SUMMER INTERNSHIP PROGRAM

At

AADESH CHARITABLE FOUNDATION & CHILD IN NEED INSTITUTE

From 12/05/2025 to 18/07/2025

A REPORT BY

Priyanka Roy

Master of Business Administration

(Health & Hospital Management)

Roll No 2041

2024-26

Under the mentorship of

Dr.Seema Mehta

Professor (SDG-SPH)

IIHMR UNIVERSITY

help the mother
help the child...

Internship/CINI/171/2025

Date: 29.07.2025

Internship Completion Certificate

Certified that, **Ms. Priyanka Roy** pursuing MBA in Hospital and Health Management (1st year, Semester-III) from **IIHMR University, Jaipur** was placed in Child in Need Institute for the purpose of internship assignment. She was placed under Maternal and Child Health Programme at CINI from **10th June to 18th July, 2025** and successfully completed her assignment.

During the course of internship, she has met all necessary requirements and worked closely with the programme implementation team. She has been found to be sincere and dedicated to the responsibilities bestowed on her.

We wish to see her well stationed in life with bright academic career.

Mitun Bose

Ms. Mitun Bose
Assistant Director, Training
Child in Need Institute

Child In Need Institute, Vill. & P.O.: Amgachia, via Joka, South 24 Parganas, Pin - 700 104, West Bengal, India.
Tele-Fax : +91 33 2497- 8240 / 2970 1375 ; E-mail : cinichetana@cinindia.org; Web.: www.cini-india.org

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IIHMR University Faculty Mentor Approval

This is to certify that **Ms. Priyanka Roy** of the academic year 2024-26 **Institute of Health Management Research** has prepared a poster with respect to her summer internship held during May-July 2025.

She has carried out work as per the guidelines. Her poster is approved for presentation.

Date: 29/07/2025

Dr. Seema Mehta
Professor
IIHMR University, Jaipur

Financing Grassroots Health: Role of Child In Need Institute in Gram Panchayat Development Planning

Presented by: PriyankaRoy
Stream: MBA -Hospital & Health Management
Roll Number: 2041
Organization Name : Child In Need Institute-CINI
Organization Mentor: Sreeparna Ghosh Mukherjee

About the Organization

A nationally recognized non profit organization founded in 1974 aiming to improve the lives of vulnerable women, children, and adolescents in India. Headquatered in Kolkata,West Bengal, CINI focusses on four core areas-Health, Nutrition, Education and Protection. Initally founded with the goal of creating a child friendly world, but later on realised healthy mother results healthy baby andeventually healthy future.

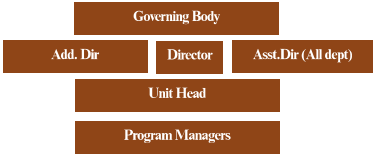
Vision

A friendly and responsive community where children and adolescents achieve their full potential.

Mission

To ensure that children and adolescents achieve their rights to health, nutrition, education, protection and participation by making duty-bearers and communities responsive to their well-being.

Organization Structure



Learnings

- Real-World Understanding of Public Health Delivery
- Community Engagement and Behavior Change
- Need for Intersectoral and Multi-level Collaboration
- Advocacy and Policy Influence

SWOT

• Strong Reputation & Impact • Dedicated Leadership & Team • Robust Community Links	• Financial Sustainability Risks • Limited Scalability • Capacity Gaps • Operational Complexity
• Greater Social Needs • Partnerships & Collaborations • Technology Integration	• Competition • Policy/Regulatory Changes • Socio-Cultural Resistance • Economic Downturn

S W O T

Objective

1. To identify the allocated budget of Government on different health related activities for Birbhum district for the years FY 21-22 and FY 25-26
2. To find out the role of CINI's interventions across health related activities in related to maternal and child health

Methodology

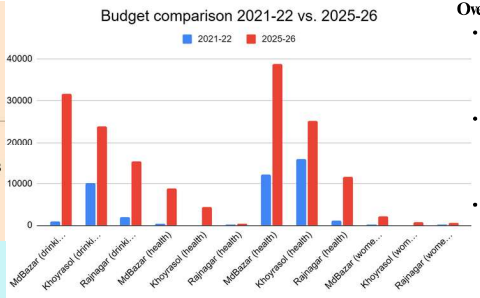
Extracted and analyzed panchayat level budget data from E-GramSwaraj Portal for the Years FY 2021–22 and FY 2025–26 for the three blocks: Khoyrasol, Mohammad Bazar, and Rajnagar of Birbhum District.

CINI work mechanism

- Emphasizes engagement with families and communities, service providers, and elected representatives with IEC materials, mother's meeting and awareness campaigns
- Collaborate closely with government agencies, development partners, civil society organizations, and communities to enhance multi-sectoral convergence for better health and nutrition outcomes
- Approach aligns National Rural Health Mission (NRHM) guidelines and Sustainable Development Goals (SDGs)

Challenges

- Infrastructure and Resource Constraints
- Community Engagement Difficulties
- Resistance to Change and Service Uptake
- Challenging to keep staff motivated



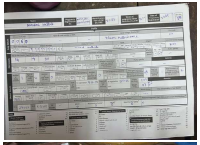
Findings

Overall Budget Growth Patterns

- **Mohammad Bazar (CINI area)**: Total budget increased from Rs 13.67 crores to Rs 79.49 crores (482% increase)
- **Khoyrasol (CINI area)**: Total budget increased from Rs 26.53 crores to Rs 52.96 crores (99.6% increase)
- **Rajnagar (Non-CINI area)**: Total budget increased from Rs 13.33 crores to Rs 27.87 crores (109% increase)

Work Flow: Example of Pregnant Woman

- Identifies and targets high risk pregnancies or mothers with the help of volunteers
- Mobilisers interviewing mothers and their family members regarding pregnancy history and registration details and helping them do so if not registered
- Referring mothers to nearest health center if any danger signs (signs created by CINI) observed by mobilisers
- Enrolling mother in the CINI's very own cohort registers.
- Tracking and following up with the mother till her baby has completed 2 years of age.



Mechanisms for cross-sectoral integration

- Convergence platform development of CINI and Government agencies
- Sharing of best documented evidences helps broader policy influence
- Training of health workers, and community representatives

Week 1

Name of the Organisation: Aadesh Charitable Foundation

Area/ Department/ Project of Summer Internship Program: Fundraising initiatives for the organisation

Name of the Student: Priyanka Roy

Roll no: 2041 **Stream: MBA-Hospital and Health Management**

Week no: 1 **From: 12/05/2025 to 17/05/2025**

Activity Done	Searched intensively about the organization. (Mission, vision and its activities) Defined an STP plan which will facilitate fundraising activities. Created digital content and shared on various social media platforms as part of social media campaign initiatives.
Linking theory (Classroom learning) with practice at your organisation	Defined STP framework for fundraising activities 1. ***Segmentation*****:** Individuals segmented based on the following categories **i. Demographic segmentation** a. Age group of 25 to 65 years b. Middle class to upper middle class (income level) c. Focused primarily on working professionals, students (secondary focus while segmenting) d. People residing in urban areas **ii. Behavioural segmentation** Approached philanthropists, environmentalists, pet lovers, people who are willing to contribute more towards society 2. ***Targeting:*** Shortlisted target groups who could be a potential donors Age group 25 to 35 years : approached through social media platforms (Instagram, LinkedIn, Facebook)

	36 years and above : tried to contact them through emails also personally interacted with few of them 3. ***Positioning:*** Acknowledging individuals after their donations resulting in recognition Highlighting real-life stories showcasing the difference made Help people across the donation process by enabling them to pay through multiple channels
Gaps identified on the working area.	1. Limited response from many of the approached prospects 2. Lack of awareness among the people regarding the organization 3. People are hesitant to pay because of the minimum-capped amount 4. Lack of transparency regarding the fund utilisation
Suggestions for improvement	1. Minimum cap of donations can be removed 2. Credibility and subsequent donor conversions can be increased by organising more physical campaigns 3. Identifying more high-net worth individuals with philanthropic inclination 4. Share success stories while campaigning and across the social media pages
Plan for the next week	1. Will keep identifying and contacting more potential donors 2. Try to identify and approach HNIs for more contributions 3. Will continue with the planned social media campaign 4. Focus will be on creating more awareness among people

Signature of the Student

Approved by the IIHMR University's Mentor

Week 2

Name of the Organisation: Aadesh Charitable Foundation

Area/ Department/ Project of Summer Internship Program: Fundraising initiatives for the organisation

Name of the Student: Priyanka Roy

Roll no: 2041 **Stream: MBA-Hospital and Health Management**

Week no: 2 From: 19/05/2025 to 24/05/2025

Activity Done	Continued with promotion of organisation across social media channels Reached out more connects of previous donors for donations
Linking theory (Classroom learning) with practice at your organisation	Applied AIDA Model for attracting more people to our cause 1. Attention: Grabbed attention by sharing messages from needy and showing visuals for emotionally appealing 2. Interest: Shared the testimonials of previous donors 3. Desire: Tried to create desire by showcasing them how their contribution will help 4. Action: Requested for funds and helped them while doing so
Gaps identified on the working area.	1. People are difficult to approach through social media 2. Difficult to raise funds due to minimum cap amount 3. Lack of transparency regarding the fund utilisation
Suggestions for improvement	1. Minimum cap of donations can be removed 2. Credibility and subsequent donor conversions can be increased by organising more physical campaigns 3. Identifying more high-net worth individuals with philanthropic inclination Share success stories while campaigning and across the social media pages

Plan for the next week	1. About to start domain related tasks in the upcoming week 2. Till then will continue to approach people for creating awareness and raising funds

Signature of the Student

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Week 3

Name of the Organisation: Aadesh Charitable Foundation

Area/ Department/ Project of Summer Internship Program: Fundraising initiatives for the organisation

Name of the Student: Priyanka Roy

Roll no: 2041 **Stream: MBA-Hospital and Health Management**

Week no: 3 From: 26/05/2025 to 31/05/2025

Activity Done	Continued with promotion of organisation across social media channels Reached out more connects of previous donors for donations
Linking theory (Classroom learning) with practice at your organisation	Used lessons from :Organizational Behaviour
Gaps identified on the working area.	1. People are difficult to approach through social media 2. Difficult to raise funds due to minimum cap amount 3. Lack of transparency regarding the fund utilisation
Suggestions for improvement	1. Minimum cap of donations can be removed 2. Credibility and subsequent donor conversions can be increased by organising more physical campaigns 3. Identifying more high-net worth individuals with philanthropic inclination 4. Share success stories while campaigning and across the social media pages
Plan for the next week	Waiting for the next task to be assigned

Signature of the Student

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Week 4

Name of the Organisation: Aadesh Charitable Foundation

Area/ Department/ Project of Summer Internship Program: Fundraising initiatives for the organisation

Name of the Student: Priyanka Roy

Roll no:2041 Stream: MBA-Hospital and Health Management

Week no: 4 From: 02/06/2025 to 07/06/2025

Activity Done	Continued with promotion of organisation across social media channels Reached out more connects of previous donors for donations
Linking theory (Classroom learning) with practice at your organisation	Used lessons from :Organizational Behaviour
Gaps identified on the working area.	1. People are difficult to approach through social media 2. Difficult to raise funds due to minimum cap amount 3. Lack of transparency regarding the fund utilisation
Suggestions for improvement	1. Minimum cap of donations can be removed 2. Credibility and subsequent donor conversions can be increased by organising more physical campaigns 3. Identifying more high-net worth individuals with philanthropic inclination 4. Share success stories while campaigning and across the social media pages
Plan for the next week	Waiting for the next task to be assigned

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Week 5

Name of the Organisation: CINI – Child In Need Institute,Kolkata

Area/ Department/ Project of Summer Internship Program: Maternal and Child Health Programme

Name of the Student: Priyanka Roy

Roll no: 2041 Stream: MBA Hospital and Health Management

Week no: 5 From: 10/06/2025 to 13/06/2025

Activity Done	Day 1 1. Attended orientation session where I got to know about the organization, its history, mission and vision. 2. Got a briefing on how organization is working on maternal and child health domain 3. Learned about the documentation process of all the groups which are undertaken in this domain Day 2 1. Visited Health and Wellness Centre (HWC) watched Routine immunization and CINI community mobilizers supporting the vaccination schedule. 4. Visited slum (Ward Number 57 and 58, Dhapa) and observed how organization's community mobilizers interact with vulnerable individuals and conduct routine follow up 5. Visited 59th Ward UPHC for the Menstrual Hygiene Day celebration. This was a gathering of 25 adolescent females who were educated about period pants, menstrual hygiene and sanitation. Day 3 Visited Ward Number 29, UPHC. Had conversations with CINI volunteers over there. Day 4

	Attended a meeting focused on capacity building. Supervisors discussed strategies and shared guidelines for training their junior team members regarding project implementation and community outreach.
Linking theory (Classroom learning) with practice at your organisation	Understood how social, and economic determinants of health are influencing underserved population Focused on behaviour change of people while influencing their behaviour
Gaps identified on the working area.	Unfilled cohort registers and difficulty in following up with the target population Lots of paper work and heavily relying on manual work while maintaining records and collecting data
Suggestions for improvement	Should try to reduce paper work. Community mobilizers should try to avoid unfilled forms
Plan for the next week	Waiting for task to be assigned

Signature of the Student

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Week 6

Name of the Organisation: CINI – Child In Need Institute,Kolkata

Area/ Department/ Project of Summer Internship Program: Maternal and Child Health Programme

Name of the Student: Priyanka Roy

Roll no: 2041 Stream: MBA Hospital and Health Management

Week no: 6 From: 16/06/2025 to 20/06/2025

Activity Done	1. Explored the e-Swaraj portal, a digital platform that showcases the Gram Panchayat Development Plan (GPDP) data across villages. 2. Familiarized myself with the structure and objectives of the 9 thematic areas under the GPDP framework. 3. Identified and listed activities within each theme that directly impact community health. 4. Compiled these activities in a structured format for internal reference and further analysis.
Linking theory (Classroom learning) with practice at your organisation	1. Recognizing health-related activities (e.g., immunization, sanitation, malnutrition) under different themes and how they influence health outcomes. 2. Listing and categorizing health-impacting activities across multiple themes for potential evaluation
Gaps identified on the working area.	-
Suggestions for improvement	-
Plan for the next week	Waiting for the next task to be assigned

Signature of the Student

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Week7

Name of the Organisation: CINI – Child In Need Institute,Kolkata

Area/ Department/ Project of Summer Internship Program: Maternal and Child Health Programme

Name of the Student: Priyanka Roy

Roll no: 2041 Stream: MBA Hospital and Health Management

Week no: 7 From: 23/06/2025 to 27/06/2025

Activity Done	Focused on identifying and compiling activities under the Gram Panchayat Development Plan (GPDP) that have a direct impact on health for the year 2024-25 and 2025-26. Reviewed activity lists from all 9 themes in the e-Swaraj portal for Khoyrasol Block, Birbhum District, and extracted those related to health determinants such as sanitation, maternal health, nutrition, awareness campaigns, and healthcare access. Documented the budget allocations for each health-impacting activity to understand the financial commitment made toward public health improvement.
Linking theory (Classroom learning) with practice at your organisation	Gained insight into budgeting and resource allocation in rural health programs. Utilized the e-Swaraj portal as a tool for reviewing and interpreting public health data.
Gaps identified on the working area.	Sourced data is from Approved Plan wise activity details, it does not include any implementation status or monitoring indicators.
Suggestions for improvement	There may be a cross verification with ground level workers which can be useful to understand how these planned activities translate into action.

Plan for the next week	Continuing the same activity for another block within Birbhum District. I will identify and list health-related activities and their respective budgets from the e-Swaraj portal for the new block. Will compare health prioritization and financial allocation between different administrative areas.

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Week 8

Name of the Organisation: CINI – Child In Need Institute,Kolkata

Area/ Department/ Project of Summer Internship Program: Maternal and Child Health Programme

Name of the Student: Priyanka Roy

Roll no: 2041 Stream: MBA Hospital and Health Management

Week no: 8 From: 30/06/2025 to 04/07/2025

Activity Done	Focused on identifying and compiling activities under the Gram Panchayat Development Plan (GPDP) that have a direct impact on health for the year 2024-25 and 2025-26. Reviewed activity lists from all 9 themes in the e-Swaraj portal for Khoyrasol Block,Nanoor Block and Mohammad bazaar block Birbhum District, and extracted those related to health determinants such as sanitation, maternal health, nutrition, awareness campaigns, and healthcare access. Documented the budget allocations for each health-impacting activity to understand the financial commitment made toward public health improvement for Khoyrasol, Nanoor and Mohammad Bazar block for the year 2023-2024 and 2025-2026
Linking theory (Classroom learning) with practice at your organisation	Gained insight into budgeting and resource allocation in rural health programs. Utilized the e-Swaraj portal as a tool for reviewing and interpreting public health data.
Gaps identified on the working area.	Sourced data is from Approved Plan wise activity details, it does not include any implementation status or monitoring indicators.

Suggestions for improvement	There may be a cross verification with ground level workers which can be useful to understand how these planned activities translate into action.
Plan for the next week	Will present a comparative analysis of the blocks with and without CINI's intervention based on the parameters of budget allocation and health improvements.

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Week 9

Name of the Organisation: CINI – Child In Need Institute,Kolkata

Area/ Department/ Project of Summer Internship Program: Maternal and Child Health Programme

Name of the Student: Priyanka Roy

Roll no: 2041 Stream: MBA Hospital and Health Management

Week no: 9 From: 07/07/2025 to 11/07/2025

Activity Done	Read about the 15th Financial Commission and State Finance Commission of India. Understood about the sources of revenue for states and union territories. Went through the concepts of distribution and allocation of finds from National Level to Gram Panchayat Level.
Linking theory (Classroom learning) with practice at your organisation	Gained insight into budgeting and resource allocation in rural health programs. Was able to associate Public Finance and Health Policy concepts.
Gaps identified on the working area.	The data collected from E gram swaraj portal could have been present in more sorted manner to easily interpret the same. Many activity names which are undergoing under the schemes have similar names which creates confusion in understanding
Suggestions for improvement	There may be a cross verification with ground level workers which can be useful to understand how these planned activities translate into action.
Plan for the next week	Will present a comparative analysis of the blocks with and without CINI's intervention based on the parameters of budget allocation and health improvements.

Signature of the Student

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Week 10

Name of the Organisation: CINI – Child In Need Institute,Kolkata

Area/ Department/ Project of Summer Internship Program: Maternal and Child Health Programme

Name of the Student: Priyanka Roy

Roll no: 2041 Stream: MBA Hospital and Health Management

Week no: 10 From: 14/07/2025 to 18/07/2025

Activity Done	Went through the concepts of distribution and allocation of finds from National Level to Gram Panchayat Level. Sorted the data of three panchayats of Birbhum district according to the activities which impact health and their allotted budget respectively.
Linking theory (Classroom learning) with practice at your organisation	Gained insight into budgeting and resource allocation in rural health programs. Was able to associate Public Finance and Health Policy concepts.
Gaps identified on the working area.	The data collected from E-Gram Swaraj portal could have been present in a more sorted manner to easily interpret the same. Many activity names which are undergoing under the schemes have similar names which creates confusion in understanding
Suggestions for improvement	There may be a cross verification with ground level workers which can be useful to understand how these planned activities translate into action.
Plan for the next week	Will present a comparative analysis of the blocks with and without CINI's intervention based on the parameters of budget allocation and health improvements.

Signature of the Student

Approved by the IIHMR University's Mentor

COMPILED SUMMARY OF SUMMER INTERNSHIP

My summer internship journey encompassed two distinct yet complementary experiences that provided comprehensive exposure to public health work in India. Initially, I spent four weeks at Aadesh Foundation, where my primary responsibilities centered around fundraising campaigns and health awareness initiatives. During this period, I planned and executed digital and in-person fundraising drives that successfully secured initial donor pledges for ongoing health projects. Additionally, I designed culturally tailored posters addressing priority health issues to support community outreach events. While this experience built foundational skills in donor communication, social media targeting, and visual content design, I recognized the limitations of a role centered almost exclusively on fundraising with minimal exposure to program execution or field realities. This realization prompted my search for a more hands-on placement that would provide deeper engagement with public health implementation.

My transition to Child In Need Institute (CINI) marked a significant shift toward comprehensive field-based public health work in the maternal and child health domain. The first week at CINI began with comprehensive briefings on the organization's innovative "CINI Method," which encompasses case management, community mobilization, and system strengthening approaches. I participated in extensive field visits to Health & Wellness Centers (HWCs) and Primary Urban Health Centers (PUHCs), where I observed infant immunization sessions and witnessed parental counseling on family planning and nutrition. During these visits, I shadowed ASHA (Accredited Social Health Activists) and Anganwadi workers systems and community-level interventions. These initial field experiences provided invaluable insights into the practical challenges and opportunities within India's public health delivery system.

The second week involved a significant shift toward data management and analytical work. I gained authorized access to the e-Gram Swaraj portal, which contains detailed financial and programmatic information for Khoyrasol, Mohammad Bazar, and Rajnagar blocks in Birbhum district. My responsibilities included sorting raw Panchayat-level data and isolating activities that directly impacted health outcomes, such as immunization drives, nutrition programs, and drinking water infrastructures. I systematically calculated budget allocations across different categories including infrastructure development, community outreach, and direct service delivery. This data segregation work required careful attention to detail and provided the foundation for subsequent analytical work that would demonstrate CINI's impact on local government health financing.

During the third week, I was assigned an independent research project titled "Assessing the Public Health Impact of CINI Interventions in Birbhum District: A Comparative Analysis of 2021-22 vs 2025-26."

This assignment required me to compile comprehensive pre-intervention data from fiscal year 2021-22 and post-intervention data from fiscal year 2025-26 for both CINI intervention blocks (Khoyrasol and Mohammad Bazar) and the non-CINI control block (Rajnagar). The project aimed to quantify the tangible impact of CINI's interventions on public health budget allocations and sectoral priorities at the local government level.

The fourth and fifth weeks were dedicated to conducting detailed comparative analysis and preparing comprehensive reports based on my findings. I performed quantitative comparisons of total budgets and sector-specific allocations, with particular focus on health, water, sanitation, and hygiene (WASH), and women & child development sectors across all three blocks. The analysis revealed extraordinary results: health budget allocations in CINI intervention areas experienced increases ranging from 1,980% to 4,350%, compared to only 29% growth in the non-CINI control area of Rajnagar. I created visualizations to demonstrate these exponential improvements and linked the budget shifts directly to CINI's systematic advocacy efforts, community follow-up activities, and technical support provided to Panchayat officials in budget planning and resource mobilization.

My field observations provided rich qualitative insights that complemented the quantitative analysis. At the Health & Wellness Center in Ward 57, I observed efficient immunization tracking by CINI community mobilizers and met a mother who was preparing homemade nutrimix using natural ingredients like ragi and bajra for her baby. However, I also noted significant infrastructure challenges, including poor ventilation and severe overcrowding on immunization days. During visits to slum areas in Ward 57, I witnessed CINI's work with high-risk mothers, including an 18-year-old who had successfully delivered a healthy 2.5 kg baby with CINI support. The community mobilizers provided kangaroo mother care counseling and maintained detailed cohort registers for tracking maternal and child health outcomes. I also observed interventions with malnourished children, where CINI workers recorded BMI measurements and provided personalized nutrition advice to mothers.

At the Primary Urban Health Center in Ward 59, I attended a gathering of 25 adolescent girls participating in a menstrual hygiene awareness session. CINI had trained local volunteers called "nutrition doots" - adolescent school-going girls who spread health awareness among their peers. The session aimed to break myths and taboos regarding menstruation, and participants received kits containing reusable cloth pads, soap, and educational materials. Additionally, I visited Ward 27's Health & Wellness Center, which was part of a Khorakiwala-funded project targeting 2,500 population. Here, CINI mobilizers conducted house-to-house visits to identify pregnant women and facilitate their registration for antenatal care. Despite achieving 85-90% uptake for anomaly scans, some women continued to refuse hospital-based services due to mental health concerns and family stress.

Through these diverse field experiences, I identified several critical gaps that require attention to improve program effectiveness. Infrastructure constraints emerged as a significant challenge, with poor ventilation and single-day immunization schedules creating overcrowding and uncomfortable conditions at health facilities. Data quality issues were evident, including incorrect coding of antenatal care visits and inconsistent digital data entry practices. Service uptake barriers persisted due to cultural hesitancy toward hospital deliveries and diagnostic procedures, compounded by disruptions caused by seasonal migration patterns. Mental health considerations were often overlooked, with pregnant women experiencing anxiety that remained unaddressed by standard health services. Additionally, lifestyle determinants such as irregular meal and sleep patterns in migrant communities continued to affect health outcomes negatively.

Based on these observations and analysis, I developed comprehensive recommendations for improving public health program implementation. Infrastructure upgrades are essential,

including ventilation retrofits and implementation of staggered immunization schedules to reduce facility overcrowding. Protocol standardization should include refresher training on proper antenatal care documentation and implementation of digital audit checklists to ensure data quality. Culturally sensitive engagement approaches should be expanded, building on the successful peer educator model while integrating basic mental health counseling into routine health service delivery. Mobile and telehealth solutions could address service uptake barriers through SMS reminder systems, teleconsultations for reluctant mothers, and enhanced door-to-door catch-up services. Finally, multi-sectoral coordination mechanisms should be established through joint forums bringing together sanitation, nutrition, and social welfare departments to address the broader vulnerabilities affecting migrant populations.

The overall impact of this internship journey represents a significant evolution in my professional skills and understanding of public health systems. My experience progressed from basic fundraising and awareness work at Aadesh Foundation to conducting comprehensive, end-to-end public health program analytics at CINI. The quantitative evidence demonstrating that health budget allocations in CINI intervention blocks grew 151 times faster than in control areas validates the effectiveness of CINI's ADVOCACY approach and systematic community engagement strategies. This internship experience provided competencies in field ethnography, large-scale data extraction and analysis, public finance assessment, and evidence-based reporting that extend well beyond traditional classroom theoretical learning. The combination of direct field exposure, analytical rigor, and policy implications has prepared me for meaningful contributions to India's public health advancement and the broader goals of achieving universal health coverage through community-centered, evidence-based interventions.