MASTER OF PUBLIC HEALTH

Johns Hopkins Bloomberg School of Public Health & IIHMR University

PRACTICUM REPORT

by

Dr Sarah Khan

MPH Cohort - 8

(2020 – 2022)

Under the Guidance of

Dr Neetu Purohit

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&

Dr Neha Kashyap

Program Officer – MNCH, PATH

TO WHOMSOEVER MAY CONCERN

This is to certify that Dr Sarah Khan, 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 PATH, India from 31st January 2022 to 11th April 2022.

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 fulfillment of the course requirements.

I wish her success in all her future endeavors.

Dr Neetu Purohit
Practicum Advisor

Certificate by Scholar

This is to certify that the Practicum Project titled submitted by me, Dr Sarah Khan with Enrollment No. 0047 under the supervision of Dr Neetu Purohit (my practicum advisor) and Dr Neha Kashyap (my preceptor) for the award of **Master of Public Health** carried out during the period 31st January 2022 to 11th April 2022 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.

Dr Sarah Khan
MPH Cohort 8
2020-22

Certificate from the organization

PATH

Date – 13th April 2022

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Sarah Khan has successfully completed her internship with us at PATH India Country Program from **31st January 2022** to **11th April 2022** under the guidance of Neha Kashyap.

We wish her all the very best for her future endeavors.

Sincerely,

For, **PATH India**

DocuSigned by:
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Abbreviations

PATH	Program for Appropriate Technology in Health	**SNEHI**	Strengthening new-born nutrition and essential healthcare interventions in India
HIV/AIDS	Human Immunodeficiency Virus/ Acquired immunodeficiency syndrome	**TIMCI**	Tools for integrated management of childhood illnesses
HPV	Human Papilloma Virus	**NIH**	National Institutes of Health
CEO	Chief executive officer	**TA**	Technical Assistance
TB	Tuberculosis	**BMGF**	Bill & Melinda Gates Foundation
NTDs	Neglected tropical diseases	**NSE**	National Stock Exchange
HR	Human Resource	**HCD**	Human Centered Design
PHC	Primary Heath Care	**PPP**	Public Private Partnership
FP	Family Planning	**LaQshya**	Labour Room Quality Improvement Initiative
USAID	United States Agency for International Development	**SHSRC**	State Health System Resource Centers
MNCH	Maternal, Neonatal, Child Health	**THC**	Tribal Health Collaborative
UBT	Uterine Balloon Tamponade	**MMUs**	Mobile Medical Units
PPH	Post-Partum Hemorrhage	**CoE**	Centres of Excellence
AMPLI PPHI	Accelerating Measurable Progress and Leveraging Investments for PPH Impact	**MoHFW**	Ministry of Health and Family Welfare
NICU	Neonatal Intensive Care Unit	**NIHFW**	National Institute of Health and Family Welfare
ICMR	Indian Council of Medical Research	**NHM**	National Health Mission
GoI	Government of India	**RMNCH+A**	Reporoductive, Maternal, Newborn, Child and Adolescent Health
MDG	Millennium Development Goal	**HCP**	Health Care Professional
NTAG	National Technical Advisory Group	**HCW**	Health Care Worker
QPR	Quarterly Performance Report	**SUMAN**	Surakshit Matritva Aashwasan
VHSNC	Village Health Sanitation & Nutrition Committee	**IR**	Intermediate results

ASHA	Accredited Social Health Activist	**AMRIT**	Affordable Medicines and Reliable Implants for Treatment
LS4R	Leadership and Supportive supervision for Results	**BEmONC**	Basic emergency obstetric and new-born care
CEmONC	Comprehensive emergency obstetric and new-born care	**ASMAN**	Maternal and Newborn health services digital data support
STSG	State Technical Support Group	**DTF**	District Task Force
HRMIS	Human Resources Management Information System	**FOGSI**	Federation of Obstetric and Gynecological Societies of India
OSCE	Objective Structured Clinical Examination	**CoP**	Chief of Party
HSS	Health Systems Strengthening	**MLE**	Monitoring, Learning, and Evaluation
CP	Community Processes	**PMC**	Project Management Committee
NGO	Non-Governmental Organization	**DPO**	District Program Officer
CLA	Collaborating, Learning, and Adapting	**PDSA**	Plan, Do, Study, Act
WHO	World Health Organization	**PIP**	Program Implementation Plan
NQAS	National Quality Assurance Standard	**NICRA**	Negotiated Indirect Cost Rate Agreement
LEGO	Toy Company	**RFP**	Request for Proposal
IIM	Indian Institutes of Management	**NFHS**	National Family Health Survey

1. About the Organization

PATH is a non-profit public health organization working globally for the betterment of health and promotion of health equity (1). It supports and collaborates with public and private institutes, communities, governments, and donors by developing partnerships, products, or processes to identify, introduce and scale up solutions for the challenges in the healthcare. PATH has experts from different varieties of specialties including science, advocacy, medicine, political science, information technology etc. and has contributed to develop innovative solutions like drugs, vaccines, diagnostics, health devices, and many more. See Figure 1 for PATH's array of solutions to the health problems.

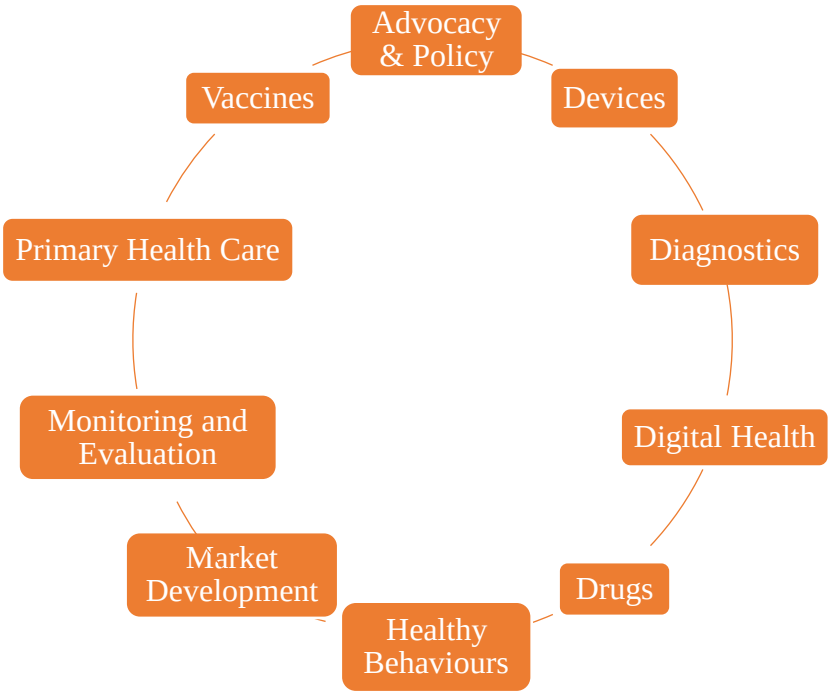

Figure 1: Array of solutions by PATH

Africa, Americas, Asia Pacific, and Europe are the regions PATH is currently working in. See Figure 2 for a glimpse of PATH's global reach, team, and impact.

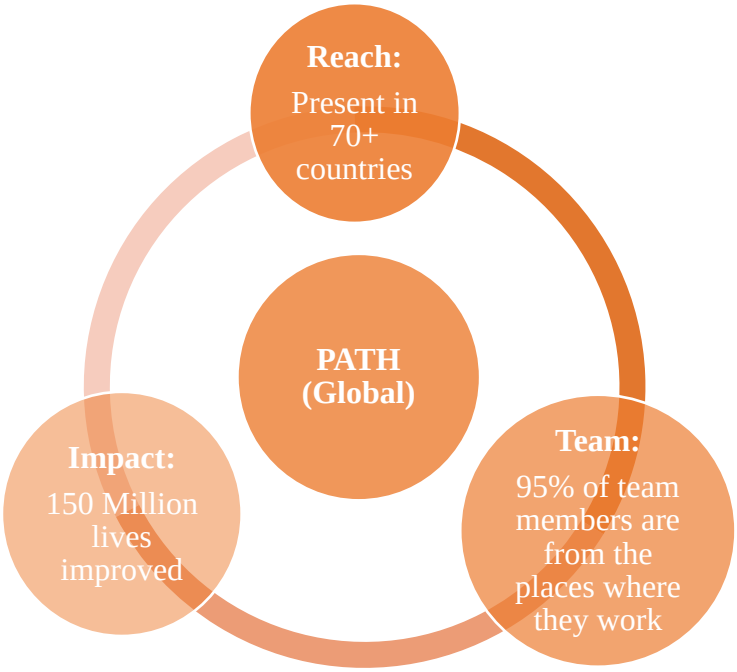

Figure 2: Glimpse of PATH's global reach, team, and impact

Since the communities all around the world face health issues that are not only large in number but also have complex mechanisms, their possible solutions need to be advanced and effective thus making the scope of PATH's work diverse and vast. The health areas in which PATH has significantly contributed are Cancer, Covid-19, Diabetes, Diarrheal Disease, Early Childhood Development, Ebola, Epidemic Preparedness, Heart Disease, HIV/AIDS, HPV, Influenza, Japanese Encephalitis, Malaria, Maternal and New-born Care, Meningitis, Neglected Tropical Diseases, Nutrition, Pneumonia, Polio, Sexual and Reproductive Health, and Tuberculosis.

PATH's vision, mission, and values are (1):

- *Vision:* "A world where innovation ensures that health is within reach for everyone."
- *Mission:* "To advance health equity through innovation and partnerships."
- *Values:* Respect, Equity, Integrity, Innovation, Collaboration, and Impact

Leadership Team: PATH's executive team at the global level is accountable for overseeing financial matters, developing strategy, managing country programs, and making sure that PATH achieves its mission of improving health outcomes for all the

people in the world. See Figure 3 for the organogram of PATH's executive team at the global level.

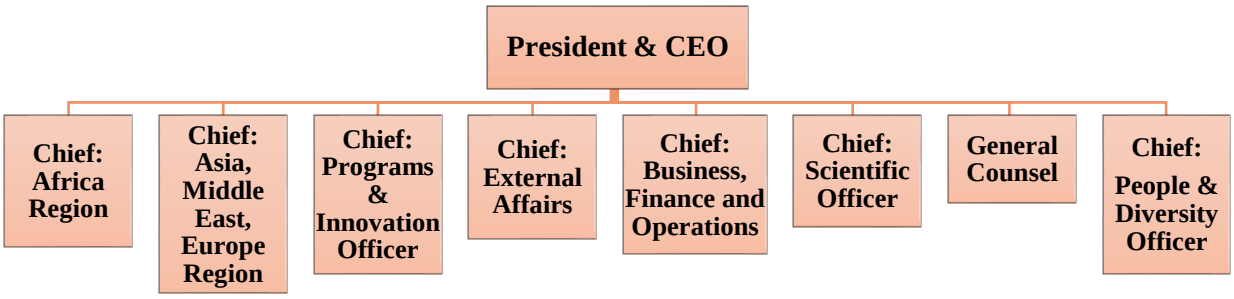

Figure 3: PATH's Executive Team at the Global level

PATH India: PATH has a presence in India since more than forty years and has been working with both public as well as private bodies to strengthen the public health system. See Figure 4 for the organogram of PATH India's team at the national level.

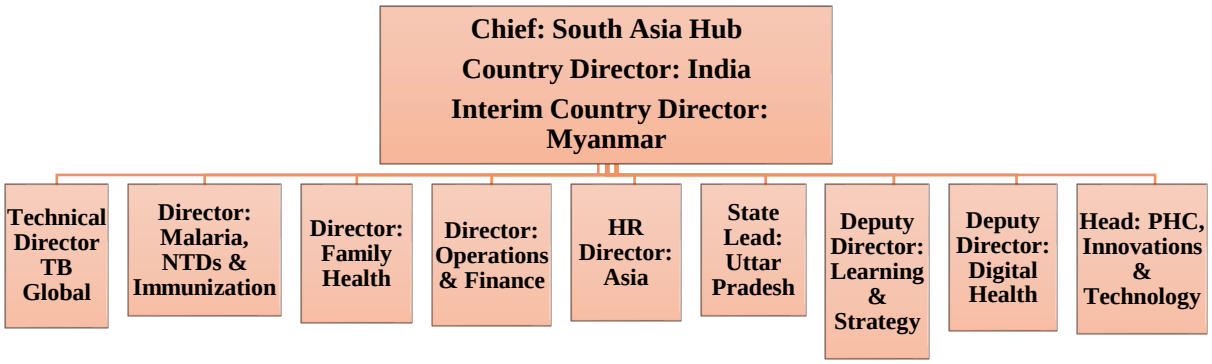

Figure 4: PATH India's Team at the National level

PATH has been in the forefront to address an enormous amount of health challenges along with providing technical assistance and cost-effective solutions involving the communities at all levels. Apart from having the head office in Delhi, PATH also has offices in Lucknow and Mumbai. See Figure 5 for a glimpse of PATH India's reach, team, and impact.

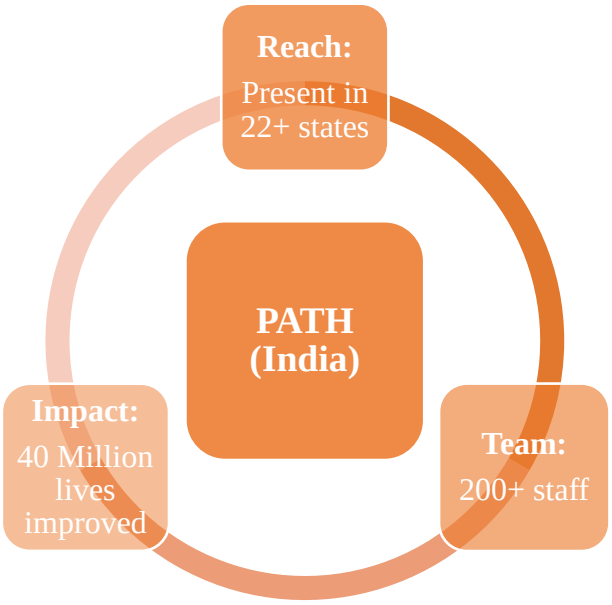

Figure 5: Glimpse of PATH India's reach, team, and impact

PATH expanded its scope of work in India with a successful immunization implementation in Andhra Pradesh. Following are its current program areas in India:

- *Tuberculosis*
- *Neglected Tropical Diseases and Malaria*
- *Vaccines*
- *Maternal, New-born, Child Health, and Nutrition*
- *Impact Lab and Digital Health*
- *Rice Fortification*

Given below are the major projects under PATH's Family Health Portfolio in India:

Reproductive:

- Family Planning Supply Chain: Strengthening family planning supply chain management

- FP Advocacy: Landscaping to inform policy & regulatory change Maternal Health
- USAID funded Saksham: MNCH health outcome improvements in Assam, Chhattisgarh, and Odisha
- MNCH asset Tracker: Dashboards on high impact MNCHN interventions
- Initiated landscaping on anaemia
- Uterine Balloon Tamponade: Low-cost, easy to use UBT for prevention of PPH
- AMPLI PPHI: Accelerating Measurable Progress and Leveraging Investments for PPH Impact

New-born and Child Health:

- NeoLENS: Assessment to understand lessons learned during establishing NICUs.
- SNEHI: Strengthening new-born nutrition and essential healthcare interventions in India.
- Tools for integrated management of childhood illnesses (TIMCI)
- Magnetic Resonance Imaging in infants: Low field Infant Cerebral Imaging that is affordable, portable, easy-to-use: Hyperfine devise.
- Initiated global human milk fortification study with NIH

Nutrition (Rice Fortification):

- James Percy Foundation: TA on rice fortification to State of Assam
- NSE Foundation: TA on rice fortification to State of Nagaland.
- BMGF: TA to multiple states on rice fortification

Adolescent health:

- Landscaping of Adolescent Mental Health policies, programs & stakeholders in India

Respiratory Care:

- COVID-19 respiratory care global market coordination – improving system for safe oxygen delivery

2. Project Report

2.1 Introduction

Saksham is a four-year (2021-2025) project (currently in its first year of implementation) funded by the USAID. It is a consortium consisting of four organizations namely PATH, Piramal Swasthya, Jhpiego, and Deloitte; that aims to provide a joint expertise in capacity building, PPPs, industry leverage and community participation for a positive impact on MNCH health outcomes in the Indian states of Assam, Chhattisgarh, and Odisha. Each of these organizations is lending a hand in the areas of their proficiency. PATH is the consortium head, and is leading the project by establishing partnerships, implementing HCD, developing primary health care technologies and innovations, as well as upgrading market intellect. Piramal Swasthya already has an enriched experience of working in the three states and is leveraging its digital health technologies. To enhance the intra-natal decision support, PPP, and quality of MNCH services, Jhpiego is leading on the capacity building aspect. Deloitte is optimizing the data management tools which includes the use of integrated dashboards for supply chain management.

By working together with national as well as state governments, Saksham is providing technical assistance to the health system of the states and is also supporting the demonstration of innovations at the district level which is in alliance with the USAID's vision. Further, it will be ensured that the model solutions are implemented and sustained in other states of the country for an overall improved quality of MNCH services in India. There are three main results that are expected from this project. Result 1 will address the issue of MNCH service access by improving state level capacity to effectively execute national programs as well as policies. Activities for achieving Result 1 include advocating LaQshya national standards for intrapartum care, developing PPPs, co-designing solutions with the community by using PATH's Living Lab approach, and utilizing PATH's existing Impact Lab platform for developing innovations that are impactful yet

cost-effective. Result 2 will address the issue of accountability and capacity of local institutions by improving capacity building at the state level. Activities for achieving Result 2 include leveraging the existing training institutes as well as SHSRCs, providing technical assistance to develop and review policies, advocating pilot innovations, strengthening state administration and health department, providing decision makers with an integrated dashboard for MNCH data, and integrating various computer applications for the analysis of MNCH related data. Result 3 will address the inhibition of introduction and scaling of promising innovations in Assam due to insufficient PPPs, complicated procedures, and delays in administration mainly by leveraging Piramal Swasthya's existing experience of working in the tea gardens of Assam. Activities for achieving Result 3 include improving community involvement, leveraging institutions in the community by capacity building at state level, and setting up processes to identify and create solutions at the state level with the help of Piramal Swasthya's THC initiative model.

The Saksham project is using technology as one of the main components which would not only improve governance but also increase accountability of the health system. Telemedicine along with supply chain management will be added to the MMUs in the tea garden areas of Assam. For fostering PPPs, toolkits along with operational handbooks for business in Assam will be developed. It is envisaged to establish Centres of Excellence (CoE) and collaborate with eminent institutes like MoHFW, NITI Aayog, NIHFW, and Indian Council of Medical Research (ICMR) by regularly conducting meetings to disseminate findings and evidence. In the third year, states will be supported for scaling and sustaining the interventions whereas in the fourth year, major initiatives that will be successful would be implemented with the help from the GoI with Saksham's continuous support.

2.2 Review of Literature and Problem Statement

For achieving the health goals as envisaged in the NHM, it is critical to improve maternal, neonatal, and child health especially in the states where maternal mortality and under five mortality is high. Despite the effort of the government through the implementation of the RMNCH+A, India failed to meet the targets of MDG-4 and MDG-5 which aim to reduce under-five mortality rate and maternal mortality rate respectively. Wide range of inequality has been noticed in the disadvantaged groups of population who have lower rate of access and utilization to the MNCH services thereby leading to severe health outcomes (2). Assam is one of the high burden states as it has the highest maternal mortality in India. It is seen that Jorhat, Golaghat, Sivsagar, and Dibrugarh in the upper part of Assam have the highest prevalence of maternal deaths (3). MNCH services include antenatal, intrapartum, postpartum as well as child healthcare services which are either inaccessible, unaffordable, unavailable, or under-utilized by the community. Barriers to utilization of MNCH services include socio-demographic factors as well as the factors affecting the healthcare system. The underserved areas face the issue of health inequity as the health services have high prices, their income is low or both. The quality of healthcare system is low mostly due to inadequate number of HCPs, long hours of waiting due to administrative delays, poor infrastructure of hospitals, long distance to the healthcare facilities and inefficient referral systems. It has been seen that the communities are not aware of the benefits of the current programs and are heavily dependent on the traditional medicines therefore not accessing the available MNCH services (4). Inadequate capacity of HCPs which leads to delay in identifying high risk cases and inability to provide basic and comprehensive emergency MNCH care are some of the underestimated challenges (5). Lack of high-quality data due to sub-optimal data collection and analysis system, incompetent technical and management staff, and unavailable technology driven health system have also contributed to the poor MNCH

outcomes (4). Hence, it is high time to introduce and implement high impact and cost-effective solutions to rectify the fragmented healthcare system that have impeded the improvement of MNCH outcomes in the country.

2.3 Theory of change for the intervention: Saksham

For addressing the challenges faced in MNCH, the intervention is designed based on the theory of change which is based on four proposed strategies as follows:

Strategy 1: Improve access and quality of MNCH services

- Capacity development of HCPs
- Leveraging of low-cost health innovations and technologies
- Increasing quality certifications and strengthening accountability systems

Strategy 2: Improve capability of institutions

- Setting up of NTAG for MNCH
- Leveraging state technical support units
- Increasing engagement of the private sector
- Integrating digital dashboards
- Providing technical assistance for reviewing and developing policies
- Advocating to assess the pilot innovations

Strategy 3: Fostering strategic partnerships

- Engaging with community and civil societies
- Strengthening tea garden hospitals and referral system by developing MMU+

Strategy 4: Strengthening innovations and policy advocacy

- Establishing CoEs
- Advocating to scale-up tested innovations
- Collaborating and sharing evidence with the NITI Aayog, MoHFW, ICMR, and NIHFW

Following are the six outputs that are desired:

1) Improved private sector engagement

2) Innovations at an affordable cost

3) Strengthened system accountability

4) Improved capacity of HCWs

5) Strong accountability and learning systems

6) Policies and plans that tackle critical gaps

Saksham aims to achieve an impact of improved maternal, new-born, and child health outcomes successfully through the following three results:

1) Equitable access to MNCH services

2) Strengthened health facilities and institutional capacities at all levels

3) Innovative solutions with cross-sectoral collaborations

2.4 Methodology

Saksham is currently in its first year out of the four years of implementation. In the first two years, technical support to the three Saksham states, demonstration of models in the four tea garden districts of Assam, and collaboration with the state and district government for providing high quality MNCH services will be implemented. Saksham will work with the state governments to scale up the demonstrated innovations in the third year. By the last year, large number of districts of the three states would have implemented the evidence-based successful interventions. Saksham is being executed in the three states of India namely Assam, Odisha, and Chhattisgarh because the MNCH outcomes in these three states need to be improved urgently thus categorizing them as high burden. To demonstrate the interventions involving cost-effective innovations, Assam's four tea garden districts namely Golaghat, Shivsagar, Dibrugarh, and Jorhat have been identified.

Saksham Strategic Implementation Approach: At the national level, a National Technical Advisory Group exclusively for MNCH will be set up for identifying, reviewing, and recommending cost-effective interventions and ensuring their pilot demonstration and scale up in future. At the state level, states will be provided technical assistance to build state capacity and capability for provision of MNCH services by implementation of national policies and ongoing programs, enhancement of PPPs, and utilization of technology for evidence-based decision making and project management. At the district level, high impact innovations like point of care healthcare devices, capacity building of HCPs, and integration of existing guidelines and policies for improving MNCH outcomes will be demonstrated. The three main objectives of Saksham are to improve access to better-quality MNCH services, improve capabilities of existing institutions and health system, as well as improve cross-sectoral partnership between the MNCH services and non-MNCH organizations in the tea garden areas of Assam.

2.5 Results

Based on the technical approach of the project Saksham, a *Gannt Chart* or operational workplan for the first year, i.e., from October 2021 to October 2022, has been developed. Saksham will deliver the three primary results by incorporating twelve unique and scalable models which will be implemented in Saksham's first year. Following are the proposed activities which will help in achieving the primary and intermediate results:

Result 1: Access to and use of evidence based, high-quality MNCH information, services/care, and interventions scaled up and sustained.

Under Result 1, the five Saksham models proposed are Sashakt ASHA, Thinking beyond Trainings, SAARTHI, e- SUMAN + Model VHSNCs, and Saksham Aavishkar.

Saksham is providing state level technical assistance to ensure that standard clinical protocols are being followed at the district level which will be done through the following intermediate results (IR):

IR 1.1: New models demonstrated for Accredited Social Health Activists (ASHAs) to deliver an integrated package of MNCH at the community level.

- Saksham model: Sashakt ASHA - Creating MNCH toolkit for ASHAs with linkages to AMRIT and 104
- Major Activities:

1. Living Labs methodology instituted for engaging frontline workers as partners in designing and co-creating solutions.

2. ASHA supervisory cadre equipped with management and mentoring skills through Leadership and Supportive supervision for Results (LS4R).

3. Performance based incentives guidelines implementation for health staff and facilities facilitated.

IR 1.2: Health worker capacity improved to deliver basic emergency obstetric and new-born care (BEmONC) and CEmONC.

- Saksham model: Thinking beyond Trainings - Low-dose-high-frequency mentorship to ensure translation of skills into practice
- Major Activities:

1. Hybrid capacity building package (Onsite and e-modules) implemented to address the gaps in existing capacity building packages.

2. District Level stakeholders sensitized on Saksham approach and initiatives.

3. Trainers from the identified districts trained on BEmONC and CEmONC.

4. Staff in selected health facilities from identified district trained on BEmONC and CEmONC.

5. Onsite mentorship and support visits for obstetrics drill, Mobile skill labs and safe surgery checklist instituted.

6. Periodic experience sharing cum problem solving exercise meetings at the district/ state levels instituted.

7. Periodic assessments in the intervention facilities conducted.

8. Rational deployment of HR initiated.

IR 1.3: Timely delivery of care for pregnant women and new-borns improved.

- Saksham model: SAARTHI - leverage existing digital platforms such as AMRIT and ASMAN for seamless provision of quality care in certified facilities through strengthened referral pathways
- Major Activities:

1. Quality certification process for both public and private health facilities initiated.

2. Exploring feasibility to link AMRIT and ASMAN digital platforms for seamless referral pathways to quality certified facilities.

3. Established functional partnerships with apex institutions and professional associations for mentorship of health staff.

4. Roadmap developed for introduction of the paperless labour rooms.

5. 104 Linkages established for Saksham MNCH interventions.

IR 1.4: Accountability systems strengthened.

- Saksham model: e- SUMAN + Model VHSNCs
- Major Activities:

1. Health facility readiness assessment for e-SUMAN platform conducted.

2. Quarterly review of maternal and child death audits institutionalized through District task force.

3. Model VHSNCs demonstrated.

4. Demonstration of beneficiary feedback through the 104 helpline.

IR 1.5: Innovative solutions and demonstration models to improve MNCH outcomes.

- Saksham model: Saksham Aavishkar - Leverage innovator network of Impact Lab to demonstrate user centric MNCH technologies

- Major Activities:

1. User-centric innovations (products, processes, and partnerships) across the continuum of care identified.

2. Grand Challenge 'Saksham Aavishkar' for selection of the most promising innovation to be piloted in Saksham geographies conducted.

Result 2: Capacity of health systems to deliver services improved, institutionalized, measured, documented, and responsive to population needs.

Under Result 2, the four Saksham models proposed are Saksham Dashboard, Saksham Network, Operationalization of an accountable STSG for MNCH empowered with Saksham Dashboard, and Saksham National Technical Advisory Group.

Efficient governance and accountability system with empowered State and District leadership to take evidence-based decisions is being formulated through the following interventions:

IR 2.1: Institutional district-level capacity of GoI, civil society, and private sector strengthened.

- Saksham model: Functional DTF monitoring MNCH indicators through interactive "Saksham Dashboard"
- Major Activities:

1. DTF on MNCH operationalized.

2. Digital Dashboards for evidence-based decision making demonstrated.

IR 2.2: MNCH private sector networks facilitated.

- Saksham model: Saksham Network - Total district approach to demonstrate strong public and private sector networks across variety of service providers
- Major Activities:

1. Private sector engagement cell established under DTF.

2. Total District Approach for networks of public and private hospitals in the intervention district demonstrated.

3. Private sector engagement model for early identification and referral of possible serious bacterial infection cases in children demonstrated.

IR 2.3: State-level evidence-based sharing strengthened.

- Saksham model: Operationalization of an accountable STSG for MNCH, empowered with Digital MNCH dashboard ("Saksham Dashboard") for decision making
- Major Activities:

1. STSG for MNCH operationalized under State Health Society to streamline governance and accountability.

2. Digital Dashboards demonstrated for evidence-based decision making.

3. Training management and HR deployment improved through strategic use of HRMIS.

4. Best practices suitable for scale-up identified through state task group.

IR 2.4: National-level policy environment supportive of MNCH.

- Saksham model: Saksham National Technical Advisory Group
- Major Activities:

1. Constitution of National Technical Advisory Group (NTAG) for MNCH to identify, assess, and recommend high-impact MNCH innovations to key decision-makers and groups.

2. Technical Assistance at the national level.

3. Partnership with professional associations established to facilitate adoption of high impact practices.

Result 3: Cross-sectoral collaboration and innovative partnerships between MNCH and non-MNCH organizations increased (tea garden hospitals in Assam)

Under Result 2, the three Saksham models proposed are Sangathan, Mentoring + Quality Assurance for clinical MNCH services in tea garden hospitals and Building service accountability through partnerships.

PPPs, MMU, outreach, community accountability, and participation are being improved through the following interventions:

IR 3.1: Government and civil society partnerships strengthened.

- Saksham model: Sangathan
- Major Activities:

IR 3.1.1: Multi-stakeholder forum established.

1. Operational multi stakeholder forum established.
2. Continuum of care model demonstrated in select tea garden areas.

IR 3.1.2: MMU services optimized.

1. Partnerships with existing partners for optimizing MMU services in tea garden areas developed.
2. Staff of MMU skilled and trained.
3. SOPs for improved coverage and quality of services provided at MMUs developed.
4. MMU services linked to 104 Helpline.

IR 3.1.3: Other systemic and advocacy interventions.

1. Model VHSNC demonstrated to facilitate and monitor delivery of MNCH services.
2. Explore and leverage community volunteers in Assam to support FLWs.

IR 3.2: Capacity of HCPs (doctors, nurses) in tea garden hospitals increased.

- Saksham model: Mentoring + Quality Assurance for clinical MNCH services in tea garden hospitals

- Major Activities:

1. Support extended to the government to set minimum standards of care PPP tea garden hospitals (by leveraging experience in setting standards in Dakshata and LaQshya-Manyata programs).

2. Assessment of key infrastructure, HR and competency gaps in tea garden hospitals conducted.

3. Capacity building of HCPs of Tea Garden Hospitals on MNCH services through structured training packages (onsite, online, and digital technology platforms) done.

4. Structured mentorship through OSCEs & Obstetric drills initiated to provide capacity building support to tea garden hospitals.

IR 3.3: NHM PPP models facilitated.

- Saksham model: Building service accountability through partnerships.
- Major Activities:

1. Facilitate certification of Tea gardens supported by NHM PPP.

2. Tea Garden hospitals equipped to maintain standards.

3. Demonstration of AMRIT platform for effective referral mechanisms.

4. Joint supervision visits to tea garden hospitals conducted by identified mentors once in every quarter for periodic assessment.

5. Yearly joint visits conducted by the district authority and tea garden management to certify quality.

6. Implement the usage of digital platforms for managers to share best practices in adhering to set standards.

7. Demonstrate use of digital technology to ensure communication between tea garden hospitals and first referral units through telehealth consultations.

2.6 Approach for management of the project

2.6.1 Overview

There are three main committees to spearhead the project which include a steering committee led by the USAID, a project management committee led and managed by all the four consortium member organizations of Saksham, and a technical support and implementation committee. The project management team consists of various technical experts and advisors from PATH, Jhpiego, Piramal Swasthya, and Deloitte at the national, state, and zonal/district levels. Also, in addition to the three main committees, there is a project advisory committee consisting of central and state government officials along with subject matter experts (like MNCH technical advisors) who will regularly provide guidance and inputs on innovations and implementation.

Saksham uses a lean organizational structure for its project management committee where the project is being managed at three levels namely National, State, and Zonal/District. The team members have proven managerial as well as technical experiences which have helped in the quick and successful mobilization of the resources and operationalization of the workplan for the first year (i.e., from October 2021 to October 2022) upon receival of the award and approval from the relevant stakeholders. Saksham's strong working relationships with key decision-makers and healthcare workers at the grass root level in the three project states have strengthened the ability to successfully implement the project for improving the MNCH outcomes.

2.6.2 Key personnel of the Project Management Committee

According to the organogram (See Annexure) developed for the project management committee of Saksham, Chief of Party (CoP) is the head of the unit. The national level team members include Lead – Health Systems Strengthening (HSS), Lead – Monitoring, Learning, and Evaluation (MLE), Lead – Innovation, Lead – Clinical Services and Training, Advisor – Data and Digital, Project Administrator – Finance, and Program

Manager – MNCH. At the state level, there are five key team members in each of the three project states which include State Lead - Governance & Accountability, State Lead – MNCH, State Program Officer - Community Processes, State Program Officer – MNCH, and State IT and Data Manager. In Assam, there are additional positions of a Program Officer – MMU & Outreach and a Program Officer - Tea Garden – PPP & Partnerships at the state level. The project is being managed at the zonal/district level only in the state of Assam where the four selected districts for implementation are Dibrugarh, Golaghat, Jorhat, and Shivsagar. Jorhat is the zonal headquarter headed by the Zonal Manager under whom the other team members including District Program Officer Community Processes (CP) – Jorhat, District Program Officer Community Processes (CP) – Golaghat, District Program Officer Community Processes (CP) – Dibrugarh, District Program Officer Community Processes (CP)- Sivasagar, Zonal Program Officer – MNCH, and Zonal Program Officer – MNCH.

The designation of the key personnel as well as their roles and responsibilities at the national, state, and zonal/district levels of the Project Management Committee (PMC) are highlighted in Table 2.1, Table 2.2, and Table 2.3, respectively.

Table 2.1: Key Personnel at the National level of the PMC

S. No.	Designation	Roles and Responsibilities
1.	CoP	• Principal liaison to USAID • Coordination of all project activities and staff • Provide strategic and technical leadership and administrative oversight of the program
2.	Lead – MLE	• Lead the design and implementation of monitoring and evaluation plan by developing suitable indicators, implementing systems for collection and management of program data, and recommending changes to annual work plans and data collection techniques as needed • Undertake training/mentoring of project staff

3.	Lead – Innovation	• Support the design, pilot, and scale-up of innovative technologies • Coordinate 'Grand Challenges' to identify promising medical technologies – devices, in vitro diagnostics, and digital health • Integrate the identified innovators into the program • Manage and scale up pilot innovations in the selected districts
4.	Lead - Health Systems Strengthening	• Provide technical and strategic support at the national level for system strengthening initiatives • Key stakeholder engagement by sharing progress and evidence generated • Develop and implement mechanisms for quality assurance
5.	Lead - Clinical Services and training	• Build competencies of health care workers at all levels and ensuring quality in all MNCH services provided • Review all initiatives and conduct meetings for quality improvement • Document promising practices and share them with relevant stakeholders for scale up
6.	Advisor – Data & Digital	• Plan and implement digital innovations and data analytics
7.	Project Administrator – Finance	• Oversee the financial controls and contracts
8.	Program Officer – MNCH	• Coordinate between the consortium partners and State teams • Ensure smooth implementation of the project

Table 2.2: Key Personnel at the State level of the PMC

S. No.	Designation	Roles & Responsibilities
1.	State Lead-Governance & Accountability	• Engage with state health departments • Provide technical and leadership support to the teams • Generate and share evidence across states • Coordinate with consortium partners • Cocreate and implement solutions
2.	State Lead – MNCH	• Develop clinical capacity building initiatives by working with state government officers
3.	State Program Officer- Community Processes	• Facilitate effective implementation of community interventions especially for specific vulnerable group such as tribal populations • Ensure that budget is utilized effectively
4.	State Program Officer-MNCH	• Develop clinical capacity building initiatives by working with state government officers
5.	IT & Data Manager	• Facilitate scaling of technology interventions, troubleshooting technology issues, support in managing the dashboard, and streamlining data management process
6.	Program Officer – MMU & Outreach (Only in Assam)	• Coordinate with MMUs, 108 Helpline etc., Engage in outreach support, peer support, and self-help groups outreach

7.	Program Officer- Tea Garden – PPP & Partnerships (Only in Assam)	• Engage with tea garden management, trade unions, and NGOs • Facilitate implementation of the AMRIT digital platform in the tea garden districts, data collection, and trouble shooting

Table 2.3: Key Personnel at the Zonal/District level (Assam) of the PMC

S. No.	Name and Designation	Roles and Responsibilities
1.	Zonal Manager	• Generate evidence-based district action plans • Liaison with the district team • Facilitate meetings • Monitor the data management team • Review the budget
2.	DPO CP – Jorhat, Golaghat, Dibrugarh, and Sivasagar	• Provide supportive supervision training by creating a pool of trainers and structured processes • Facilitate engagement with Panchayati raj institutions, self-help groups, and community-based organizations • Facilitate and troubleshoot issues at the district level with respect to ASHA mentoring and supportive supervision • Formulate ground level insights
3.	Zonal Program Officer – MNCH	• Strengthen clinical capacity building of the health care workers • Ensure implementation of the planned activities
4.	Zonal IT & Data Manager	• Facilitate scaling of technology interventions, troubleshooting technology issues, support in managing the dashboard, and streamlining data management process

2.7 Monitoring, Learning, and Evaluation Plan

2.7.1 Overview

Saksham has collaborated with the USAID to develop a MLE plan by using an approach called Collaborating, Learning, and Adapting (CLA) approach which involves all the consortium members as well as the key stakeholders including the government thereby making the collaboration element critical for supporting the project activities. CLA approach works by bringing all the team members together, learn from the analysis together, and accordingly adapt to the best practices together. The evidence and learnings that will be generated during the project implementation will be used to make decisions with the help of technology and data analysis. This will be followed by implementing

plan, do, study, act (PDSA) cycle for identifying and defining problems, advantages, disadvantages, priorities, and an efficient action plan.

2.7.2 Monitoring

For the monitoring element, indicators have been developed in alignment with the USAID's mission as well as the national and international guidelines for MNCH. Data will be collected through the platform of digital data collection for data analysis and visualization of the health outcomes of the project. Both the quantitative (activity specific) and qualitative (feedbacks, action reviews, most significant change, structured learning meetings) tools will be used for data collection. Data quality will be maintained by following WHO's methodology of data quality review.

Table 2.4: List of indicators developed for monitoring of the project

S. No.	Indicator	Result Areas	Frequency	Data Source
1.	No. of innovative solutions demonstrated to improve MNCH care	R1	Annual	Project
2.	Amount of NHM/ State Government funds leveraged for scale up of innovative solutions for MNCH care	R1	Annual	NHM/ PIP
3.	% of district submit health plans with involvement of private sector	R2	Annual	NHM
4.	Skill competency framework developed and operationalized	R1	Annual	Program
5.	% of ASHA supervisory cadre trained in managerial and technical skills	R1	Annual	Program
6.	% Deliveries in the model districts where safe childbirth checklist used (disaggregated by type of facility private vs public)	R1	Annual	Program
7.	% of new-borns breastfed within one hour of birth (disaggregated by type of facility private vs public)	R1	Annual	Program
8.	# of health workers trained in use of innovative tools (disaggregated by the innovative tools and cadre)	R1	Quarterly	Program

9.	Proportion of High-Risk pregnant women identified and referred to higher centers using innovative tools (Disaggregated by type of tool)	R1	Quarterly	Program
10.	% of maternal complications managed at intervention facilities	R1	Quarterly	Program
11.	Proportion of sick children (0-59 months) identified and referred to higher centers using innovative tools	R1	Quarterly	Program
12.	% of neonatal complications managed at intervention facilities	R1	Quarterly	Program
13.	# of private providers linked with public health facilities for referral	R2	Annual	NHM / Project
14.	# of Joint Monitoring Missions undertaken for review of MNCH program in the districts covered by NHMs PPP model	R3	Annual	Project / NHM
15.	# of CEmONC facilities provided Technical Assistance for meeting NQAS standards and being SUMAN compliant	R1	Annual	Project
16.	# of National technical advisory group meetings held	R2	Annual	Project
17.	% of intervention facilities with active Jan Arogya Samiti (disaggregated by type of facility)	R2 /R3	Annual	NHM/ Facility Data
18.	% Tea Garden MMUs linked with government public health facilities	R3	Annual	Project
19.	% Tea Garden MMUs Health Workers trained using e-training modules	R3	Annual	Project
20.	% MMUs upgraded to MMU+ with integration of supply-chain and other services	R3	Annual	Project

2.7.3 Learning agenda

Quantitative and qualitative data collected will be used to develop a learning agenda. Digital dashboards will be reviewed and learning questions will be generated. After conducting research, all the evidence for learning will be documented and disseminated with all the team members which will help in identifying the best and the worst practices and modify the plan as needed.

2.7.4 Evaluation

Internal evaluation will be conducted by using secondary data generated throughout the program implementation with the help of mixed-methods approach. Innovations will be tested for their effectiveness by using step-wedge approach. Impact assessment will also be done to evaluate the project activities.

2.8 Budget

Total budget awarded by the USAID is $6,000,00.00. Table 2.5 shows the breakdown of the budget of the project.

Table 2.5 Budget of the project

S. No.	Items	Budget (in USD)
1.	Personnel	$623,608.00
2.	Fringe Benefits	$226,557.52
3.	Travel	$10,452.00
4.	Equipment	$0
5.	Supplies	$20,845.89
6.	Contractual	$4,533,066.37
7.	Other Direct Charges	$137,049.00
8.	**Total Direct Charges (sum of 1. to 7.)**	**$5,551,578.78**
9.	Indirect Costs (NICRA)	$448,421.22
10.	**TOTAL USAID AMOUNT (sum of 8. to 9.)***	**$6,000,00.00**

3. MPH Practicum Journey

3.1 Summary of my practicum experience

I am elated to complete my practicum with PATH, a global non-profit organization known for its pioneering and commendable work for the betterment of public health. I got an opportunity to work at PATH's country program in India with its head office located in Delhi. I worked as an intern in the family health department of the national team from 31st January to 11th April 2022. Since the office in Delhi was closed due to unforeseen conditions of the pandemic, my internship was in the virtual mode. After successfully completing three rounds of the internship selection process in January 2022, I was given the opportunity to intern with the family health department under the supervision of Dr Neha Kashyap who was the Program Officer – MNCH and one of the key personnel of Saksham's project management committee at the national level. Her main role and responsibility were to coordinate between the consortium partners and state teams as well as ensure smooth implementation of the project Saksham. Saksham is a USAID funded four-year (2021-2025) project which aims at increasing access and utilization of better-quality MNCH services, improving capacity building as well as capability of infrastructures, and developing high impact innovative solutions, thereby improving MNCH outcomes in the three project states (Assam, Chhattisgarh, and Odisha) of India. Under Dr Neha's guidance and unconditional support throughout the internship duration, I am now better versed with how large-scale healthcare projects are managed and implemented successfully by working together in teams.

As an intern, some of the main responsibilities included but were not limited to:

- Developing a broad understanding of the family health thematic area in the public health ecosystem in India.
- Performing research for informing program strategy.
- Developing technical reports and briefs for program deliverables and proposals.

- Ensuring program deliverables are on track by deploying and maintaining project management processes and participating in planning discussions.

I would like to share about one of the tasks assigned to me for Saksham that I really enjoyed working on. I helped in organizing a webinar on the management of postpartum haemorrhage (PPH) using Uterine Balloon Tamponade which is one of the many promising innovations identified during the implementation of the project. This webinar was the first in the webinar series conducted by Saksham and Dr Suchitra Pandit, an eminent obstetrician-gynaecologist and the ex-president of FOGSI, was invited to be the speaker. The webinar series is one of the interventions of Saksham to improve capacity building of both private and public doctors providing MNCH services in the three project states. Also, I got the privilege to design the visiting cards of the key personnel of Saksham.

Although I was largely associated in project Saksham, I was also assigned ad-hoc tasks for other ongoing projects like Rice Fortification, Project LEGO, Anaemia, and Family Planning Supply Chain. I got to attend a lot of meetings with key stakeholders like the government officials, USAID, IIM Bombay etc. which enhanced my communication skills. I was involved in developing a brief on the twelve Saksham models of interventions, first draft of the request for proposal (RFP) for the LEGO project, and a draft Gannt chart/workplan of the BMGF funded project on Anaemia.

The family health department at PATH has a dedicated portal for knowledge exchange sessions called the Brownbag Series held virtually through Microsoft Teams on a regular basis. On the last day of my internship, I along with my two fellow interns conducted a knowledge exchange session for the PATH India staff and presented our analysis on the Health Index Report Round IV (2019-20) by the NITI Aayog and the MoHFW India in collaboration with the World Bank.

It was a great learning experience for me as I was able to enhance my competencies which will enable me to apply the theoretical knowledge that I gained from the astounding faculty of the Bloomberg School of Public Health, Johns Hopkins University, Baltimore as well as the IIHMR University, Jaipur into the real-world setting. I am grateful for this practicum experience I achieved because of PATH India. Now, I have a clearer view on the possible pathways for my career, one of which includes project management in public health.

3.2 Scope of Internship (Learning Activities)

I was largely associated with Saksham project with the objectives of the internship listed below:

- Understand the development sector and public health landscape in India including the donors, key players in the sector.
- Gather technical expertise in RMNCHA program in India including the policy landscape and the implementation challenges.
- Learn effective communication and coordination skills.
- Observe and learn the program management skills.

The minimum skills and experience required for the internship are as follows:

- A medical or paramedical qualification and education background in public health.
- Familiarity with the Indian rural health system and its functioning.
- Should possess good documentation and communication skills.
- Willingness to learn new concepts and contribute to new thematic areas.

The skills to be developed and/or expanded during the internship are given below:

- Understanding of the health challenges and programs in India.
- Communication and coordination skills.
- Management and administrative skills.

Some of the proposed activities for the internship were but not limited to:

- Provide technical assistance.
- Support in documentation.
- Coordinate with the team members and relevant stakeholders.
- Make presentations.
- Prepare technical briefs required for managing the project.
- Organize events, trainings, knowledge exchange sessions and support the social media for the project.

My progress towards meeting learning objectives and goals have been assessed by evaluating:

- Technical knowledge of RMNCHA.
- Proactiveness to support the task in best possible way.
- Learning attitude ability to take feedback.
- Ability to quickly complete the tasks assigned.

3.3 Competency-based Learning Objectives

During my practicum, I was able to successfully translate my theoretical knowledge and apply my competencies. I have identified the following learning objectives:

a. Program Planning Skills

I gained a deeper insight about the challenges and the current scenario of MNCH services in India for which I now have a better understanding of how solutions in the form of well-planned projects can be implemented. I developed confidence and gained practical knowledge about the project management skills. I provided technical assistance to the project, conducted desk reviews, and was involved in making documentations like technical briefs, reports, and presentations.

b. Communication Skills

I utilized the communication skills to effectively communicate with the team members as well as the key stakeholders of the project. I attended meetings, interacted with the team, and made meeting notes for formulating plans and reviews as per the inputs communicated in the meeting. Also, I conducted a knowledge exchange session on the last day of my internship along with my fellow interns through a virtual platform. This greatly enhanced my speaking skills as I was able to apply effective communication strategies to present my analysis on the women-centric indicators in the NFHS-5 data. I designed and posted social media posts (for Twitter and LinkedIn), save the dates, invites, agenda, and emails for various events which helped me to advocate about the project and reach the target audience.

c. Community Dimensions of Practice Skills

I understood the importance of creating connections and collaborating with different organizations in the community like IIM Bombay, FOGSI, Tea Garden management cadre in Assam, Sangath, NITI Aayog etc. as well as an increase in effectiveness of implementation when the community is involved in co-designing the solutions. I got opportunities to interact with key stakeholders like the innovators (like Ellavi, Seimens, Khushi Baby, Care Mother etc.) who play an important role in introduction and scaling up of promising innovations like products, processes, or partnerships. I identified the importance of both the national and state governments in implementation of projects.

3.4 Glimpse of the tasks assigned

Project Saksham:

- Designing drafts of Save The Date, Invite, and Agenda for the Roundtable Meeting with the USAID and the innovators.
- Developing a brief on the twelve Saksham Models.

- Providing assistance for the development of second QPR (January - March 2022) mainly for the Gantt Chart of Saksham
- Helping in organizing the webinar on management of PPH
- Designing Saksham Visiting Card
- Updating Saksham Organogram
- Drafting ppt for Saksham Review Meeting with USAID
- Managing Saksham's social media handle which included Twitter and LinkedIn
- Drafting ppt for Consortium Partners meeting
- Communicating and attending meetings with the relevant stakeholders including innovators, IIM Bombay, Sangath organisation, government officials, country director of PATH, USAID, Saksham Consortium Partners etc.
- Managing the Google drive folder for Saksham photos and updates
- Compiling contacts of all Saksham Team Members in an excel sheet
- Desk review on ASHAs and Impact of Covid 19 on MNCH services
- Drafting ppt for the Brownbag Session on Living Labs - Assam Case Study

Other projects:

- Attending meetings and preparing the first draft of RFP for the LEGO project
- Assisting to make Gantt chart for the Anaemia Project
- Drafting Save The Date Invite for the Family Planning Supply Chain project
- Desk review on data for rice consumption in Nagaland for the Rice fortification project
- Conducting a knowledge exchange Brownbag session on the Health Index Report Round IV
- Desk review and drafting ppt on the women's health-related indicators in the NFHS-5 data

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