PRACTICUM REPORT

For the Partial Fulfillment of course Requirements of the

Master of Public Health Program

Offered By

Johns Hopkins Bloomberg School of Public Health

In Cooperation with IIHMR University

By

Dr. Nimrat Kaur
Cohort-4
2016-18

Under the Guidance of

Dr. Monika Chaudhary
Associate Professor
IIHMR University

Rahul Sanghvi
Deputy Director General
NITI Aayog, New Delhi

TO WHOMSOEVER MAY CONCERN

This is to certify that ***Dr. Nimrat Kaur,*** 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 **NITI Aayog, New Delhi** from 7th December 2017 to 13th February 2018

The Candidate has successfully carried out the study designated to her/his 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/him success in all his future endeavors.

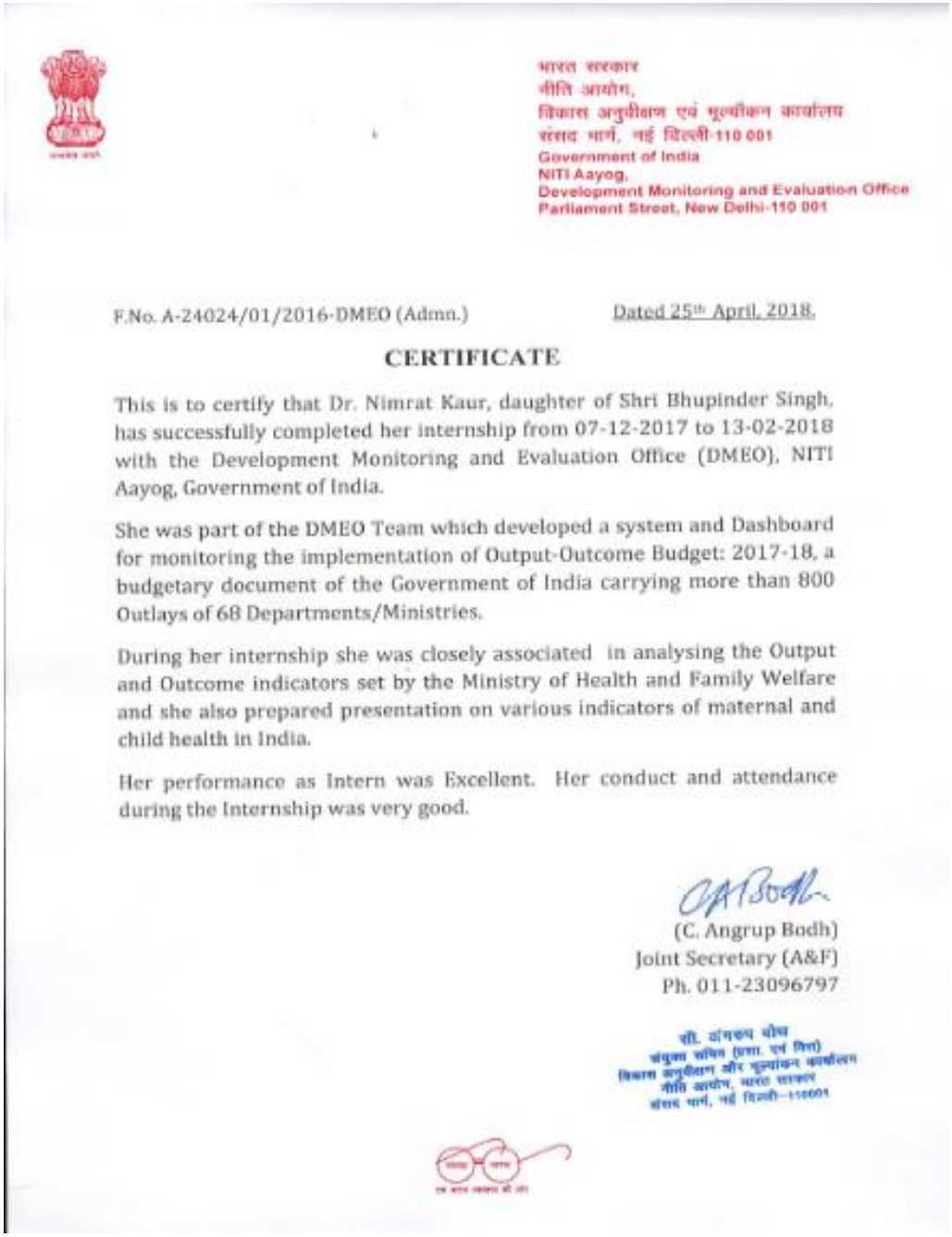
Sd- Monika Chaudhary
Practicum Advisor

CERTIFICATE BY SCHOLAR

This is to certify that the Practicum Project titled submitted by me, *Dr. Nimrat Kaur* with Enrollment No. IIHMR-U/07/2016-2018/0022; JH ID:64D3E5 under the supervision of ***Dr. Monika Chaudhary*** for award of **Master of Public Health** carried out during the period ***from November 2017- February 2018,*** 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. Nimrat Kaur
MPH Candidate 2016-18

Certificate from the organization



भारत सरकार
नीति आयोग,
विकास अनुवीक्षण एवं मूल्यांकन कार्यालय
संसद मार्ग, नई दिल्ली-110 001
Government of India
NITI Aayog,
Development Monitoring and Evaluation Office
Parliament Street, New Delhi-110 001

F.No. A-24024/01/2016-DMEO (Admn.) Dated 25th April, 2018.

CERTIFICATE

This is to certify that Dr. Nimrat Kaur, daughter of Shri Bhupinder Singh, has successfully completed her internship from 07-12-2017 to 13-02-2018 with the Development Monitoring and Evaluation Office (DMEO), NITI Aayog, Government of India.

She was part of the DMEO Team which developed a system and Dashboard for monitoring the implementation of Output-Outcome Budget: 2017-18, a budgetary document of the Government of India carrying more than 800 Outlays of 68 Departments/Ministries.

During her internship she was closely associated in analysing the Output and Outcome indicators set by the Ministry of Health and Family Welfare and she also prepared presentation on various indicators of maternal and child health in India.

Her performance as Intern was Excellent. Her conduct and attendance during the Internship was very good.

(C. Angrup Bodh)
Joint Secretary (A&F)
Ph. 011-23096797


World NCD Federation
World NCD Congress
CERTIFICATE OF PARTICIPATION
This is to certify that
Dr.Nimrat Kaur
has participated as Delegate at the World NCD Congress 2017 held at PGIMER, Chandigarh, India
on November 4th - 6th, 2017
Prof. JS Thakur
Chair, Organizing Committee
World NCD Congress-2017
Prof. Arun Chockalingam
Chair, Scientific Committee
World NCD Congress-2017
Prof. Subhash Varma
Co-Chair, Scientific Committee
World NCD Congress-2017
Representative
Punjab Medical Council
Accredited by Punjab Medical Council for four CME credit hours per day vide letter no. PMC/CME/2017/4484 dated 30-10-2017

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Practicum learning plan

Key competencies I wished to achieve during my practicum:

1. **Policy development/program management skills**

    - Collect and prepare information to support policy development
    - Develop policy recommendations
    - Translate policy information and plans to policy programming
    - Monitor and evaluate implemented policy programs

2. **Communication skills**

    - Formulate communication plans through input from stakeholders
    - Utilize learned skills to communicate effectively with a variety of stakeholders
    - Employ effective strategies of communicating with the media
    - Utilize communication skills through a variety of media
    - Explain scientific information for press and lay audience in appropriate language
    - Employ advocacy skills (e.g., advocating for change, public policy, programs, populations, etc.)

Practicum options chosen

1. Communication and Media head for World NCD Congress held at PGIMER, Chandigarh from 4th to 7th November 2017.

2. Intern at Department of Monitoring and Evaluation at NITI Aayog, New Delhi from December 2017 to February 2018.

First World NCD Congress 2017

Venue: PGIMER, Chandigarh

Dates: 4th to 6th November

Supervisor: Dr. J.S. Thakur, Chair- World NCD Congress- 2017 and President, World NCD Federation, Professor School of Public Health, PGIMER, Chandigarh, India.

Theme: "Preventing Non-Communicable Diseases: Realizing Sustainable Development Goals (SDGs)"

Collaborating partners:

1. **Ministry of Health and Family Welfare, GOI**
2. **Maastricht University**
3. **Indian Council of Medical Research, New Delhi**
4. **Global Alliance for Chronic Disease (GACD)**
5. **York University**
6. **International Union Against Tuberculosis and Lung Disease**
7. **Institute of Health Metrics and Evaluation (IHME)**
8. **National Cancer Institute**
9. **Commonwealth Medical Association**
10. **PLAN International**

My role in the Congress: I volunteered to handle the communication and media head for the congress. My duties involved collecting bytes from all the major lectures and discussions that happened during the 4-day course of the congress. The 1st World NCD Congress 2017 was successful in attracting experts and champions working in the field of NCD control from around the world. The congress showcased a cutting-edge educational and scientific experience, focusing on the latest developments in NCD detection, prevention, management, and surveillance with a special focus on implementation sciences. The Congress provided a professional platform for me to understand different perspectives and develop new ideas of Non-Communicable Diseases at a global level. The scientific program of the Congress included symposia, workshops, invited lectures, plenary sessions, oral papers and posters.

My learning from the Congress: it was a perfect platform for me to understand and employ various strategies of communicating with the media and formulate effective communication plans with inputs from the stakeholders, focusing on various Non-Communicable Diseases. By leading the communication and media team, I got a chance to interact at a personal level on the recent health issues brooding in India with eminent personalities from the field of Public Health and Non-Communicable Diseases like **Prof. Arun Chockalingam (**Chair. Professor of Epidemiology,

Medicine & Global Health, Director, Office of Global Public Health Education & Training, Dalla Lana School of Public Health, University of Toronto, Canada), **Dr. Mohd. Shaukat** (DDG, NCD, MOHFW, New Delhi), **Dr. Soumya Swaminathan** (Secretary Health Research and Director General, Indian Council of Medical Research), **Dr Thaksaphon Thamarangsi** (Director Department of Non-Communicable Diseases and Environmental Health) and Nobel Laureate like **Prof. Kirk R. Smith**, an expert on the health and climate effects of household energy use in developing nations.

Internship at DMEO, NITI Aayog (New Delhi)

Dates: 7th December 2017 to 13th February 2018

Supervisor: Rahul Sanghvi, DDG (DMEO) NITI Aayog.

Organization information: NITI Aayog

NITI Aayog (National Institution for Transforming India), previously known as The Planning Commission of India, is a policy think tank of the Government of India, established with the aim to achieve Sustainable Development Goals and to enhance cooperative federalism by fostering the involvement of State Governments of India in the economic policy-making process using a bottom-up approach. Its initiatives include "15 year road map", "7-year vision, strategy and action plan", AMRUT, Digital India, Atal Innovation Mission, Medical Education Reform, Agriculture reforms (Model Land Leasing Law, Reforms of the Agricultural Produce Marketing Committee Act, Agricultural Marketing and Farmer Friendly Reforms Index for ranking states), Indices Measuring States' Performance in Health, Education and Water Management, Sub-Group of Chief Ministers on Rationalization of Centrally Sponsored Schemes, Sub-Group of Chief Ministers on Swachh Bharat Abhiyan,

Sub-Group of Chief Ministers on Skill Development, Task Forces on Agriculture and Elimination of Poverty, and Transforming India Lecture Series.

From the year 2017-18, the Development Monitoring and Evaluation Office has been involved in deciding the output and outcomes of the schemes of 68 Ministries and Departments, along with the financial outlays as a part of the Budget documents, so that clearly defined objectives and goals for each scheme can be seen by all. The **objective** behind this exercise was to significantly enhance transparency, predictability and ease of understanding of the Government's development agenda. Through this exercise, the Government aims to nurture an open, accountable, pro-active and purposeful style of governance by transitioning from mere outlays to result oriented outputs and outcomes. This would provide enough data base to track public investment which would prove helpful in long term to reduce fiscal burden of developing countries like India. In Indian scenario, this effort will enable Ministries to keep track of the scheme objectives and work towards the development goals set by them. A Dashboard to monitor performance of 68 ministries/Departments for financial year of 2017-18. For the FY 2018-19, the exhaustive exercise to build improved Outputs & Outcomes with indicators for 2018-19, covers a budget allocation of Rs. 9.44 Lakh Crores.

My role at the organization: I was appointed as an Intern in The Development Monitoring and Evaluation Office (DMEO). DMEO has the mandate to monitor and evaluate the Government of India funded development/welfare programs and initiatives. My duties involved meeting with the DDG and DG of DMEO to discuss and draw lessons from the implementation experiences in the past, identify factors that contribute to success/failure of the programs/polices and give an analytical feedback based on extensive research and review and draw Evaluation Reports which were further provided to the planners, policy makers and administrators, describing in detail the failures and successes in development, planning and implementation.

I was involved in analyzing the outcome and output indicators set by the Ministry of Health and Family Welfare (MoHfw) and give comments as to which outputs and outcomes are measurable and how. I utilized analytical and assessment skills learned in my monitoring and evaluation module in developing the outcome-output framework, more focused for the MoHFW and AAYUSH.

Based on my medical and public health background, I was asked to educate my team members, including the DDG and DG, on various health indicators, causes of increasing mortality and morbidity, challenges and steps taken by the GOI with respect to maternal and child health in India.

The objective of this exercise was to draw effective technical information from national and state level data sources about the status of various maternal and child health and understand the causes of increasing numbers or drastic reduction in usage of various health care services introduced keeping in mind the needs of mother and child as a unit. I also assessed the efforts made by central and state level governments regarding the same.

Indicators used for maternal and child health:

1. Maternal mortality ratio (MMR):
2. Infant mortality rate (IMR): Probability of dying between birth and 1 year of age expressed per 1000 live births
3. Neonatal mortality rate (NNMR): Number of deaths among all live births during the first 28 days of life expressed per 1000 live births.
4. Under – mortality rate (U5MR): Probability of dying between birth and 5 years of age expressed per 1000 live births.
5. Child death rate (CDR): No. of deaths of children aged 1-4 years in a year/mid-year population of children aged 1-4 years * 1000
6. Child survival rate (CSR): 1000-U5MR/10
7. Post neonatal mortality rate (PNNMR): Number of neonatal deaths between 7 and 28 days of life expressed per 1000 live births.

8. Perinatal mortality rate (PNMR): late fetal deaths and early neonatal deaths in a given year/total no of live births in the same year/1000

These standard indicators recommended by World Health Organization disaggregated for gender and other equity considerations, are being used for the purpose of monitoring progress towards the goals of the Global Strategy.

Protocol of the assignment: it was a power point presentation covering following points:

1. Defining the indicators used for maternal and child health
2. Global causes of maternal death VS causes in India
3. Brief on how these deaths can be prevented
4. Global and causes specific to India for child death (0-5 years)
5. Focusing on mother and child as one unit
6. Describing all the stages of life cycle of a child (neonate, post-neonate, pre-school, school age, adolescent, reproductive and pregnancy), focusing on clinical and community level management.
7. Focus was to clinical describe the importance of identifying an ‘at-risk’ infant like Low-birth weight babies, small for date babies, twins, premature babies, child born at birth order 5 or higher, children with PEM/diarrhea and child born to a single/working parent and what needs to be done at to

clinically manage them or at a community management level to make them thrive to live a full and healthy life.

8. School life was discussed by elaborating the importance of adolescent health as 'A' RMNCH+A became an area of concern in recent times with rising adolescent level health issues.
9. A lot of questions/miss-conceptions regarding the ante-natal care gave me a chance to explain in detail the ANC visit schedule and the essential components of every ante-natal check-up.
10. Keeping in mind the post-natal care as an important phase in the life of a mother and child, I took the challenge of educating the team members on the importance of breast feeding and how it helps in determining a full-filling healthy life for the new born child. I took aide of the National Guidelines on Infant and Young Child Feeding, an integral part of ICDS and RCH program.
11. I made a point to re-iterate the importance of family planning in today crucial time of steep declining resources.

Challenges faced: Data collection was the major challenge that I faced. I resorted myself to NFHS IV and SRS data but to add to my dismay, the data collected from both these national level data sets had some discrepancies. I had the limitation of not referring to WHO/UNICEF or any international data for India. Being from a

medical/public background made it easy for me to work with the given information I consolidated after extensive literature review. But, to make my team members who had very limited technical knowledge about MNCH, was the biggest challenge for me. Repetitive rounds of discussion with the DDG and DG gave me enough confidence to answer all the questions raised during the presentation after which, my efforts were applauded to great heights.

My learning from the practicum:

Internship at the department of monitoring and evaluation gave me the opportunity to undertake practical application of the skills learned during the course. I was able to collect information and prepare concise drafts for policy recommendations. Working in a team with professionals from the background of Economics and Finance gave me the appropriate knowledge on Health Budgeting as well. I was capable in advising and implementing various monitoring and evaluating techniques for various policy programs.