MASTER OF PUBLIC HEALTH

Johns Hopkins Bloomberg School of Public Health & IIHMR University

PRACTICUM REPORT

By

Aparajita Ghosh

Cohort-09

(2021 – 23)

Under the Guidance of

Dr Dhirendra Kumar

Professor, IIHMR University, Jaipur, Rajasthan

&

Smt. Vandana Sharma (Preceptor)

Assistant Director (Child Development Division), NIPCCD, New Delhi

CERTIFICATE FROM FACULTY ADVISOR

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Aparajita Ghosh**, student of Master of Public Health Program offered by IIHMR University, Jaipur in cooperation with Johns Hopkins Bloomberg School of Public Health, Baltimore has undergone Practicum Training at the **National Institute of Public Cooperation and Child Development (NIPCCD), New Delhi, India** from 9th January 2023 to 6th February 2023.

The Candidate has successfully carried out the study designated to her during practicum training and her approach to the study has been sincere, scientific and analytical.

The Practicum Training is in fulfilment of the course requirements.

I wish her success in all his future endeavours.

Dr Dhirendra Kumar
Practicum Advisor
Professor, IIHMR University, Jaipur

CERTIFICATE BY SCHOLAR

This is to certify that the Practicum Project submitted by me, **Aparajita Ghosh,** with Enrolment No. IIHMR-U/07/2021-2023/0050 and Hopkins ID: 376783 under the supervision of Dr Dhirendra Kumar (my practicum advisor) and Smt. Vandana Sharma (my preceptor) for the award of **Master of Public Health** carried out during the period 9th January 2023 to 6th February 2023 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

Aparajita Ghosh
MPH Cohort-09
(2021-23)

Certificate from the organization

राष्ट्रीय जन सहयोग एवं बाल विकास संस्थान
National Institute of Public Cooperation and Child Development

Dated: 06 February, 2023

No.NI/PO/220/2022-23

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Aparajita Ghosh,** student of Master of Public Health, IIHMR University was placed in the Institute for **Field Placement** from **09th January 2023 to 06th February, 2023.**

During her placement, **Dr. Aparajita Ghosh** has shown keen interest in her assignments and exhibited capacity for learning. She was found sincere, responsible and committed in completing her assignments.

I wish success in all her endeavors.

Rita Patnaik

(Dr. Rita Patnaik)
Joint Director (WD)

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This practicum report was done under the guidance of Dr Dhirendra Kumar (Professor, IIHMR University, Jaipur, India) and Smt. Vandana Sharma (Assistant Director, Child Development Division, NIPCCD, New Delhi, India).

I would like to express my sincere gratitude to my mentor and professor, Dr Dhirendra Kumar for his constant support and guidance throughout my MPH journey.

I would also like to thank Dr Rita Patnaik (Joint Director, NIPCCD) and my practicum preceptor Smt. Vandana Sharma for giving me the opportunity to work under this organization. I am fortunate enough to have had a chance to work with and learn from Vandana Ma'am and her team in the Child Development Division (NIPCCD).

Special thanks to Dr Seema Mehta (Professor, IIHMR University, Jaipur) for her encouragement throughout the course.

I am thankful to my colleagues at IIHMR University and NIPCCD, who helped me make my MPH journey a memorable one.

Last, but not least, I would like to take this opportunity to thank my parents, who have always inspired and supported me in all of my academic endeavours. I owe them a sincere debt of gratitude for always believing in me and guiding my future steps.

Contents

ABBREVIATIONS 6
PRACTICUM DETAILS: 7
LEARNING OBJECTIVES: 7
1. ABOUT THE ORGANIZATION: 8
2. PROJECT REPORT: 11
2.1 INTRODUCTION: 11
2.2. REVIEW OF LITERATURE: 12
2.3. NUTRITION COMMUNICATION OBJECTIVES: 15
2.4. METHODOLOGY: 15
2.5. BODY OF THE MESSAGE: 18
2.6. TESTING THE MESSAGES: 20
ROLES AND RESPONSIBILITIES DURING THE INTERNSHIP: 21
Challenges faced: 23
My Learning from The Practicum: 24
References 26
Annexure: 29

ABBREVIATIONS

NIPCCD	National Institute of Public Cooperation and Child Development
RMNCH+A	Reproductive Maternal Newborn Child and Adolescent Health
MWCD	Ministry of Women and Child Development
AGSC	Adolescent Guidance Service Center
CGC	Child Guidance Center
CCC	Child Care Center
DCWC	Documentation Center on Women and Children
ICDS	Integrated Child Development Scheme
ICPS	Integrated Child Protection Scheme
POSHAN	Prime Minister's Overarching Scheme for Holistic Nutrition
ICT	Information Communication Technology
MCP	Mother and Child Protection
AWW	Anganwadi Worker
UNICEF	United Nations International Children's Emergency Fund
SDG	Sustainable Development Goal
NFHS	National Family Health Survey
ANC	Antenatal care
IFA	Iron and Folic Acid
AWC	Anganwadi Center
IYCF	Infant and Young Child Feeding
BPNI	Breastfeeding Promotion Network of India
IBFAN	International Baby Food Action Network
MAA	Mothers' Absolute Affection
IEC	Information Education Communication
BCC	Behaviour Change Comunication
AWTC	Anganwadi Training Center

PRACTICUM DETAILS:

1. Duration: 9th January 2023 to 6th February 2023
2. Hours: 160 hours
3. Name of the Institute: National Institute of Public Cooperation and Child Development (NIPCCD), New Delhi.
4. Name of the Division of Internship: Child Development Division
5. Supervisor: Smt Vandana Sharma, Assistant Director, Child Development Division
6. Faculty Advisor: Dr Dhirendra Kumar, Professor, IIHMR University, Jaipur.

LEARNING OBJECTIVES:

1. To understand the organization's mission, hierarchy, and activities.
2. To actively get involved with the ongoing activities of the organization and gain practical experience in public health while contributing to the organizational goals.
3. To become familiar with government schemes related to maternal and child health and their implementation in India.
4. To gain technical knowledge on public health programs in India, particularly RMNCH+A[1].
5. To apply and develop at least two of the following identified skills and competencies, based on my area of interest.

- *Communication Skills:* Explain scientific information to the lay audience in the appropriate language. Utilize learned skills to communicate effectively with a variety of stakeholders and Employ advocacy skills (e.g., advocating for change, public policy, programs, populations, etc.)

[1] RMNCH+A (Reproductive, Maternal, Newborn, Child, and Adolescent Health)

- *Cultural Competency:* Recognize the importance of culture in Public Health practice and the need for a diverse workforce. Interact regularly with people from diverse backgrounds.
- *Community Dimensions of Practice Skills:* Identify the role of government in health promotion. Create connections and collaborate with key stakeholders to promote health.
- *Policy Development and Program Planning Skills*

  Collect and prepare information to support policy development. Develop policy recommendations. Translate policy information and plans to policy programming.

1. ABOUT THE ORGANIZATION:

Background:

The National Institute of Public Cooperation and Child Development (NIPCCD) is one of the autonomous organizations under the Ministry of Women and Child Development (MWCD), Government of India, that is working towards the promotion of voluntary action in the area of social development, capacity building and research related to women and child development in the country, since 1966. (1)

Vision: *"To become an Institute of Global reputes in the field of women and child development child rights, by developing partnerships and linkages with national and international agencies and making the training and research activities relevant to the needs of client groups."* (1)

Mission: "*To act as a think tank, catalyst and inventor of child rights, child protection and child development programmes by pursuing the capacity building of child development functionaries, research and evaluation, networking, consultancy and advisory services as well as provision of specialised services through interdisciplinary teams*." (1)

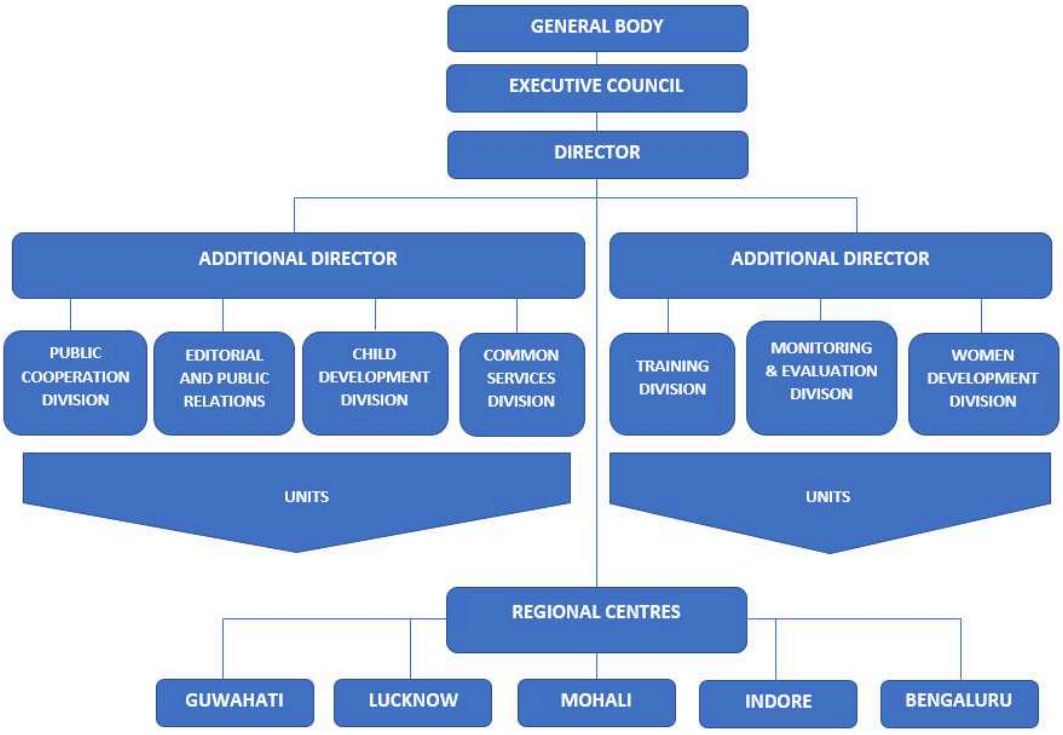
Functioning:

The institute is headed by the Director, who is the academic and administrative head, and the activities are carried out by the institute's various divisions. (Figure 1)

Box. 1: Areas of Work under NIPCCD:

Mother and Child Health
Adolescent Health
Reproductive Health and HIV/AIDS
Gender and Women's Health
Nutrition
Child Welfare
Training and Capacity Building

Figure.1: Organizational flowchart of the Institute:



Source: https://www.nipccd.nic.in/organisational-chart#gsc.tab=0

With its headquarters located in New Delhi, the institute has set up five regional centres across India (Guwahati, Bengaluru, Indore, Lucknow, and Mohali), each catering to the requirements of the states it covers.

The Child Development Division of NIPCCD caters to issues related to the health and nutrition of mothers and children, prevention as well as early detection of childhood disabilities, early childhood education, and promotion of positive mental health in children. The various functional units under this division work in the following areas:

- Psycho-social development
- Health
- Nutrition
- Pre-school education
- Field Demonstration Services (AGSC[2], CGC[3], CCC[4])
- Library and Documentation Centre on Women and Children

The Documentation Center on Women and Children (DCWC) functions as a repository of journals, reports, documents, and databases related to women and children, for the purpose of reference to be used by the faculty, students and scholars from similar other institutes.

Training and capacity building of national and regional level functionaries under the Integrated Child Development Services (ICDS) programme and the Integrated Child Protection Scheme (ICPS), focusing on technical knowledge, skill building and developing effective counselling techniques is one of the institute's main activities.

[2] AGSC (Adolescent Guidance Service Center)
[3] CGC (Child Guidance Center)
[4] CCC (Child Care Center)

NIPCCD is also involved in various research, evaluation and documentation studies related to child welfare and development, monitoring ICDS and other related programmes.

2. PROJECT REPORT:

"DEVELOPMENT OF KEY NUTRITION-BASED MESSAGES FOR MOTHERS ON MATERNAL, INFANT AND YOUNG CHILD NUTRITION"

2.1 INTRODUCTION:

This report is based on the ongoing work of the Child Development Division, NIPCCD in collaboration with the ongoing Mission POSHAN 2.0 project.

The 'POSHAN Abhiyan' initiative was launched by the Indian Government in 2018 and was combined with other programmes having similar objectives of alleviating malnutrition in the country. This resulted in the 'Saksham Anganwadi'-Mission POSHAN 2.0 scheme, which was introduced in 2021, under the umbrella of ICDS (Integrated Child Development Services). (2,3)

The Mission aims to address malnutrition among children aged 0 to 6 years, adolescent girls (14 to 18 years), pregnant women, and lactating mothers. (2,3)

NIPCCD is currently working on developing an ICT[5]-based online nutrition application for infants, young children, pregnant women, and lactating mothers. Similar to the 'Mother and Child Protection' (MCP) Card this online application is meant to be used by mothers and pregnant women to guide them with optimal nutritional and childcare practices and by the Anganwadi Workers (AWW) during counselling of pregnant women and lactating mothers. A major work in this area would involve designing key nutrition-based messages which are clear,

[5] ICT (Information Communication Technology)

simple and based on the updated guidelines and policies, which would answer not only “what’ is important but also ‘why’ it is important.

2.2. REVIEW OF LITERATURE:

It is a well-established fact that a child’s nutrition during the first 1000 days has a significant impact on their growth and development. (4,5,6) The health of the child as well as the risk of developing diseases later in life are influenced not only by the dietary intake but also by the nutrition-related behaviour and the external environment during pregnancy and the first two years after birth. (6)

According to UNICEF 2019, one in three children under the age of 5 suffer from undernutrition or being overweight, and one in two have micronutrient deficiencies such as Vitamin A, iron, folic acid, zinc and iodine deficiencies. These put children at an increased risk of mortality, morbidity, blindness, anaemia, and poor growth and development causing low academic performance and ultimately low productivity during adulthood. Further, over 90% of these children are in Asia and Africa. (7)

The United Nations Sustainable Development Goal (SDG) Target 2.2 aims to end all types of malnutrition by 2030 and achieve the targets of stunting and wasting in children under 5 years, as well as meet the nutritional needs of adolescent girls and pregnant and lactating women by 2025. (8)

In India, the National Health Mission’s RMNCH+A Strategy includes child health and nutrition interventions to help achieve the goals laid down under the National Health Policy 2017 which is aligned with the United Nations SDG. (9)

From 2015 to 2020, 18 states of India have seen an increase in the number of underweight and wasted children under the age of 5 years as well as anemia in women and children under the age of 3 years (10)

As per the NFHS 5 (2019-2021) report, about 40 % of the pregnant women in India had less than four antenatal care (ANC) visits while only half of them consumed IFA[6] supplementation for at least 100 days during pregnancy. (11) With more than half of the pregnant women suffering from anaemia, maternal mortality in India is therefore high with poor birth outcomes. (4,11)

Inappropriate feeding practices, which is one of the leading causes of malnutrition in children less than two years further complicate the scenario. (4)

The NFHS 5 report shows that in India, about two-fifth of the children under 5 were stunted (short for age), about one-fifth were wasted (thin for height) and almost one-third were underweight (thin for age). (11) Further, more than half of the children below 5 years failed to receive their second dose of the measles-containing vaccine and rotavirus vaccine. (66)

Influenced often by traditional beliefs and practices, only 41.8 % of children under 2 years were breastfed within one hour of birth, and only 11.0 % of total children (6-23 months) received an adequate diet. (11)

Despite the extensive coverage of ICDS, the largest supplementary nutrition program in India, several drawbacks have been identified. Health and nutrition education at the community level is considered to be the most neglected component of ICDS. (4)

According to a qualitative study on the beneficiaries' experience of ICDS, information regarding child-care and infant feeding practices which were provided during community

[6] IFA (Iron and Folic Acid)

mobilization activities was poorly retained; for instance, women who received IFA supplements did not remember the exact number to be taken. (10) Another study showed factors such as “caste dynamics” and “seasonal migration” which made home visits difficult for the AWWs and a lack of beneficiary participation in group counselling sessions which led to fewer women attending health education sessions at the Anganwadi Centers (AWCs). (12)

Literature also shows inadequate targeting of children under three years, with more focus on preschool children and those over three years. (4)

The flaws in distribution patterns and timings of supplementary food and ration provision at most of the AWCs have also been identified as an area that needs improvement to reduce undernutrition status among children. (13) Limited funds for food and a shortage of ICDS staff further make it difficult to monitor every household's health and nutrition status. (10)

Mothers are provided with weaning food packages in the form of take-home rations, most often without proper instructions on the preparation and feeding practices for the infants. (4) Also, it has been noticed that growth monitoring often lacks parental involvement. (4)

It is critical to improve knowledge and change attitudes toward the adoption of appropriate practices related to nutrition, infant and child feeding, growth monitoring and hygiene along with availing timely healthcare services. Mobile-phone-based behaviour change communication methods are widely being implemented to improve maternal and child health and nutrition practices. The use of nutrition messages in the form of text or voice messages has been shown to bring improvements in infant and child feeding practices and pregnancy outcomes. Not only has it been shown to increase the mothers’ knowledge but also creates an enabling environment where family members play an active role. (14)

2.3. NUTRITION COMMUNICATION OBJECTIVES:

- To enhance beneficiary knowledge about nutrition and feeding practices
- To remove misinformation about nutrition, including wrong concepts and certain cultural practices
- To change the mothers' and caregivers' attitudes related to healthy feeding and childcare practices.
- To encourage nutrition diversity and better use of food resources
- To make mothers self-efficient in addressing issues on the child's nutrition and health

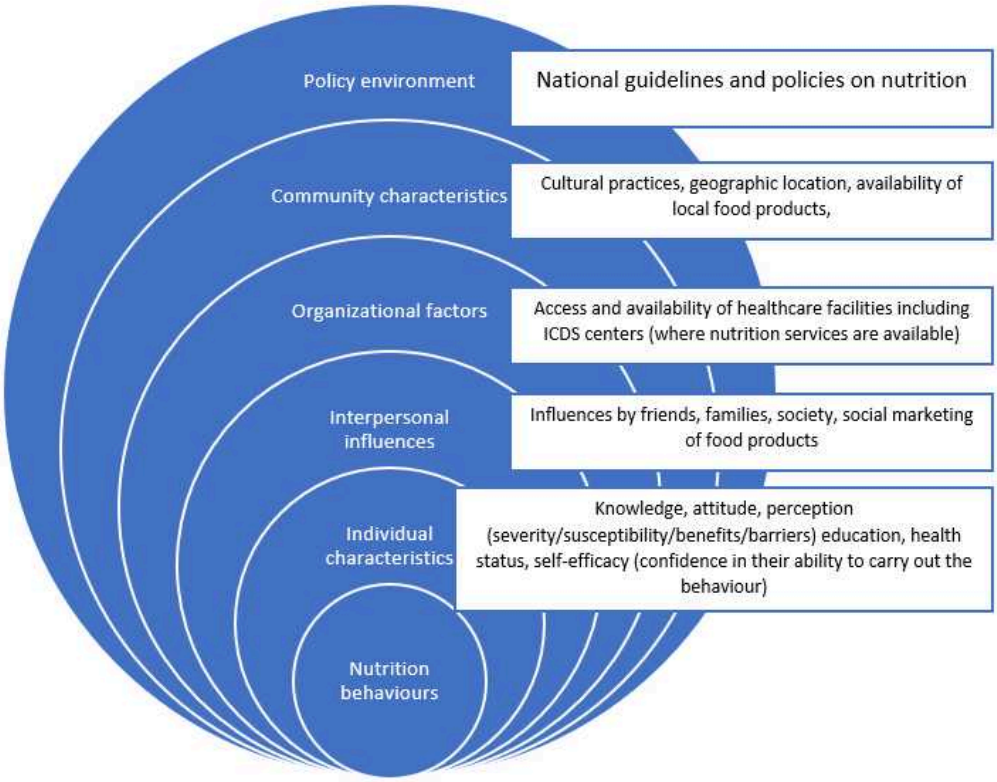
2.4. METHODOLOGY:

2.4.1 Review of scientific and grey literature was done to understand the current practices in IYCF[7] in India. The findings from recent qualitative research studies in Indian states along with the 2018-2019 'POSHAN' report developed for the Ministry of Women and Child Development (3), were used to identify the determinants of beneficiary behaviours including barriers and facilitators of nutrition-related behaviour change.

The socio-ecological model was adopted to categorize the influences on mothers' and caretakers' behaviour. (15) (Figure 2) and worksheets were prepared to organize the findings (barriers and facilitators) of the desk review.

[7] IYCF (Infant and Young Child Feeding)

Figure.2 Levels of influence on nutrition behaviour based on the Socio-Ecologic Model:



Source: https://docs.wfp.org/api/documents/WFP-0000023393/download/

2.4.2 Behaviour change theory:

The messages were developed keeping in mind the theories based on the Health Belief Model and the Persuasive Health Message Framework. (16,17)

a) Health Belief Model

- Perceived severity – consequences of suboptimal feeding practices.
- Perceived susceptibility – use of 'your child' and 'you' (second person point of view) to evoke a sense of being at risk.

- Perceived benefit – positive consequences of optimal feeding practices such as protection from illness and good health.
- Perceived barriers – cultural practices such as feeding pre-lacteal feeds and discarding colostrum.

b) Persuasive Health Message framework:

Threat: Increasing the beneficiaries' perceived threat (susceptibility of being at risk and severity) of suboptimal nutrition practices.

Efficacy: Providing feasible behavioural solutions to address nutrition illnesses (eg. Diarrhoea and common breast conditions during lactation).

Cues: Making the message motivating (Eg. Maintaining a chain of behavioural patterns based on stages of pregnancy, followed by stages immediately after birth till 24 months post-partum)

Audience profile: 'Tailored messages' based on local contexts and practices (Eg. Use of locally available food for complementary feeding)

Fear appeal: Combining perceived threat and high efficacy (Eg. *"Lack of iron in your body (anaemia) will make you tired and unwell and increase the risk of premature birth, low birth weight baby and death. You must take iron and folic acid supplementation, 1 tablet daily, starting from the 14th week of pregnancy and continuing up to 6 weeks after delivery, to prevent anaemia.")*

2.4.3. Format and design:

- The key messages will be in the form of text messages directly addressed to the mother, via the mobile application.

- Evidence-based, correct information.
- Clear, simple language, easy to understand with minimal or no use of scientific/medical terms and phrases.
- Language in which the message is written: English and Hindi

2.4.4 Materials used for the development of the key messages included:

- E-learning module on "Infant and Young Child Feeding: Ministry of Woman and Child Development, India".
- Infant and Young Child Feeding Counselling: A Training Course: The 4-in-1 course; Trainer's Guide (April 2013), developed by BPNI[8] and IBFAN[9], Asia.
- Essential Nutrition Practices- a guide for optimum nutrition; Developed by PPMU, "Kalawati Saran Children's Hospital, New Delhi in collaboration with National Health Mission Madhya Pradesh and UNICEF, India".
- MAA (Mothers' Absolute Affection) Programme for Infant and Young Child Feeding – Guidelines by the Ministry of Health and Family Welfare, Government of India. (18)
- Operational Guidelines on Tetanus and diphtheria (Td), Control of Iron Deficiency Anaemia, Calcium Supplementation during Pregnancy and Lactation, National Deworming Day: NHM (Ministry of Health and Family Welfare, Government of India). (19)

2.5. BODY OF THE MESSAGE:

The final key messages covered the following components:

- ANC visit and safe delivery.

[8] BPNI (Breastfeeding Promotion Network of India)
[9] IBFAN (International Baby Food Action Network)

  - Frequency of visits.
  - ANC services (registration, immunization, physical examination, laboratory tests, weight monitoring and vitals).

- Maternal Nutrition during Pregnancy and Lactation
  - Increased quantity of food and water intake.
  - Improved food diversity.
  - Food and drinks to be avoided.
  - Supplements during pregnancy and lactation (IFA, Calcium).
  - Deworming.
- Maternal Health during Pregnancy and Lactation
  - Adequate rest.
  - Sanitation and hygiene.
  - Common breast conditions during lactation and their management.
  - Management of common health issues.
- Infant and young child nutrition (Immediately after birth, 0-6 months and 6-24 months)
  - Initiation of breastfeeding as early as possible.
  - Importance of colostrum.
  - Exclusive breastfeeding: For the first 6 months.
  - Breastfeeding positioning and attachment.
  - Breastfeeding twins and Low Birth Weight babies.
  - Breastfeeding for mothers who are working.
  - Breastmilk expression methods.
  - Complementary feeding after 6 months (Time of initiation, types of food, frequency).
  - Continued breastfeeding for 2 years or beyond.

  - Responsive feeding.
  - Feeding when the mother or child is ill.
  - Supplements (Vitamin A, Iron and Folic Acid)

- Infant and Young Child Health (Immediately after birth, 0-6 months and 6-24 months)
  - Immunization
  - Management of common illnesses (focus on diarrhoea and use of oral rehydration solution)
  - Sanitation and hygiene maintenance
  - Growth monitoring
- Preparation and consumption of food prepared at home using iodized salt.
- Supportive actions of family members.

2.6. TESTING THE MESSAGES:

The final draft will be forwarded by the Assistant Director to the Division Head for the feedback. Evaluation of the messages will be done based on the correctness and adherence to standard national guidelines, the use of words and phrases, whether they address the identified key nutrition behaviours and the overall appropriateness.

Simultaneously, a pre-test of the messages will be done to check for any confusion, misinterpretations, and comprehensiveness. Anganwadi workers and mothers with children under two years visiting the child guidance centre at NIPCCD, will be interviewed using a semi-structured questionnaire (Box 2) with the help of a social worker at the centre.

Technical inputs from the Division Head and the feedback from the interviews will then be incorporated to revise the messages.

Box 2: Sample questions for pre-test:

1. What do you understand from this message?
2. Are you able to understand the message clearly? If not, why?
3. Would you be able to follow this message based on your current lifestyle practices?
4. Would you suggest any way to revise this message for making it easier to understand and appropriate?

It is crucial that not only the right information reaches the mothers and caregivers, but also that they are able to comprehend its importance in order to bring about a positive change in the feeding practices of infants, young children and mothers.

ROLES AND RESPONSIBILITIES DURING THE INTERNSHIP:

I was placed as an Intern in the Child Development Division of NIPCCD and a major part of my work was associated with the Mission Poshan 2.0 Scheme.

All the assigned work was to be reported to the Assistant Director, Child Development Division, NIPCCD, who also headed the Documentation Center for Women and Child (DCWC). Hence, a part of my work as an intern was related to DCWC.

The tasks assigned to me are listed below:

A. Mission Poshan 2.0:

1. Review available IEC/BCC materials related to the nutrition of the child and mother during and after pregnancy, and IYCF practices developed by the Women and Child Development Department and other available modules of the department.

2. Based on the available national guidelines and existing literature, engage in the development of key nutrition-based messages focusing on the "*first 1000 days*" as a part of the organization's effort to develop an ICT-based online nutrition application for pregnant women, lactating mothers, and their children.

B. Documentation Center for Women and Children (DCWC)

Compilation of all recent studies (in the last 1 year, in India) and prepare abstracts for each, which would be included in DCWC Quarterly Research Bulletin. (Annexure, Table 'A'). The studies covered the following topics:

- Child Health
- Child Development/ Abuse/ Neglect
- Child Nutrition
- Women's Health
- Mental Health
- Related Government Schemes

C. Other tasks:

1. Assist in report preparation related to topics such as the importance of millet in food security, childhood abuse and protective mechanism in India, gender-based violence and child marriage.

2. Draft routine documents and reports when required.

3. Prepare PowerPoint presentations and assist in organizing events being held at the institute.

D. Major events the institute was involved in:

1. The six-day national event '*Bharat Parv',* organized by the Government of India as a part of the Republic Day (26th January 2023) celebrations in New Delhi (Red Fort). The activities

involved the development of banners and pamphlets and setting up stalls for the display of the work being done for women and children by the MWCD.

2. National Girl Child Day (24th January 2023) to celebrate the anniversary of the '*Beti Bachao Beti Padhao'* Scheme, highlighting the theme 'Empowering Girls for a Brighter Tomorrow' and the Prime Minister *'Rashtriya Bal Puraskar'* organized by the MWCD to honour the achievements of children from different Indian states, in various fields.

E. Conference attended:

Attended the National Conclave on "Data for Development – Actionable Data for Actionable Insights", held on 31st January 2023, at the India International Centre, New Delhi, with my supervisor.

Challenges faced:

Coming from a medical and public health background, I was able to understand the national guidelines and the rationale behind each component under the guidelines. However, the challenge was in converting these into simple forms which would be easily understood by the beneficiaries, most of whom are from lower socioeconomic families with low educational levels and highly influenced by the prevailing cultural practices.

Another challenge I faced was related to administrative functioning. Scheduling meetings with senior officials and departmental heads and getting their approvals for the assigned work was sometimes difficult, particularly during the time of national events in which the Ministry was involved.

My Learning from The Practicum:

My internship at NIPCCD, Child Development Division gave me the opportunity to learn about the current practices and efforts of the government to address the issue of malnutrition among children and mothers. Working on the 'Mission Poshan 2.0' scheme helped me gain technical knowledge and the confidence to work in the area of mother and child health and nutrition.

It provided me with the chance to familiarize myself with the workplace culture and functioning including the administrative practices of an organization, which is actively engaged with the government in implementing its various schemes.

A major portion of my work at NIPCCD involved conducting desk reviews and drafting reports which helped me strengthen my documentation abilities.

Attending and organizing various meetings and events within the organization gave me a better understanding of the importance of teamwork where every staff in the department contributes significantly to the achievement of organizational goals.

Competency-based learning:

I was able to apply communication skills to effectively communicate with my senior officials and the team members on the updates of the work and to take their valuable inputs for further refining the work and making necessary modifications. A series of discussions with the supervisor and the teammates went into the successful designing and development of the final communication material.

I was able to understand the importance of fostering cultural competency to be able to effectively work and interact with people from diverse backgrounds. During the internship, I

had the opportunity to interact and work with professionals from different fields, including clinical psychologists, social workers and trainers of Aanganwadi Training Centers (AWTCs).

As an intern at an institute that regularly engages in providing training programs, workshops, seminars and conferences for the staff working in the government sector as well as those in the voluntary sector engaged in child development and other social welfare activities, recognized the significance of establishing and maintaining partnerships with various national, regional and civil society organizations.

My internship at NIPCCD has helped me explore various aspects of women's, maternal and child health such as nutrition, family planning and safe delivery and immunization, which I can further pursue as a career in the field of public health.

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Annexure:

Table 'A': Topics finalized for DWDC Quarterly Bulletin:

Public Health Area	Topic	Journal Name
Mental Health	The effects of cyberbullying victimization on depression and suicidal ideation among adolescents and young adults: a three-year cohort study from India	*BMC Psychiatry*
	Psychiatric Morbidity among Transgender Population: A Study in a Rural Area of Bengaluru	*Indian Journal of Private Psychiatry*
	Design and delivery of a need-based mental health promotion program for shelter-home adolescents	*Indian Journal of Social Psychiatry*
Child Health	Predictors of Low Birth Weight: A Study in a Health and Demographic Cohort from Assam, India	*Indian Journal of Pediatrics*
	Association of birth weight with risk factors of cardiovascular diseases: A birth cohort analysis from a rural area of Northern India	*Indian Journal of Public Health*
Health	Knowledge of Exclusive Breastfeeding among Mothers in Selected Hospital	*Indian Journal of Nursing Sciences*
	Knowledge and practice pattern of integrated child development services scheme supervisors (AWS) following capacity building and remote supportive supervision	*Indian Journal of Public Health*
Women Health	Sexual violence as a predictor of unintended pregnancy among married women of India: evidence from the fourth round of the National Family Health Survey (2015–16)	*BMC pregnancy and childbirth*
	Community-based approach to combat micronutrient deficiencies among irular tribal women: An education intervention	*Indian Journal of Public Health*
Child Development	Parents' attitudes and unequal opportunities in early childhood development: Evidence from Eastern India	*Journal of Early Childhood Research*
	Mental health problems in children with intellectual disability	*The Lancet Child & Adolescent Health*
	Last-mile Delivery of Early Childhood Development Services: The Role of Community Health Workers in Dadra Nagar-Haveli District	*Indian Pediatrics Case Reports*
	Establishing early foundations to promote emotional competence in preschool children	*Journal of Applied Social Science*
	Childhood abuse and late life depression–Recent updates	*Indian Journal of Child Health*
Child Nutrition	Impact of Intervention on Nutritional Status of Under-Fives in Tribal Blocks of Palghar District in Maharashtra, India	*Indian Journal of Public Health*

Government Schemes	Public health insurance and maternal health care utilization in India: evidence from the 2005–2012 mothers' cohort data	*BMC pregnancy and childbirth*