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

Seema Rizvi
Cohort-4
2016-18

Under the Guidance of

Dr. Nutan P Jain
Professor, IIHMR University

Preceptor

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Team Lead, Concurrent Measurement & Learning (CML) Unit,
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Bihar Technical Support Program (BTSP)

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Seema Rizvi,** 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 **Concurrent Measurement and Learning (CML) unit, CARE India Solutions for Sustainable Development (CISSD), Bihar Technical Support Program (BTSP), Patna** from **17.01.2018** to **31.03.2018**.

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. Nutan P Jain
Practicum Advisor

CERTIFICATE BY SCHOLAR

This is to certify that the Practicum report on the project titled **"To develop analytical/assessment of contextual data skills, interpretation of contextual data to define risks to the community and to develop appropriate scientific documentation skills"** submitted by me (Seema Rizvi), Enrollment No. IIHMR-U/07/2016-2018/0024, JH ID: EE188EC, under the supervision of **Dr. Nutan P Jain** and **Dr. Tanmay Mahapatra** for award of **Master of Public Health,** carried out during the period **17.01.2018-31.03.2018** 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.

Seema Rizvi
MPH Candidate 2016-18

Certificate from the Organization

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This is to certify that **Seema Rizvi,** 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 **Concurrent Measurement and Learning (CML) unit, CARE India Solutions for Sustainable Development (CISSD), Bihar Technical Support Program (BTSP), Patna "**to develop management, analyses, interpretation of contextual data & appropriate scientific documentation skills" from **17.01.2018** to **31.03.2018**. She worked on the topics **(i) "Frontline workers motivation and challenges and predictors thereof while delivering maternal and newborn health related service through home visits in Bihar, India: an introspection"** and systematic review on **(ii) Global efforts, their success and predictors thereof while enacting Health Policy to ensure Respectful Maternity Care",** under the guidance and direct supervision of **Dr. Tanmay Mahapatra, Team Lead, Concurrent Measurement & Learning (CML) Unit of CISSD, BTSP** as the **External Advisor**.

The Candidate has successfully carried out the study/tasks designated to her during practicum training and her approach to the study has been sincere, scientific, and analytical. She was exceptionally focused to her tasks and being a very quick learner, she could meet the expected standards appropriately.

As per the course curriculum, this Practicum Training is in fulfillment of the course requirements.

I wish her success in all her future endeavors.

Thanks & Regards
Dr. Anup G Nair
Deputy Director HR – OD

Acknowledgement

My learning during the journey of practicum training will be incomplete if I do not acknowledge and express due gratitude to the nurturing souls who guided and encouraged me throughout my practicum period.

First and foremost, I would like to express my humble and sincere gratitude to my practicum advisor Dr. Tanmay Mahapatra, Team Lead, CML unit, CISSD Patna who provided me an opportunity to join his team as an intern under his precious guidance. His continuous support, patience, motivation, immense knowledge, and guidance helped me enormously to successfully complete my work there. I could not have imagined a better advisor and mentor for my practicum training.

My deepest thanks to my practicum advisor Dr. Nutan P Jain for all her kind help and support.

I also wish to express my thanks to everyone at CML unit for their support during this project. Their insightful comments, aspiring guidance and encouragement helped me to widen my research from various perspectives and improved my understanding of the subject.

I am also grateful to Mr. Gowthamghosh B., Coordinator JHSPH-IIHMR MPH Program at IIHMR Jaipur. He has been tremendously helpful and provided consistent guidance throughout these past two years.

Lastly, I am thankful to my family and friends for supporting me spiritually throughout this period and my life in general.

Seema Rizvi
MPH, Cohort 4

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Acronyms

ACASI	Audio Computer Assisted Self Interview
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Healthcare Activist
AWW	Anganwadi Worker
BMGF	Bill and Melinda Gates Foundation
BTSP	Bihar Technical Support Program
CARE	Cooperative for Relief and Assistance Everywhere
CISSD	CARE India Solutions for Sustainable Development
CML	Concurrent Measurement and Learning
CMWRA	Currently Married Women of Reproductive Age-Group
FLW	Frontline Healthcare Workers
FP	Family Planning
GoB	Government of Bihar
GoI	Government of India
ICDS	Integrated Child Development Scheme
IIHMR	Institute of Health Management Research
JHSPH	Johns Hopkins School of Public Health
LQAS	Lot Quality Assurance Sampling
MCH	Maternal and Child Health
MCPR	Modern Contraceptive Prevalence Rate
MoC	Memorandum of Co-operation
MPH	Master of Public Health
RMC	Respectful Maternity Care
RMNCH+A	Reproductive, Maternal, New-born, Child and Adolescent Health
TSU	Technical Support Unit
VL	Visceral Leishmaniasis
WHO	World Health Organization
WRA	White Ribbon Alliance

Practicum learning objectives

i) To gain experience in analytical/assessment skills development to identify risk factors, interpretation of contextual data to define risks to the community.

ii) To gain experience in the development of scientific manuscript skills

Deliverables

a) A research manuscript on **"Frontline workers motivation and challenges and predictors thereof while delivering maternal and newborn health related service through home visits in Bihar, India: an introspection"**

b) A systematic review on **"Global efforts, their success and predictors thereof while enacting Health Policy to ensure Respectful Maternity Care"**

Assignments

i) Conducting a comprehensive literature review, understanding the Bihar context and CISSD-BTSP's efforts in close collaboration with Government, interpreting/analyzing some of the relevant data and participation in the development of a scientific manuscript through thematic deep dive into the data generated through statewide representative study conducted by the Concurrent Measurement and Learning (CML) unit of CISSD-BTSP on **"Frontline workers motivation and challenges and predictors thereof while delivering maternal and newborn health related service through home visits in Bihar, India: an introspection".**

ii) Systematic review on **"Global efforts, their success and predictors thereof while enacting Health Policy to ensure Respectful Maternity Care"**

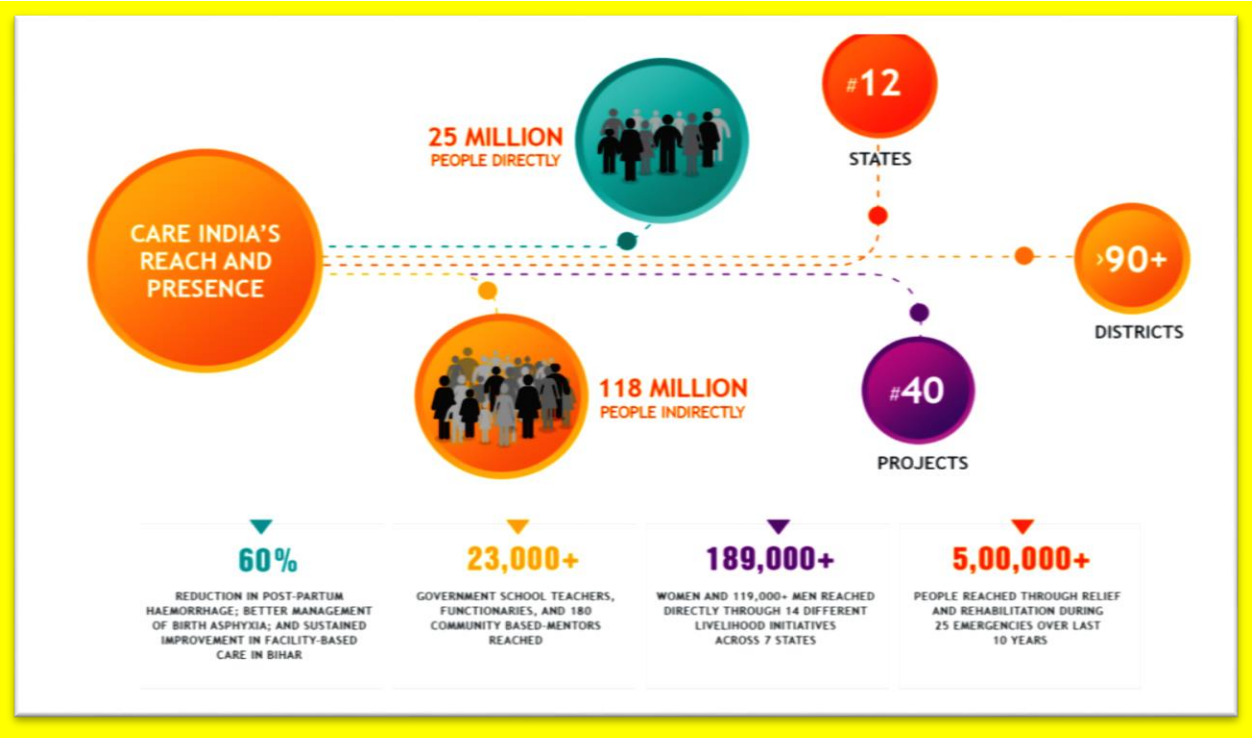
Background of the organization

CARE India

CARE India is a part of the CARE International Confederation which is working in over 90 countries. The organization has been working in India for over 65 years, focusing on alleviating poverty and social exclusion through comprehensive programs in health, education, livelihoods and disaster preparedness and response. The overall goal is to empower the women and girls from poor and marginalized communities, leading to improvement in their lives and livelihoods (1).

CARE India works in close collaboration with State and Central Government and other partner organizations to secure accessible and quality maternal and child healthcare among marginalized communities by identifying the root causes of healthcare challenges, provide innovative solutions, and help implement secure and quality healthcare services. The organization promotes essential newborn care, immunization, to reduce malnutrition, prevent infant and maternal deaths, and protect those affected by Tuberculosis (TB) (2).

CARE India: Presence and impact



Source: https://www.careindia.org, accessed on April 19th, 2018

CARE in Bihar

CARE India started its operations in Bihar in 2011 focusing on 8 districts initially (3). Government of Bihar (GoB) signed a Memorandum of Co-operation (MoC) with Bill and Melinda Gates Foundation (BMGF) in 2010. As per the MoC BMGF agreed to provide technical support and assistance to GoB to improve health and nutrition outcomes across the State. Accordingly, a Technical Support Unit (TSU) was established in 2013 with CARE India as the lead development partner with an aim to support the Health and Social Welfare (ICDS) Departments of the GoB in their endeavour to achieve rapid and sustainable change in health and nutrition (4).

Since then CARE technical support unit (TSU) has been providing specific technical support on Government of India's (GoI) on Reproductive, Maternal, New-born, Child and Adolescent Health (RMNCH+A) campaign, Government of Bihar's Manav Vikas Mission Goals and Kala-Azar (Visceral Leishmaniasis) elimination goals across the State. The support to the VL elimination program extends beyond Bihar to Jharkhand and potentially to other states as well (4).

TSU plans to implement various interventions targeting people in the system with an aim to shape leadership and governance, nurture technical/managerial/data skills, co-design tools, processes, pilots with them, hardwire research into the core decision making processes, utilizing measurement and learning intervention (evidence based), and to inform policy making and strategy design accordingly, in the next phase (4).

TSU consists of Technical resource team (State Resource Unit (SRU), program team and concurrent measurement and learning unit. District Resource Units (DRU) established in all the districts provide technical support at district level functioning as a platform to enable structured delivery of program intervention aligning with government priorities and help improve utilization of resources at delivery points, will also ensure data driven management and bridge communication gaps between State and districts.

Concurrent Measurement and Learning Unit (CML) under TSU, designs and puts in place processes to generate data at community and facility level services at scale and analyse the same. CML unit also plays a vital role in the capacity building of program team and Government counterparts on data driven decision making (4). Further, CML cell will focus on generation and

sharing of Kala Azar / VL (Visceral Leishmaniasis) related data in addition to the existing Reproductive Health, Maternal, New-born and Child, Adolescent Health and Nutrition (4).

CML unit does program monitoring by using different methods to generate data on various indicators. These included conducting household surveys using lot quality assurance sampling (LQAS), direct observations of services provided in the facilities and village health and nutrition days, **frontline workers interview** to gather the information/evidence about progress across state. These surveys are done on a quarterly basis. The main aim of these large-scale data collections on a regular/periodic basis is to generate evidences for decision making to help system improve.

Assignment 1:

Frontline workers motivation and challenges and predictors thereof while delivering maternal and new-born health related service through home visits in Bihar, India: an introspection

In Indian public healthcare delivery system, Auxiliary Nurse Midwife (ANM), Anganwadi Worker (AWW), and Accredited Social Healthcare Activists (ASHA) are the grass-root frontline healthcare workers (FLWs) providing healthcare services by reaching out to the rural, marginalized community.

Bihar has over 2 lacs grass-root frontline healthcare workers (FLWs) providing healthcare services to the rural community. As these Frontline Healthcare Workers (FLWs) are the primary vehicles of change in family planning (FP) scenario in rural state of Bihar, it was important to understand their own perceptions, knowledge, and practices regarding family planning to better address the family planning needs of the beneficiaries served by them. Similarly, it was considered important to explore the same constructs about other components of maternal and child health (MCH) services assuming FLWs beliefs and practices might be an important determinant of various services provided by them to the community. Keeping such vital healthcare force motivated is important to deliver the quality of health services as low morale may lead to wastage of workers.

Present study tried to explore the maternal and child health care practices, training, workload, and capacity to handle duties of frontline workers. Study aimed to provide insights on the factors impacting the motivation of the frontline workers, perceived challenges of frontline workers of Bihar and

specifically tried to explore the linkages between motivation, knowledge of the frontline workers, and training considering that the result of this study might be a valuable source for improving the mechanism of FLW mediated healthcare delivery and hence better-quality services to the community.

Present study was conducted in Bihar, the third most populous state of India, with a population of 10.41 crores with population density of 1,106 persons per square kilometer (5). Although the healthcare indicators have improved tremendously but Bihar has highest total fertility rate (3.4) in the country (6). The use of any family planning method in the state (24.1%) is far below than that of country's average (53.5%) (7,8). The cross-sectional study was conducted by the CML unit during the last quarter of 2016. The study builds on the findings of a previous study by CML unit on 'Currently married women of reproductive age-group (MWRA) in the state.

Different cadres of frontline healthcare workers i.e. ANMs, ASHAs and AWWs were interviewed from all 38 districts of the state and data was collected using Audio computer- assisted self-interview (ACASI) tool. The sample size estimation for this study was based on the findings of the currently 'MWRA' study which suggested approximately 38% modern contraceptive prevalence rate (mCPR) among 15-49 years old married women in Bihar. The data on frontline workers representing all 534 blocks of Bihar was collected by CARE Block MLE (BMLE) coordinators. The frontline workers falling under the reproductive age group was selected for the study.

Competency gained

Comprehensive Literature review skills development

Learnt theoretical framework for the literature review and afterwards conducted comprehensive literature review for the study after familiarizing with present study details and its significance in the Bihar context. After selecting key words relevant literature search was done on PubMed, Google Scholar, and few other related government website (databases). 1592 articles were retrieved in initial search, finally 66 relevant articles were selected after careful and thorough evaluation. The literature review helped me to understand and determine the nature of the present study, provided comparisons for the study findings and a theoretical base for further progress on the topic/manuscript.

Interpretation/analysis of some of the relevant data

I gained knowledge in analysis during the interaction with analysts and in training sessions too and developed interpretational skills. I successfully learnt inferential statistics and interpreted the data for FLWs study, prepared relevant tables based on the findings of the research for the result section of the report and drawn the quality interpretation/inferences of the relevant data**.** These tables includes as socio-demographic characteristics and job details of FLWs, maternal, child health (Ante-natal care, danger signs of pregnancy, breast feeding and complementary feeding, childhood illnesses, immunization) and family planning knowledge of FLWs, perception of training and overall motivation, association of socio-demographic co-variates with overall motivation (crude and adjusted), association of overall knowledge with overall motivation and association of overall perception of training with overall motivation, based on the data provided to me. Socio demographic factors were adjusted to know the association among knowledge, perception of training and motivation. A total of 2586 FLWs were interviewed including 1031 (39.87%) accredited social health activists (ASHAs), 1033 (39.95%) anganwadi workers (AWWs) and 522 (20.19%) auxiliary nurse midwives (ANMs). This also helped me in defining the conclusion, significance, and implications of the findings

Participation in the development of a scientific manuscript through deep dive into the data generated through statewide study

I participated and prepared the draft on the frontline workers motivation and challenges in the collaborative and learning supported environment of the CML unit of CARE. The different information was gathered from CML team all through the development of the report. The draft manuscript including all the relevant information about introduction, methodology, result, discussion describing the significance of the study findings in state context and in the light of previously known fact about the issue, limitation, and conclusion based as the study findings indicated/suggested, was prepared, and submitted as directed.

Assignment 2

Systematic review on "Global efforts, their success and predictors thereof while enacting Health Policy to ensure Respectful Maternity Care"

Systematic review is a type of rigorous literature review of existing literature. The review systematically searches, identifies, select, and critically analyze multiple research studies/papers on the subject, using explicit and reproducible methods. Systematic reviews are considered as the best source of research evidence as they are more exhaustive than a literature review, includes both published and unpublished literature. Grey literature includes unpublished studies, reports, dissertations, conference papers, government research, report.

Present systematic review is qualitative. Respectful maternity care (RMC) is an approach based on the principles of ethics and human rights emphasizing the fundamental rights of the mother, child and their families recognizing the much-deserved respectful care and protection as per their choice and preferences (9,10). The objective of RMC is to generate awareness and demand for dignified care rights as per the requirement of the child bearing women, community mobilization (accountability mechanism), and advocacy to get national level will and commitment (10).

Around the globe pregnant women face/encounter disrespect, abuse (physical, verbal, and sexual), misconduct (abandonment, neglect, discrimination, detention), non-consented, non-confidential care by the healthcare providers during pregnancy and childbirth, one of the most significant and vulnerable passage (moments) of their life (11).

These incidences not only compromise/violate their human rights but inflicts lifelong trauma and damage too. Studies suggests that this treatment during childbearing stage is one of the most powerful deterrent in utilizing the available skilled care in healthcare facilities in high maternal mortality countries (low resource settings/LMIC) including India (11). RMC is a new concept in India that not only limiting the availability of rich literature on the same but also the focus by all the stakeholders it should have.

The current systematic review revealed that few studies stated the availability of all the components of RMC in India describing the disordered delivery environment and the dominant role played by the healthcare providers.

A global campaign for RMC was launched by White Ribbon Alliance (WRA) in 2011. WRA crafted ‘Respectful Maternity Care Charter’ based on human rights, with the support of global

organizations. The charter is being used worldwide by the stakeholders as the most significant advocacy accomplishment for raising awareness and in policy changes (12–14).

In 2014, WHO recognized the universal rights of pregnant women and asked the governments and donors to conduct research and take actions on disrespect and abuse. In the same year, mother-baby friendly birthing facilities concept was supported by professional associations representing obstetricians, midwives and paediatrician. Further In 2015, "Quality of care framework" for maternal and child health was issued by WHO (14).

Nigeria, Afghanistan, and Malawi have adopted the WRA's charter to provide respectful maternity care. Nepal is on the way to adopt it. The organizations that work to improve women's experiences of childbirth in Canada, United States, United Kingdom, and Australia have started supporting the RMC movement (14).

Competency gained

Conducting Systematic Literature review

Learnt theoretical framework and methodology to conduct systematic literature review on global efforts, their success and challenges faced while enacting policy on respectful maternity care and its significance after thorough sessions with supervisors and related CML officials. An exhaustive literature review for the study was initiated. Accordingly, I selected and prepared a list of the key words to be used in the search strategy as per the study requirement and the databases to be searched along with additional sources (particularly for grey literature) to be searched for potential relevant literature. The evidence table format for systematic review was also prepared and shared with my supervisor for finalization.

An exhaustive search was done for relevant literature review on PubMed, CINAHL Plus, Cochrane, Embase, Scopus, Science Open, Europe PMC, WHO's Flobus Index Medicus (Pesquisa.bvsalud), WorldCat, Google Scholar, and WHO databases. In addition to that few other websites were searched for relevant grey literature. The main objective was to conduct a complete/comprehensive search on the subject matter to extract as much

as possible related global content on RMC policy. Our initial search retrieved huge/enormous data and over one lac articles/literature (1.2 lac) were retrieved. The data was screened and processed further to eliminate the duplicate articles/material. Out of that 58,908 were remained after the initial elimination for duplication etc. which was done with the help of a software. All work related to respectful maternity care was done under the guidance of the supervisor allotted for this review. I sought his consultation at every step of the review. The list of keywords, evidence table format and the search outcome all were shared with him. In addition, one-page writeup on the subject was also prepared and sent as directed.

Another task

Study protocol template

Prepared a draft research protocol document template as asked by the supervisor to be used for various type of studies, undertook by CML unit. Every step of the study is described in the research protocol including the research question (public health problem to be addresses), background, rationale, objectives, design, sample size with reasons for the sample size selection, power of the study, study setting methodology, how the data will be managed, analysed and the statistical methods to be used for the data analysis and organization of the study project. The template was shared with the supervisor for finalization.

Competency gained

Learnt about the necessary components of a research protocol and their significance in detail.

Reflection on Practicum

My practicum at CARE India, Patna not only fulfilled the necessary requirement for the completion of the MPH degree program while engaging me in the activities aligned with my career goals but also enabled me to develop the core competencies. The organization provided me the much-required exposure to develop appropriate programmatic understanding, and critical thinking to carry out the assigned work.

It was a wonderful experience for my career development. The exclusive training sessions attended by me and numerous thorough interactions with my supervisors enabled me to develop literature review skills including systematic review, inferential statistics, and the scientific documentation of the work during the interaction with analysts and in training sessions too and I developed interpretational skills. During the training sessions i learnt the basics of using SAS (proc

commands) for analysis which will help me in doing further analyses. SAS is a command-based software and commands have to be written as per the requirement of the analysis whether it is descriptive analysis or else. I successfully learnt inferential statistics and interpreted the data, prepared relevant tables based on the findings of the research for the result section of the report and drawn the quality interpretation/inferences of the relevant data. I learnt to do the micro planning and its importance in the conduction of a research study during the session on micro planning. Different studies, projects such as RMNCH+N focused household survey, facility assessment to understand the existing state of the public health facilities in the state, CEmONC-DOD (direct observation of delivery) to observe delivery care practices, assessment of the health sub centre meetings to assess the coverage of these meetings, FLWs participation and available documents, ASHA-AWW study, seasonality study, VHSND assessment and few other studies conducted by the unit and current status, its outcome, difference from the previous round of the same have been discussed in the sessions on "Bihar story". These sessions helped me to develop a deeper understanding of the organization's work. I also learnt to prepare data-based power point presentations and learnt the skill of what (content) and how the data should be communicated to different stakeholders (government/donors/NGOs etc.).

Both the assignments helped me to understand the different issues in public health field. While the frontline healthcare workers are the backbone of the healthcare system specially to deliver the outreach activities as they are the very first and critical contact point for millions of families for healthcare services, especially the rural population of the low and middle- income countries. This stands true in the context of the resource poor state of Bihar. The assignment on FLWs gave me the opportunity to know the factors influencing the motivation of this vital healthcare force, demotivating factors, their socio-demographic status, job details, FLWs Knowledge (MCH Knowledge-Ante-natal care, danger signs of pregnancy, breast feeding and complementary feeding, childhood illnesses, immunization, and family planning, perception of training and overall motivation

A vital learning experience was the friendly and learning culture of the organization. The CML unit conducts training sessions regularly for its team to develop appropriate skills and encourages them to take appropriate training sessions too.

Challenges:

CML unit provided me an excellent and rich learning platform. Personally, I did not face any challenge while honing my skills in the organization except for my personal learning capacities. The organization is focused on the improvement of the healthcare services in Bihar. Actually, working in any resource poor setting is a challenge and understanding the system and people within the system takes time. appropriate capacity building Enormous consistent efforts are required to change/improve any existing system. Working with various stakeholders, different departments, and the varying political scenario is challenging task and coordination among these different departments is challenging and appreciable.

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Appendix

a) List: Trainings attended

S. No.	Date	Timings	Training on	Trainers	Venue
1	22.02.2018	10:00 AM- 4:00 PM	Bihar story Discussion	CML team (Dr. Tanmay Mahapatra, Dr. Aritra Das)	CARE Nutrition Building (NST), Patna
2	23.02.2018	10:00 AM- 4:00 PM	Bihar story Discussion	CML team (Dr. Tanmay Mahapatra, Dr. Aritra Das)	CARE Nutrition Building (NST), Patna
3	26.02.2018	10:00 AM- 4:00 PM	Analytical Exercise/ Micro Plans	CML team (Dr. G Saimala)	CARE Nutrition Building (NST), Patna
4	09.03.2018	10:00 AM- 4:00 PM	Analytical Exercise	CML team (Mr. Suman Das)	CARE Nutrition Building (NST), Patna
5	19.03.2018	10:00 AM- 12:00 PM	Training on data driven power point presentation	CML team (Mr. Amit Saha)	CARE Nutrition Building (NST), Patna

b) Attendance sheet

Attendance Sheet.docx