, patient engagement, and system efficiency. My work at Jhpiego, where I analyze the data set of Prasav Watch, has further reinforced the concepts taught in class, demonstrating how digitalization can enhance patient care. 9) Used pie charts, bar diagrams and other visual representation charts to analyze the data of Prasav watch as taught in the Demographic class.
Gaps identified on the working area.	1) In the classroom, I learned about the principles and policies of the National Health Program, focusing on the frameworks and ideal implementation strategies which was more of a theoretical concept but working on the given tasks at Jhpiego, It helped me learn about the sources, reporting methods and how these programs use these statistics to further modify or change the programs for a better outcome/result. 2) In the classroom, I learned about the basic needs of pregnant women during the pregnancy such as usage of Iron Folic Acid and its importance. But while preparing the Questionnaire for the Focus Group Discussion, I came across the root causes of why women are not availing them and the myths associated with them as well as why women are not visiting the healthcare facilities for the ANC visits. So, during the lectures it was mainly the theoretical part but here at Jhpiego working on the tasks let me know the root causes of the problem. 3) In the lectures taken in the class, we only read about the basics of Ante-natal care and why it is important. But here working at Jhpiego, it helped me learn more of the applied knowledge about the necessary facilities that should be made available at the Ante natal care Centre and importance of monitoring the pregnant lady throughout the period of pregnancy so as to address High risk pregnancy as soon as possible as well as deal with intrapartum complications if any. 4) In the classroom, there's a strong emphasis on imparting theoretical knowledge,

	frameworks, and policies concerning Panchayati Raj Institutions (PRIs) and the implementation of health programs. However, a significant practical gap exists due to limited hands-on training and real-world application experiences, like field visits. These immersive experiences are crucial for grasping the complexities and nuances of local governance dynamics and healthcare delivery at the grassroots level. 5) In the classroom, there's a strong emphasis on imparting theoretical knowledge, IoT devices. However, a significant practical gap exists due to limited hands-on training and real-world application experiences. Because it is important to know how these IoT devices help in healthcare delivery as well as monitoring. 6) Firstly, theoretical learning often does not provide hands-on experience with real-world data and scenarios, which are crucial for understanding the complexities of public health initiatives. Secondly, there is usually limited opportunity to engage in the actual processes of presenting proposals, securing approvals from stakeholders, and managing budgets, which are essential skills for implementing and sustaining health projects. Thirdly, classroom instruction may not fully simulate the interdisciplinary collaboration and communication required in real public health settings. Lastly, theoretical knowledge may not adequately cover the nuances of logistical challenges, resource constraints, and the dynamic nature of public health environments. This lack of practical exposure can hinder us from effectively applying our knowledge in real-world situations. 7) In the classroom, I learned about the basics about why digitalization can help in providing better patient care and also ease in the operation but it was more of a theoretical knowledge whereas we should have been given hands on experience which would have cleared a lot of confusion and would have helped us to gain more practical knowledge.

	8) In the classroom, I learned about the basics about why digitalization can help in providing better patient care and also ease in the operation but it was more of a theoretical knowledge whereas we should have been given hands on experience which would have cleared a lot of confusion and would have helped us to gain more practical knowledge. 9) Classroom learning in public health provides a foundational understanding of concepts, theories, and methodologies, yet several gaps often exist between this theoretical knowledge and practical exposure because practical exposure involves dealing with incomplete and messy data.
Suggestions for improvement	1) The lectures taken in the class deals with more of the theoretical perspective of the National Health Program whereas it should focus on more of the practical perspective dealing mainly with the grass root level issues. 2) The class lectures primarily cover the theoretical aspects of Digital health, but they should place greater emphasis on practical perspectives, especially on how to use them and how can they help in healthcare monitoring as well as delivery. 3) Classroom activities such as case studies, role-playing, and group projects simulate real-world scenarios, providing practical experience in interviewing, data gathering, and public health communication. These activities are complemented by assessments including written assignments, presentations, and practical exams, which evaluate our theoretical understanding and practical competencies. By participating in these projects, we can enhance our ability to critically evaluate health programs and propose evidence-based improvements. 4) Practical training should be provided to insight into data security measures, system integration issues, and the usability of digital tools, areas that theoretical learning alone

	cannot fully address. By working with these technologies, we could better appreciate the importance of compliance with data protection regulations and the need for user-friendly interfaces for both patients and healthcare providers. Overall, incorporating hands-on experience with digital health technologies in our curriculum would bridge the gap between theory and practice, teaching us the skills needed to effectively utilize digital tools in our future healthcare careers. 5) Integrating hands on experience with digital health technologies into the curriculum would bridge the gap between theory and practice, equipping ourselves with the skills and confidence necessary to effectively use digital tools in the future. 6) The lectures taken in the class deals with more of the theoretical perspective whereas it should focus on more of the practical perspective dealing mainly with the grass root level issues.

Signature of the Student – Dr. Sana Shamoil

Approved by the IIHMR University's Mentor