Accelerating Maternal and Child Health care services in the Tea garden and Tribal areas of Assam, Chhattisgarh, and Odisha.

MASTER OF PUBLIC HEALTH

Johns Hopkins Bloomberg School of Public Health & IIHMR University

PRACTICUM REPORT

By

Dr Priyamvada Tripathi

Cohort-11

2023- 25

Under the Guidance of

Dr Nutan Prabha Jain

Professor

IIHMR University

Preceptor

– Hussain MS

Designation – Senior Associate

Organization- PATH India

TO WHOMSOEVER MAY CONCERN

This is to certify that Dr Priyamvada Tripathi, 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 **16th January 2025** to **16th April 2025**. 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 his future endeavors.

Dr. Nutan P. Jain
Practicum Advisor
Professor, IIHMR University, Jaipur

CERTIFICATE BY SCHOLAR

This is to certify that the Practicum Project titled submitted by me, Dr Priyamvada Tripathi with Enrollment No. 0064 under the supervision of Dr Nutan Prabha Jain for award of Master of Public Health carried out during the period provide date 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 Priyamvada Tripathi
MPH Cohort - 11
(2023-2025)

PATH

Date: 17th April 2025

TO WHOM IT MAY CONCERN

This is to certify that Dr. Priyamvada Tripathi, a student of the Master's in Public Health program at Johns Hopkins University and IIHMR University, has successfully completed her required Practicum hours at the PATH, New Delhi, under the Family Health Division. Dr. Tripathi completed a total of 512 hours, significantly exceeding the minimum requirement of 160 hours.

She joined the office on 16th January 2025 for a period of three months. During this time, Dr. Tripathi consistently demonstrated initiative and commitment to deepening her understanding of the subject matter. She took ownership of her work and made efforts to bring in new perspectives and add meaningful value to ongoing projects.

Her ability to recognize areas for personal and professional growth, and her conscious effort to improve upon them, has been particularly commendable. She has conducted herself with professionalism and punctuality throughout her practicum.

I trust that she will continue to strive for excellence and make meaningful contributions in all her future endeavours.

H Hussain
17.04.2025

Hussain MS

Senior Associate, Family Health

PATH South Asia

Program for Appropriate Technology in Health (PATH) CIN#F03764

15th Floor, Dr. Gopal Das Bhawan
28, Barakhamba Road
Connaught Place
New Delhi 110001, India

tel/ 91.11.4064.0000
fax/ 91.11.4064.0099

path.org

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In the end, I would like to thank my family for their belief and constant support. I owe a lot to them, and hopefully I make them proud through my work.

Contents

Abbreviation

AAA- ASHA, ASHA Supervisor, ANM

ANC- Antenatal Care

ANM- Auxiliary Nurse Midwife

ASHA- Accredited Social Health Activist

DTF- District Task Force

FLW- Front Line Worker

MNCH- Maternal, Newborn and Child Health

MPH- Master in Public Health

NFHS- National Family Health Survey

NGO- Non-governmental Organization

NHSRC- National Health System Resource Centre

PATH- Program for Appropriate Technology in Health

PPH- Post Partum Haemorrhage

QPR- Quarterly Progress Report

TGH- Tea Garden Hospital

USAID- United States Agency for International Development

VHSNC- Village Health, Sanitation and Nutrition Committee

Practicum Report

During the second year of the Master's in Public Health (MPH) course, students need to undergo practicum training to understand public health on the ground. In this, the students learn about the public health issue the organization is working on and how things are operated, which helps in developing their skill set.

During Practicum, a minimum amount of time (160 hours) needs to be devoted in any organization working in public health. This practicum is done under the guidance of a practicum guide or advisor, and practicum preceptor supervises it at the place of work.

This report presents insights about the organization, details of the project, and the work accomplished. It also highlights key learnings and challenges encountered during the practicum.

1 About the organization

PATH is a global organization that was founded in 1977, consists of scientists, clinicians, designers, engineers, advocates, and experts from dozens of other specialties. It believes in partnering with public institutions, community-level groups, and investors to solve problems faced by people worldwide. Its main headquarters is based in Seattle, USA.

PATH follows the motto of "**HEALTH EQUITY**," and they strive to achieve that through the actions they take. They work in more than 70 countries, including India.

1.1 About PATH India

PATH in India has been working for the past four decades. It was launched in 1978 and has received tremendous results from the activities they have undertaken. They are working on different aspects of public health, like combating infectious diseases, HIV, TB, Anemia, Nutrition, Maternal and Child Health Care, Digital Health, and many more. They also believe in accelerating health initiatives across South Asia. Path India is leading a project that helps in reducing the anti-microbial resistance in Sri Lanka. They are also helping Bangladesh and Nepal with treatment against Visceral Leishmaniasis and supporting field trials of cold chain equipment, respectively.

PATH India, which also serves as the South Asia office, has locations in three cities: New Delhi, Lucknow, and Mumbai, with New Delhi as its Head Office. The office is headed by the Country Director, India. Under his leadership, there are various leads are handling different portfolios. The division I was working for was the Family Health division under which I was primarily allotted to MNCH Accelerator Project where we

worked towards improving access to Maternal, Newborn and Child Health (MNCH) Care in the tribal population and for people working in the tea plantation areas.

2 Background on Maternal, Newborn and Child Health (MNCH)

According to WHO (*Maternal Health*, WHO) Maternal health encompasses various stages of a pregnant woman, like childbirth, the complete pregnancy period, and the post-natal period.

MNCH indicators for India have improved over the years due to constant interventions by the government and NGOs, but there is still a need for improvement. In 2015, India accounted for one-fifth of the maternal deaths that happened globally[1]. On studying further, there are many disparities in the health indicators for MNCH within a state and between states.

There are major factors that influence these indicators, like rural vs. urban, the topography of that state, and the economic condition in that state. Along with this, there are social factors that influence women's health and, in turn, children's health[2]. The isolated population in India bears the maximum burden by not being able to access healthcare due to social isolation, as well as many other factors that inhibit them from accessing resources. The tribal communities, being one such example of being isolated, have an immense burden of not getting proper healthcare[3].

2.1 Problem Statement –

The isolated population, especially those coming from low socio-economic backgrounds, has poor health access. Based on the literature, it becomes imperative to understand the problem and the work that needs to be done to address it. The tribal population in Chhattisgarh and Odisha, along with the residents in the tea garden estates, had an inequitable distribution of health services. To address these issues, collaborations were made to help in the implementation of the interventions that help in addressing the issues.

In an effort to improve MNCH outcomes, PATH India and USAID started the MNCH Accelerator project. Three intervention states, Assam, Odisha, and Chhattisgarh, were selected, targeting the tribal and tea plantation areas.

2.2 Brief profile of the intervention states

Assam- is a state which is located in the Northeast region of India, with a population of 3.66 crore people. it has a diverse geography which includes hilly regions, valleys, and the River Brahmaputra. All these factors shape the landscape and economy of the state. The health indicators of Assam have significantly improved over time, like the Maternal Mortality Ratio (MMR) has reduced from 390 (SRS 2007-2009)[4] to 195 (SRS 2018-2020)[56] and the Infant Mortality Rate decreased from 68 in 2005 to 40 in 2019 (NHSRC Health Dossier 2021). There is still improvement needed in maternal and child health indicators as some people are not able to avail the services which are given by the government. Give a comparison in a couple of lines wrt to the National figures.

Chhattisgarh is a state which is located in central India. It is renowned for its cultural heritage, dense forests, and significant tribal population. Even though it is blessed with an abundance of natural resources, there is a need to improve the maternal, newborn, and child health indicators. There are many women who are not able to receive the health care that is allotted to them by the government. According to the NFHS 5 report the IMR has reduced from 54 (NFHS 4) to 44.3 [7]. The MMR of Chhattisgarh has reduced from 269 (SRS 2007-2009)[4] to 137 (SRS 2018-2020)[56].

Several factors contribute to these poor health indicators. The state's sizeable tribal population often faces socio-economic barriers, including poverty, illiteracy, and cultural practices that hinder access to healthcare. The inadequacy and unavailability of proper healthcare workers lead to the compounding of the problem.

Odisha - Odisha, part of the eastern coast of India, is renowned for its rich cultural heritage, diverse ecosystems, and significant tribal population. The state's economy is primarily driven by agriculture, mining, and industry, with a growing focus on tourism.

The maternal, newborn, and child health statistics in Odisha indicate scope for improvement. According to the National Family Health Survey (NFHS-5), the IMR in Odisha stands at 36.3 deaths per 1,000 live births, and the under-five mortality rate is 41.1 deaths per 1,000 live births[7]. While these figures have improved over the years, they are still higher than the national averages. Institutional delivery rates in Odisha are relatively high at 93.1%, but certain districts with high tribal populations have lower

rates of institutional deliveries at 77.9%. Additionally, early pregnancy registration and timely antenatal care (ANC) are areas where Odisha lags.

3 MNCH Accelerator

Background

MNCH Accelerator is a four-year project for the tribal population and tea garden plantations in India. It was implemented to improve access to equitable and high-quality MNCH services in selected districts of Assam, Chhattisgarh, and Odisha. The implementation of the interventions is done at four levels: Health Facility, Community, District, and State and National levels. The interventions are oriented towards achieving the intended key results, which are

1) Access to and use of evidence-based, high-quality MNCH information and services/ care with sustainable interventions
2) Institutional capacity of health systems to deliver services improved, institutionalized, measured, documented, and responsive to population needs.
3) Cross-sectoral collaborations and innovative partnerships between MNCH and non-MNCH organizations (Tea Garden Hospitals (TGH) in Assam)

3.1 Geography of MNCH Accelerator

Following the information above, the intervention states are Assam, Chhattisgarh, and Odisha. The selected districts in these states are

Assam: Dibrugarh, Golaghat, Jorhat, and Sivasagar

Chhattisgarh: Bastar, Kanker, and Surguja

Odisha: Nabarangpur and Rayagada

Figure 1: Map representing states and districts

The three intervention states that were selected, Assam, Chhattisgarh, and Odisha, have significant populations that are unable to access health care due to various factors.

In Assam, the tea plantations cover a large area of the state. The tea plantations have many families working under them, but the hard labour, like plucking tea leaves while carrying large baskets in the sun, becomes the job of the females. It should also be noted that the labourers working in the tea plantations are daily wage workers. These harsh working conditions and isolation from the rest of the population inhibit them from accessing MNCH services as well as taking care of themselves during the crucial period of pregnancy.

In Chhattisgarh and Odisha, the tribal population face difficulties in accessing healthcare services due to several factors, which can include inadequate staff, lack of knowledge, and preconceived ideas about institutional deliveries. In Chhattisgarh, there was poor HRP Identification, due to which there were many maternal deaths, and in Odisha, there was a lack of accessibility to institutions and a high rate of home delivery. All these and many more account for the problems faced by the people.

To address the issues, the interventions, which are at four levels, were suggested, and through partners, the interventions were implemented with constant monitoring and evaluation along with constant adapting based on the learning. USAID was regularly updated on the developments and consulted for their inputs

3.2 Collaborators in MNCH Accelerator – Key Roles

MNCH Accelerator includes 5 collaborators, which are USAID, PATH, Jhpiego, Piramal Group, and Deloitte, working together and using their expertise to come up with interventions for the people in the selected districts of the state. A brief description of their roles is as follows:

USAID provided the funding and other essential resources for the project and strategic guidance on project implementation

PATH- Leads the project, monitoring and evaluation, and Systematic implementation. It also forges collaborations and partnerships to address major MNCH challenges and facilitate the demonstration of technologies and innovations.

Jhpeigo- Implements capacity-building initiatives in maternal and neonatal health, utilizing digital technology for intra-natal decision support, quality standards, and partnerships with the private sector to enhance high-quality MNCH services.

Piramal Group- Leads the community processes in maternal and child health as well as leverages the experience of working in tea gardens of Assam and tribal districts of Chhattisgarh and Odisha.

Deloitte supports the digital platform and utilizes its expertise in MNCH data management science to unify the current framework for optimal effectiveness.

3.3 Key interventions MNCH Accelerator

To focus on the key areas identified by the project, as mentioned above in section 3, that is improving access, fostering cross-sectoral collaborations, and increasing institutional capacity of health systems, the selected interventions were implemented to provide a holistic approach to MNCH issues. Interventions proposed also focus on improving the uptake of the existing resources provided through government programs. The approaches taken are all aligned to achieve the three goals. Certain strategies are particularly for one goal, however, many are cross-cutting and cater to achieve all three goals.

3.3.1 Improving Access

To help in making things accessible and available, focus has been given to training of the existing Front-Line Health Workers (FLW), with interventions like Sashakt

(empowered) AAA, Living Labs, and High Risk Pregnancy Tracking. All these trainings help the FLW to be more adept in handling critical conditions and have better knowledge about diagnosis and referral. These trainings also help in improving the MNCH indicators like ANC visits, Anaemia, MMR, IMR etc.

1) Sashakt AAA- is a program that is implemented to empower the FLW by enhancing their skills and knowledge about MNCH service delivery. FLW consists of Accredited Social Health Activist (ASHA), ASHA Supervisor, also called *Mitanin* in Odisha, and Auxiliary Nurse Midwives (ANM). Through this intervention core groups are formed that foster collaborations, help in problem solving, and solution co-creation. The FLW became pivotal in identifying barriers and co-designing interventions.
2) Living Labs- is an intervention in the project where the congregation of FLW is assembled and they have a situational analysis related to MNCH. They essentially identify the problems the PW and newborns face and factors that lead up to it. Upon identifying the problems they also try and find solutions to help the families of PW and Neonates for improving the MNCH Outcomes.
3) High Risk Pregnancy (HRP) Tracking- through all the trainings the project helps in enhancing the identification of the HRP cases. ASHA and ANM, upon taking the history of the pregnant females and checking for signs and symptoms, identify HRP and give extra attention to these cases, to help them during this journey and ultimately improve chances of a healthy delivery. Streamlined the process of tracking through tools, streamlined data processes for rch portal.
4) ANC Capsular Training – ANC Capsular Training is a low-dose, high-frequency training for skill-based capacity building to ensure translation of skills into practice.
5) Village Health, Nutrition, Health, and Sanitation Committee (VHSNC)- it was initiated by NHM as a way of providing health for all. VHSNC started in 2011[8]. MNCH Accelerator helps them in training and making them more equipped to monitor and evaluate the situation. They also help in counselling and guiding the families during and after pregnancy, along with educating them about proper nutrition for children.
6) Mobile Medical Units (MMU)- there was an establishment of an integrated continuum of care for the community at the last mile. It focuses on early

identification, screening, referrals, follow-ups, free medicines, and specialist consultations.

3.3.2 Increasing Institutional Capacity

Another focus area in this project was to improve institutional deliveries, as the chances of sepsis and PPH in women are reduced in deliveries at a facility rather than in home deliveries. One of the ways was to introduce the following interventions

1) Providing devices that help monitor anemia, child-friendly pulse oximeters, uterine balloon devices (UBD), Radiation warmers, and many more to manage PPH and increase the survival of infants.
2) Quality improvement of Institutions – through the project, there are guidance is provided to the institutions to help them in gaining quality certifications like NQAS, LaQshyata, Manyata. Under the LaQshya initiative, 31 facilities received state-level certifications, while 16 achieved national-level recognition. Under the National Quality Assurance Standards (NQAS), 33 facilities were certified at the state level, and 10 at the national level. Additionally, the MusQan initiative saw five facilities certified at the state level and three at the national level.
3) Hospital Management Committee (HMC)- is an initiative which was started by the government. It includes hospital administrators who convene a meeting and check the status of all the essential drugs, supplies, and devices that are needed for the institution. The Project re-initiated this intervention and also included checklists for the institutions like PAT-FAT, which helps the administrators keeping a check which enables them in being more prepared to handle MNCH cases.
4) Digital Initiatives- through the digital push, the project has launched models like Utprerona FLW Mobile application and AMRIT with Point of contact diagnostics which helps in tele-consultations, helpline linkages and referrals.
5) Skill Labs- an initiative taken by the project, where the health care workers are given training in medical colleges on how to handle deliveries. The experience of handling the baby and the mother helps the health care workers immensely, and they feel more confident in handling cases

3.3.3 Improving cross- sectoral collaborations

In addition to this, the project also focuses on the policy implications for MNCH.

1) NTAG (National- Technical advisory group), heads of different institutes and organisations, along with government officials (Current and retired) convene a meeting with PATH team members, and policy development about MNCH is discussed. The outcome of the interventions is discussed and key findings are taken from it. This meeting forms a way to increase the scalability of the interventions and make policy-level changes to improve the MNCH indicators.
2) MAAdol Drive- The government of Assam has introduced the Wage Compensation Scheme (WCS) for the tea garden workers. This was introduced to help the pregnant female workers financially during their pregnancy period. Each pregnant woman is entitled to 15,000 rupees under this scheme to compensate for the time she would not be working in the tea gardens, as they are paid daily wages and missing even one day costs them a lot. In research, it was found that there is a gap in the number of people engaging with the scheme. The females did not have bank accounts or Aadhar cards to open bank accounts, hence they were not enrolled in the scheme. MAAdol drive helps women get Aadhar cards and open bank accounts to start receiving the benefits immediately. Through this intervention, different sectors like Tea estates, Government, NGO are all working together to achieve the outcome.
3) District Task Force- setting up of District task force at the highest level in districts, which the District Magistrate chairs. It is made for the timely reviews and increasing accountability for the MNCH Programs.
4) Nutrigarden – To improve the nutritional status of the people, this initiative was started in Assam, where gardens are established with information about all nutritious vegetables, which improve the health of people through regular consumption.

A report is also made, which entails all the devices present in the market for the MNCH services and how well they function when compared to the gold standards. This helps the government to have a better knowledge of the devices they can use.

4 Objectives of the practicum

During my practicum, I was able to comprehend the problem and analyze the situation regarding what goes into making and implementing a project. Many stakeholders influence the project's work, and many factors influence the interventions. Mapping them based on interest and influence helped me understand the dynamics of the stakeholders.

4.1 Stakeholder Analysis

The stakeholder analysis provides valuable insights into the dynamics of partnerships and the engagement levels of various stakeholders involved in the project.

High Interest- High Influence

Key stakeholders, including the Government, USAID, and project partners, display significant interest and influence in the initiative. The government aims to achieve a reduction in maternal and infant mortality rates (MMR and IMR) within their respective states. As the principal grantee, USAID has a vested financial interest in the project's success. The project partners consist of reputable organizations known for their ability to deliver results aligned with expected outcomes. Current and former government officials, along with healthcare professionals, are collaborating to explore policy-making strategies aimed at enhancing maternal and child health (MNCH) status in India.

Their collective high interest is poised to translate into meaningful influence on MNCH indicators.

Low interest- High Influence

The tea estates have a high influence in terms of dictating the implementations of the interventions. But they might not have a high interest in the interventions in particular, as they might be with the thought process of these interventions affecting their working environment. It is crucial to ensure that tea estates are informed about all planned activities and how these will contribute to the overall outcome of MNCH, which in turn will benefit the tea estates.

FLWs have a significant impact on project outcomes. However, the constant demands of their work, combined with occasional gaps in knowledge, can lead to a lack of interest

in their roles. Providing training to enhance their expertise and implementing strategies to reduce their workload can help boost their engagement and motivation in their work.

INTEREST	INFLUENCE: HIGH	INFLUENCE: LOW
HIGH	• USAID • Government – State and National • Doctors and government officials in NTAG • AIIMS • Partners in the project like Delloite, Piramal, Jhpiego • Medical Colleges	• Families of pregnant women
LOW	• ASHA, ANM (FLW) • Tea estates	

Low Influence – High interest

The families of the pregnant females have a high interest in the MNCH indicators; however, due to various circumstances like economic background, lack of available facilities, lack of knowledge, and geographical isolation, they are unable to exercise their interest. Hence, their influence in such situations becomes low.

4.2 Pestle Analysis

To understand the project further based on the factors affecting it, a PESTLE Analysis was done.

Key Areas	Factors

Political	• The state government and its influence in expanding the project, Alignment of agenda • Change in political and administrative leadership in states in India and USA
Economic	• The economic condition of that state • USAID grant • Economic objectives and interests of the parties involved
Sociological	• Preconceived notions about institutional deliveries and the maternity event • Gender specific roles in Tea gardens
Technological	• Data Privacy and Safeguarding issues • Tech resource available at each level of the health system • Low resource settings- unavailability of devices, electricity, and Internet connectivity.
Legal	• Policy-making initiatives through NTAG • Advocacy for scaling up interventions
Environmental	• The environment in which the families are living eg, Tea Gardens, Isolated areas • Environmental conditions of the state that influence the food preferences.

5 Role of Intern

As an intern, my role has many responsibilities, however, my joining was during the final year of the project, which focused more on scaling up the implemented interventions. Some of my key responsibilities were:

5.1 Key Responsibilities

1) Consolidation and analysis of data – the new data and information coming from our collaborators after implementing the activities is received by PATH. The data is then reviewed and analyzed for the quarterly progress reports.
2) Gathering information from the implemented and demonstrated initiatives for the organization- for the internal evidence of the organization there is constant data gathering for it to be used for future projects.
3) Doing research and providing information for other projects and proposals that the team would be working on.
4) Making infographics and presentations to be shared for the projects and the potential collaborators.
5) Coordinating internal and external meetings with members and taking minutes of meetings as part of the evidence for the documentation.

Apart from working in the MNCH Accelerator, my work also involved writing joint proposals for grants available for women's health initiatives. Grant Challenge by Gates Foundation had created grants for Heavy Menstrual Bleeding and Data Modelling for Women's Health, for which the team and I wrote proposals and are currently awaiting results.

I became involved in the Clean Air Initiative, which aims to reduce air pollution in Delhi. This initiative will inform our strategy moving forward, as it is an ongoing project and a work in progress. Additionally, I was assigned to manage the project proposal for the Nandurbar district, focusing on its MNCH and nutrition components. This proposal will be submitted to the District Collector of Nandurbar.

Journey of Practicum

The practicum journey has been truly enriching. Through this project, I have come to realize that public health encompasses many complex aspects, some of which remain unexplored. Various dynamics influence each outcome, and for every indicator, multiple approaches must be considered to achieve the desired results. Maintaining a holistic perspective is essential for the success of any intervention.

Key learnings

Working in the Public Health Organization, one of the major lessons was that collaboration is the key to any intervention. Public health is a vast concept that requires input from all relevant fields in the area of intervention. Major learnings from my journey were:

Role of Leadership –

Working on the project enhanced my decision-making in public health. Taking into consideration all the aspects involved while making a decision. During the internship, I have seen how leadership affects the work of any project. After the election of the new president, the work had been halted for some time, and the project activities were not working in their full capacity.

During my practicum, the tasks assigned to me allowed me to make decisions and develop my leadership qualities. For the project for Nandurbar, I was assigned to manage the internal working of the project

Analytics/ Assessment skills-

By working on this project, I was able to define and identify the issues related to MNCH. As we collected data, the problems became more apparent, which made analysis and assessment easier to interpret. The insights gained from this analysis assisted in developing proposals and presenting ideas to other states aimed at improving MNCH indicators, particularly in districts that were underperforming. Based on the analysis of the interventions, we were also able to identify that due to the interventions, there has been a significant increase in the institutional deliveries in all the states, which can essentially help in reducing the MMR, IMR, and HRP. In Chhattisgarh, the HRP tracking has significantly improved the HRP registrations from eight percent to sixteen percent.

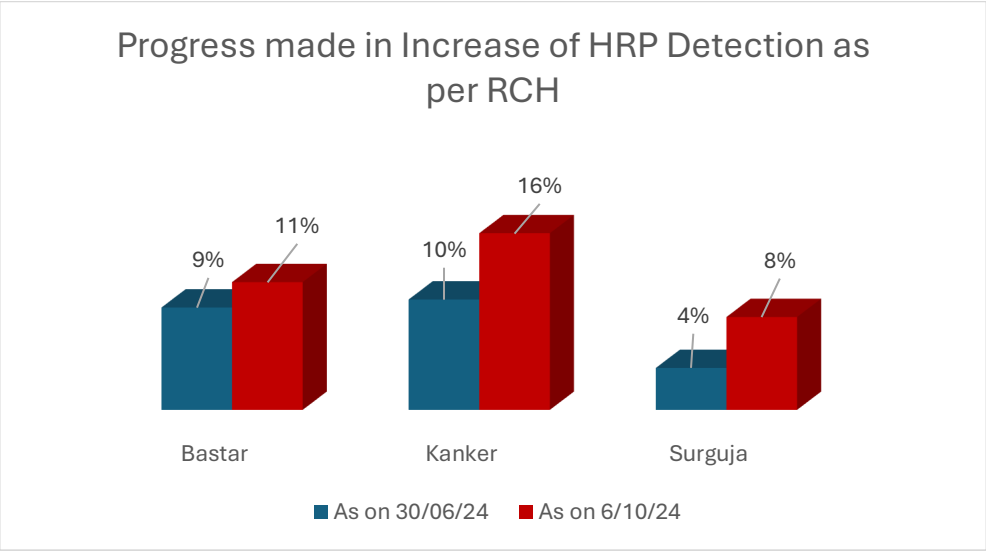

Figure 2: Percentage increase in HRP Identification in Chhattisgarh

Policy Development/ Program planning skills –

The NTAG activities and workplan have been revised in response to the updated interests of our donors. Working on this project has enhanced our skills and knowledge in policy development. Through NTAG, meetings were held with the Head of Department at AIIMS, Dr. ZZZ, as well as the entire team from the MNCH Accelerator. State advisors, government officials, and district heads also participated in these discussions, focusing on formulating and implementing policies for Maternal, Newborn, and Child Health (MNCH).

Communication skills-

The work done in the MNCH Accelerator has been appreciated by many states, especially the intervention states (Assam, Chhattisgarh, and Odisha). Due to the results the project has achieved, the Collector of the District Nandurbar had asked us to suggest activities for Nandurbar. Hence, many activities like MAAdol Drive, Sashakt AAA, and High Risk Pregnancy (HRP) Identification were suggested. The Deck preparation and suggestions of activities were done by the team and along with this, I was also given the responsibility of managing the internal team. Hence, communicating and managing the team became a core activity in this period.

In addition to these skills, at a personal level, I experienced how a team functions cohesively. At Johns Hopkins University, we studied Building collaborations, and in one

module, there was information about teams and the stages they go through when it is formed. I experienced all the stages that were mentioned in the class, that is, Forming, Storming, Norming, Performing, and Adjourning. Through this, I understood the importance of team development and how it impacts the work and its outcome.

Challenges faced

During my internship, a change in leadership led to a period where the project's work was not fully realized. The chaos in the office environment caused by sudden decisions created a challenging situation for me and my team. We faced significant uncertainty, which affected many people involved.

The project was temporarily put on hold, leading to growing discontent among the team. However, the decision to halt the project was eventually reversed, allowing work to continue to its full potential. However, navigating these significant changes, which altered our course of action, proved to be quite challenging.

Summary

MNCH Accelerator is a project aimed at implementing sustainable interventions that are easy to manage, independent of funding and helping to improve health indicators for pregnant women and children. The interventions focus on improving constant monitoring and evaluation, increasing the frequency of training made available, and helping the government in increasing the uptake of MNCH Programs available. This project focuses on multiple aspects that influence the MNCH Indicators. Hence, the work involved is innovative and collaborative.

During my practicum, the tasks assigned to me not only challenged me but also provided valuable opportunities for personal and professional growth. As I took on various responsibilities, I found myself making important decisions that impacted my team and the overall project. This experience significantly contributed to enhancing my leadership qualities, as I learned to communicate effectively and work well with the team. Embracing these challenges helped me build confidence in my abilities and fostered a deeper understanding of what it takes to lead successfully in a dynamic environment. Overall, my time during the practicum was instrumental in shaping me

into a more capable and confident leader, effective communicator and has improved my analytical behaviour.

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