SUMMER INTERNSHIP PROGRAM

at

National Health Mission, Rajasthan

Department - Maternal Health

(12th May to 21st July 2025)

A REPORT BY -

Pratishtha Singh

Master of Business Administration

Health and Hospital Administration

Roll number – 2034

2024-26

UNDER THE MENTORSHIP OF-

Dr. Mamta Chauhan

Professor, IIHMR University

Government of Rajasthan
National Health Mission, Rajasthan
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No. F 2 (153) NHM/SPM/2025/ 876 Dated: 22.7.2025

CERTIFICATE

This is to certify that **Ms. Pratishtha Singh** students of MBA-Hospital & Health Management and Healthcare Analytics for Summer Training IIHMR, Jaipur Has successfully completed her Summer Training for Internship at NHM, Rajasthan from **12th May to 21st July 2025.**

Her performance was found very good. We extend him good wishes for a bright and successful career ahead.

Mission Director
NHM

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Ms Pratishtha Singh,** of academic year 2024-26, of the **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: 28 July ,2025

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Designation: Professor

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Maternal overview of Aspirational Districts

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ROLL NO – **2034**

ORG. NAME – **NATIONAL HEALTH MISSION, RAJASTHAN**

DEPT. – **MATERNAL HEALTH**

STREAM – **MBA (HEALTH AND HOSPITAL MANAGEMENT)**

UNIVERSITY MENTOR – **DR. MAMTA CHAUHAN**

ORG. MENTOR – **DR. SURABHI SARIN, NODAL OFFICER**

NATIONAL HEALTH MISSION

National Health Mission (NHM) was started as National Rural Health Mission (NRHM) in the year 2005 after the National Health Policy of 2002, which stated the need to address the rural health of the country through a **decentralized** approach to effectively target the unique public challenges which varies by the region. It aims to provide accessible and affordable healthcare to the underserved population. Subsequently it was found that the component of urban health often underperforms its rural counterpart on various health indicators. Following this, National Urban Health Mission (NUHM) was floated by the GoI, and in 2013, NUHM and NRHM were combined to form NHM as it exists today.

MATERNAL HEALTH

Maternal Health is one of the five pillars of RMNCAH+N along with Reproductive Health, Neonatal Health, Child Health and Adolescent Health – based on the principle of '**continuum of care**' to ensure that people at these life stages get equal emphasis. Several schemes have been initiated by the Government to improve health of mothers, provide quality maternity care and reduce preventable maternal and newborn morbidity and mortality. The Maternal Health Department engages with all the building blocks of WHO's Health System framework—Service Delivery, Health Financing, Health Workforce, Access to Medicines and Technologies, and Health Information Systems to effectively meet the public health needs.

DAKSHATA TOT

Dakshata is a training program for healthcare workers to enhance the quality of care provided to the mother and the newborn during the delivery and the post partum period till discharge. Dakshata Training of Trainers is a 5 day workshop conducted for master trainers through series of presentations, lab simulations and role play activities.

STRENGTHS

- Dakshata Mentors can deliver training in culturally appropriate language and manner.
- Hiring specialized trainers is cost-effective as it is a one-time expense.
- Logistical costs are reduced as all HRH need not travel to the state capital.

WEAKNESSES

- Subject experts are not necessarily good tutors
- Dakshata Mentors should have labour room experience to know the field realities.
- Five days might not be enough time period for quality training.
- Attrition of trained personnel can disrupt the chain of training.

OPPORTUNITIES

- Collaboration with private sector doctors as tutors might bridge the quality gap between private and government facilities.

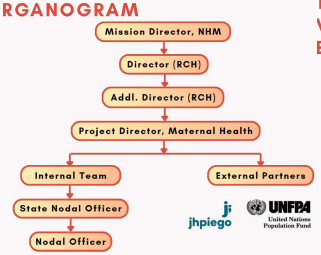
THREATS

- Beliefs might shape mistrust of locals on quality provided by public facilities.
- Lack of equipment/essential drugs.

LEARNINGS

- Experience in handling and interpreting large volumes of data.
- Hands on proficiency in MS Office tools.
- Understanding of metrics used to capture the progress of various Govt. schemes.
- Gained insights in project implementation and monitoring.
- Administrative functioning of an government entity.

ORGANOGRAM



CHALLENGES FACED

- Hindi being the administrative language.
- Limited feedback reduced opportunities for reflection and improvement.
- Instructions provided were brief, offering limited opportunity to seek clarification or deeper understanding.
- No field visits were conducted.

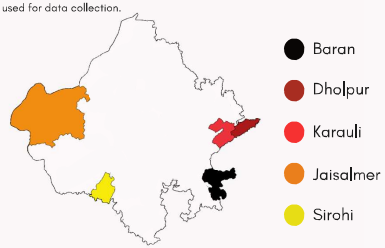
THEORETICAL LEARNINGS VS PRACITCAL EXPOSURE

- Program implementation complexities and communication errors were highlighted in practical exposure.
- Informal interactions with Nursing Officials and RCHOs provided deeper insights into administrative and field-level challenges, uncovering inconsistencies that may not be evident through formal reporting mechanisms.

ASPIRATIONAL DISTRICT PROGRAM

ADP was pioneered by the GoI in 2018 in 112 under-developed districts of the country for a targeted development. The five broad themes covered under ADP are – **Health and Nutrition, Education, Agriculture and Water resources, Financial Inclusion,** and **Skill Development and Infrastructure**.

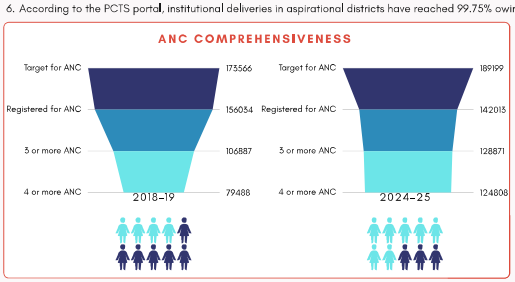
A trend analysis was carried out by tracking the performance of maternal indicators of aspirational districts vs the rest of the state to test the effectiveness of the ADP since seven years of its inception. **PCTS portal** was used for data collection.



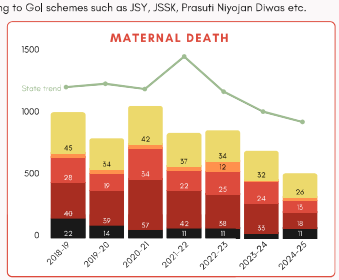
KEY FINDINGS

1. There has been an increase in the proportion of pregnant women that attended 4+ ANCs against the target registration, with 7/10 target women covered in aspirational districts as compared to the state value of 6/10.
2. A decline in absolute numbers can be seen in the registered ANC and the target ANC saw an increase, however, the decline in KPI was not statistically significant at 95% confidence level.
3. Aspirational districts perform better than the state average for early ANC registrations (earlier than 12 weeks) to total ANC registrations.
4. The cumulative maternal deaths in aspirational districts have followed the state's declining trend, with their share of the overall maternal death burden reducing from 10.5% in 2018 to 7.3% in 2025.
5. Institutional deliveries also saw a progress, with the share of home deliveries in aspirational districts declining from 10.02% in 2018 to 5.18% in 2025.
6. According to the PCTS portal, institutional deliveries in aspirational districts have reached 99.75% owing to GoI schemes such as JSY, JSSK, Prasuti Niyojan Diwas etc.

ANC COMPREHENSIVENESS



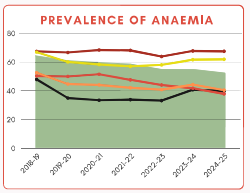
MATERNAL DEATH



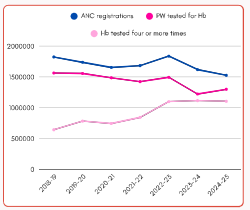
GAPS

1. Anaemia continues to be a major public health challenge with Dholpur and Sirohi showing prevalence higher than the state levels (in green).

PREVALENCE OF ANAEMIA



2. Although 4+ ANC coverage is rising, a quality gap persists between the total ANC registered and Pregnant women tested for Hb even once during their ANC.



SUGGESTIONS

1. The parameter of 4+ ANC covers all ANCs and not the WHO norm of 1 in first, 1 in second and 2 in third trimester. A better measure of comprehensive ANC coverage will be to take Early ANC registrations as a reference instead of total ANC registrations.
2. The PCTS portal includes two separate entries—one for pregnant women consuming 180 IFA tablets, and the other for those consuming 300 IFA tablets. This often leads to duplication of data which should be kept in check at data entry level.
3. Introducing Ferric Carboxymaltose (FCM) at a nominal cost would be an effective intervention for managing severe anaemia, while also addressing the challenge of low adherence to IFA tablets.
4. A special focus on urban blocks like Jaipur-I for ANC – the values go over 100% because of attrition, however, there might be pregnant women within Jaipur-I itself that are not receiving ANC care. This can be addressed by block level monitoring of ANC line-listing.
5. Leadership should focus on creating a workplace environment that is more welcoming and supportive of new ideas and encourages innovative approaches to everyday tasks.
6. Inter-departmental communication should be encouraged to improve efficiency, reduce redundancies, and promote knowledge sharing across teams.

ANNEXURE – E

WEEK 1 REPORTING

Week no: 1 **From:** 12th May, 2025 **to** 17th May, 2025

Activity Done	• Joining procedure • Orientation of all 25 departments under NHM • Familiarization with Maternal Health Guidelines, Schemes and activities under NHM ambit • Introduction to PCTS portal and procedure to access and utilize the data
Linking theory (Classroom learning) with practice at your organisation	Most NHM departments conduct three main functions: • Monitoring and evaluation of Districts and Blocks on their implementation of National and State programmes • Compilation of monthly reports to be submitted to National authorities • Financial management of programmes under the department PCTS portal provides a comprehensive picture of maternal and child health in the state of Rajasthan along with analytical and comparative reports in order to easily understand the trends and predict the vaccine requirement in the upcoming months.
Gaps identified on the working area.	• Although comprehensive, the PCTS portal is susceptible to double entry, false reporting and missing entries. This ultimately harms the quality of data received. If the quality of data is bad, the need and implementation of national programmes cannot be comprehended adequately. • As the portal span over different departments, it is difficult to assert unity of chain of command, which further devolves into stagnation of innovation and unresolved issues.
Suggestions for improvement	PCTS portal is well established and all the HRH including ANMs have been trained to oper0ate it. Replacing the portal is not possible, however if post input of data, departmentalization or organisation of data is to be carried out, each department will have enough jurisdiction on the data as well as their workload will decrease from reviewing over 400 indicators to 100.
Plan for the next week	Finalization of project topic and initialization of studies regarding feasibility of the same.

WEEK 2 REPORTING

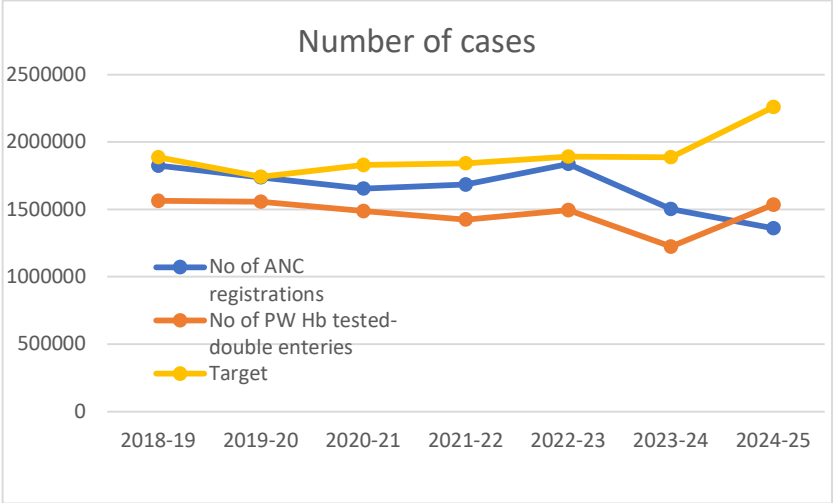
Week no: 2 **From:** 19th May, 2025 **to** 24th May, 2025

Activity Done	• Read up on guidelines regarding Dakshata, Janani Suraksha Yojana, Janani Shishu Suraksha Karyakram, Prasuti Niyojan Diwas, Pradhan Mantri Surakshit Matritva Abhiyan etc. • Compiled list of all CHCs, SDHs and DHs eligible for MCH ward according to Government guidelines. • Maternal complication hotspots were analysed using High Risk Pregnancy indicators. • Institutional vs home birth metrics were analysed.
Linking theory (Classroom learning) with practice at your organisation	Connecting metrics on PCTS portal with various schemes of the Government like Home birth data on whether it was attended by a Skilled Birth Attendant (SBA) or not with Aspirational District/ Block Programme.
Gaps identified on the working area.	Lack of coordination between different departments. We had to compile a list of all CHCs, SDHs and DHs according to quality indicators and bed occupancy rate. Quality Assurance department would already have a list of last financial year of all quality indicators; coordination would've made the whole process more efficient.
Suggestions for improvement	Sharing of all interim and monthly reports in between departments will erase the need of employees of different departments working in silos and make the organization more efficient. This can be carried out through SPM (State Program Manager) cell.
Plan for the next week	Finalization of project topic and initialization of studies regarding feasibility of the same.

WEEK 3 REPORTING

Week no: 3 **From:** 26th May, 2025 **to** 31st May, 2025

Activity Done	• Collaborated with Jhpiego on the 'Born healthy' initiative. • Collection of ANC centres names for distribution of HIV and Syphilis testing kits, GDM screening tools (75gm glucose packets, IOT enabled digital glucometer and other OGTT equipment), and 11 parameter urine dipsticks for bacterial infections and Hep B. • Fulfilling the shortfalls by analysing the current levels of stock.
Linking theory (Classroom learning) with practice at your organisation	• The program seeks to improve the quality of antenatal care and reduce the prevalence of low birthweight (LBW) babies. The program delivers an evidence-based package of services, through the existing government infrastructure, that improved the quality and coverage of antenatal care, with a special focus on maternal infections. • LBW is classified as a newborn weighing less than 2,500 grams at birth. Several nutritional deficiencies of mother during pregnancy are its major contributor.

	Therefore, ANC is essential for early diagnosis and intervene through medication and health awareness to combat the prevalence of LBW newborns. • Compared PCTS data with Jhpiego research and found out that the prevalence of LBW (low birth weight) has been stagnant for nearly a decade. • Found out correlation between ANC coverage (with base as line target) and Low Birth Weight stats (both below 2.5 kg and 1.8 kg)
Gaps identified on the working area.	The target annual pregnant women data released by Demography cell has jumped from being stagnant around 18 lakhs to 22 lakhs last year as previous statistic was based on 2011 census. ANC coverage was seen increasing till 90% in several districts with previous target. The new target reduced the ANC coverage upto 70% highlighting that the previous figures might be inflated and far from valid.
Suggestions for improvement	Even if ANC coverage shows quantity of coverage, there is no single parameter showcasing the quality of ANC coverage. The pitfalls in quality can be seen via the gap between the women registered under ANC and women whose Hb was tested during ANC. 
Plan for the next week	Analyzing the trend of prevalence of anaemia and severe anaemia in the state for 5 years (2018-2022) as well as trend in 5 aspirational districts of Rajasthan (Baran, Dholpur, Sirohi, Jaisalmer and Karauli) to test the effectiveness of Anaemia Mukt Bharat and Aspirational Districts Programme both of which were started in 2018.

WEEK 4 REPORTING

Week no: 4 **From:** 2nd June, 2025 **to** 7th June, 2025

Activity Done	• Task was assigned to find out three-year trend of following parameters i.e. KPI for 27 Blocks of Rajasthan under the Aspirational Block Programme – 1. Percentage of institutional deliveries against total reported deliveries 2. Percentage of low-birth weight newborns (less than 2500g) 3. Percentage of pregnant women registered for Antenatal care (ANC) within the first trimester

	• Made a note of all 70 CHCs in Rajasthan with no institutional deliveries in the last fiscal year and checked whether there have been any institutional deliveries in this fiscal year (last 2 months).
Linking theory (Classroom learning) with practice at your organisation	• Both Government of India and Rajasthan's initiatives to promote institutional deliveries like Janani Suraksha Yojana, Indira Gandhi Matritva Poshan Yojana and Janani Express seems to have made a real impact with institutional deliveries becoming the norm in aspirational blocks with an average of 99.84% coverage last fiscal year. • The trend of ANC registration in first trimester as percent of total ANC registrations has been in positive direction in aspirational blocks with current level of 95.55% in last fiscal year, this follows the state trend as well. • The percentage of newborns born with low birth weight (<2.5 kg) was seen to be declining in aspirational blocks from 11.95% in 2022-23 to 8.54% in 2024-25.
Gaps identified on the working area.	Although the percentage of newborns born with low birth weight seems to be declining, there exists a gap in number of deliveries that took place vs newborns that got weighed at birth. The statistic shows only as a percentage of newborns that got weighed after birth which could lead to both over-representation and under-representation.
Suggestions for improvement	• Identification of facilities which are not abiding by the protocol to weigh newborns can be carried out via newborn line listing which is affixed to the maternal line listing. The parameter can be monitored similar to the practice done to monitor which government institutions had no deliveries in their premises. • Although weighing of newborns is a mandatory protocol as taught in Dakshata as well, many facilities either don't follow it or do not have the equipment in working condition to carry out the protocol – evaluation of status of various medical equipment should be done by the directorate via neutral auditor on the field.
Plan for the next week	Dakshata Training-of-Trainers (ToT) camp is yet to start the third week of June in Jaipur. Preparations will be underway next week including compiling nominations from different districts, figuring out whether a different session for MOs will be essential, expected dates and timeline expectations of different stakeholders etc.

WEEK 5 REPORTING

Week no: 5 **From:** 9th June, 2025 **to** 14th June, 2025

Activity Done	• Prepared a comprehensive list of all Dakshata mentors in all districts since 2018. • Looked over budgetary constraints and calculated the number of participants permissible. • Made a list of all Dakshata ToT nominations from each district, compared against mentor list and finalised the roaster that will attend the five-day session starting 23rd of June.

Linking theory (Classroom learning) with practice at your organisation	• Despite huge investments in maternal and newborn health in India, the progress was slow and over a decade we were unable to achieve the MDGs. Although there was a significant decline in IMR, Early Neonatal Mortality Rate was stagnant if not increasing in the last decade. In this background, research showed a need to focus on care around the time of childbirth as a country. • Initially handled by Jhpiego, GOI undertook Dakshata to improve the quality of care during childbirth using various tools such as WHO's Safe Childbirth Checklist (SCC), sensitisation and training of HRH specially NOs, ANMs etc. to improve accountability and reduce the burden on the doctors, tracking of quality of care of institutions using key metrics etc. • ToT (Training of Trainers) is a process where the state directorate would train a few select individuals from each district who would in turn mentor, in batches, all HRH of their respective districts on practices involving improvement of quality of care during childbirth. This seems to have distinct advantages – a) the mentors will be able to deliver the training in language and manner most appropriate to the cultural sensitivities of the district, b) the cost of hiring specialized trainers will be low as it will only be needed to be done once, and c) logistical cost would be reduced as all HRH of state need not travel to the state capital.
Gaps identified on the working area.	• There exists a thorough list on district level training sessions including distribution of packages outlining the practices need to be focussed on and whether all ToT participants held training sessions in their respective districts. However, there seems to be no measure or practice in place in ascertaining whether the same quality of training is passed down the chain as received by specialised mentors in ToT session. • A KAP analysis is also required to see even if quality of training is passed down efficiently, whether those practices are being followed in a village far from district capital or not.
Suggestions for improvement	• Random and spontaneous audit in district level trainings to make sure that the chain of quality of knowledge being passed down is within the acceptable ranges. • A quiz-based assessment of HRH months after the training preferably linked to a performance-based appraisal system. • WHO's SCC contains four pause-points, in one of the pause-points, the HRH is supposed to inform the expecting mother and the birth companion on what will constitute as a warning sign or emergency call during the process of labour and how to identify and inform the HRH if that occurs. Specific feedback can be taken from both the mother and the companion on whether they were informed or intimated the aforementioned information. This can be done via already established "Mera Aspataal" initiative of the Government and would help in establishing whether Dakshata training is proving to be fruitful in districts or not. LaQshya directs that facilities have to complete the feedback

	form from the patients to get certified, however, the feedback from birth assistant is not necessary in the protocol and can be updated.
Plan for the next week	Documentation of how previous budgetary allowance was spent i.e. on which activity with what unitary price and who were the different stakeholders involved is to be carried out. Hopefully will involve an insight into decision making and financial powers of a state directorate of NHM.

WEEK 6 REPORTING

Week no: 6 **From:** 16th June, 2025 **to** 21st June, 2025

Activity Done	• Observed administrative and financial sanctions for Dakshata and Suman training. • Compiled a list of all facilities of the state which are LaQshya certified and LaQshya certified FRUs of aspirational districts. • Made lists for last year's district wise allotted budget and unspent allowance for Dakshata Training, Dakshata Mobility and State specific initiatives and innovations relating to other RCH components. • Looked into quarterly KPIs related to health and nutritional for five aspirational districts of Rajasthan. • Looked into ANC completeness of aspirational districts for this fiscal year.
Linking theory (Classroom learning) with practice at your organisation	• LaQshya (Labour room Quality Improvement) certification is provided to labour rooms and maternal operation theatres that follows distinct guidelines and quality standards provided by NQAS (National Quality Assurance Standards). It is to ensure Quality of Care during labour and immediate post-partum period in a healthcare facility. • Aspirational district program was initiated by the GOI in 2018 to aim to elevate the most underdeveloped districts of the country as guided by five domains – 1. Health and nutrition 2. Education 3. Agriculture & Water Resources 4. Financial Inclusion & Skill Development 5. Basic Infrastructure • Out of these, maternal health department monitors different KPIs for health and nutrition and part of basic infrastructure like – ANC Coverage, Severe Anaemia in pregnant women, low birth weight of newborns, institutional deliveries, FRUs and certified FRUs etc.
Gaps identified on the working area.	For periodic assessment of aspirational districts, data from PCTS portal is compiled with respect to aforementioned KPIs, however, the data from April has not been updated on the portal itself leading to inefficient functioning, monitoring, and evaluation.

Suggestions for improvement	Strengthening of Demography and Data entry cell to update the PCTS portal on a monthly basis in the least for more effective decision making, monitoring and evaluation of current government schemes and initiatives.
Plan for the next week	Dakshata ToT (Training of Trainers) is to be carried out from 23rd to 27th June in SIHFW (State Institute of Health and Family Welfare) with twenty six participants (Healthcare workers) from all over Rajasthan. I have been directed to attend SIHFW session for next whole week.

WEEK 7 REPORTING

Week no: 7 **From:** 23rd June, 2025 **to** 28th June, 2025

Activity Done	Observed Dakshata ToT training for the whole week which included both theory and simulation lab components. The participants were firstly taught about the newest research and updation of GOI guidelines regarding LDR – Labour, Delivery and Recovery components. Secondly, they were graded on their ability to teach/deliver the content. The pre and post-test assessment was carried out and all contestants showed improvement in their knowledge.
Linking theory (Classroom learning) with practice at your organisation	• Learnt about the broader practices in maternal care that led to the reduction of MMR from around 200 in 2015 to 87 in the SRS 2020-22 which is lowest among all big states and lower than India's average of 88. • Extensively learnt about the user side of Prasav Watch PCTS including increasing user accessibility, referrals and its application as a CDSS – Clinical Decision Support System which includes a digital partograph. Digital partograph includes instant prompts every half an hour prompting the staff to take FHS, contraction and pulse rate every half an hour and alerts staff as partograph approaches the action line to reduce phase 3 delay especially in case of referrals. • LaQshya standards were explained with a stress on patient rights and respectful maternal care. • In depth session on Active case management for the third stage of labour as a prevention for PPH (Postpartum Haemorrhage) which continues to be the biggest cause of maternal mortality accounting of 35% of the cases of maternal death in India.
Gaps identified on the working area.	• Selection of the participants for the ToT was done on a nomination basis from districts, however, of all participants, only 40% had ever worked in a labour room. This created an environment where a lot of participants weren't aware of the practices and the standard of care that are currently prevalent in a maternity ward. This, in turn, created a divide in knowledge level amidst the participants. • Moreover, these participants are expected to teach nursing cadre working in labour rooms in their respective districts, if they themselves aren't aware of real-life practices, how are they supposed to teach experienced nursing officers. This would also make the attendants not trust and listen to the mentors.

	• It was made aware that JSY wards in hospitals have no privacy for the new mothers and children where mothers often have to breastfeed in front of families of other patients. This goes in contradiction to patient rights and respectful maternal care. • More emphasis was given to teaching the participants the technical skills but not on how to deliver the teaching material effectively in the sessions that they are supposed to take in their respective districts.
Suggestions for improvement	• For ToT, the directorate should ensure that the districts send nominations of medical staff deployed in the labour rooms. Moreover, those who are competent in teaching like a nursing tutor or participants with a passion in such a domain must be given the utmost preference. • Curtains, in the least, should be put up in JSY wards of hospitals. • Dakshata ToT training must have additional sessions on how to teach with lessons on communication and emphasis on presentation giving skills more than the 2 small sessions provided currently.
Plan for the next week	• Maternal death line listing is to be carried out for the whole state. I hope to learn in depth about the causes of maternal deaths, and the review carried out after that.

WEEK 8 REPORTING

Week no: 8 **From:** 30th June, 2025 **to** 5th July, 2025

Activity Done	• Compiled a line listing report of maternal death of all states, district and facility wise. • Categorized block wise report to be sent to respective BNOs (Block Nodal Officers) with the cause of death. • Updated details and filled Form 5 (Community Form) and Form 6 (Facility Form) in Maternal, Perinatal, Child Death Surveillance and Response Portal (MPCDSR).
Linking theory (Classroom learning) with practice at your organisation	• Learnt about various causes of maternal death prevalent in Rajasthan- most widespread being PPH (Post Partum Haemorrhage) both traumatic and atonic followed by sepsis, hypertensive disorders etc. • Studied on the protocol of reporting maternal death both in and out of facility and tracked the facilities with most deaths in all districts to further investigate.
Gaps identified on the working area.	• NHM has been given the task to update the new MPCDSR website which is a national level initiative to track maternal deaths, related causes and conditions surrounding it as well as the area and block that the death took place. • A lot of facilities either haven't carried out the mandatory review post maternal deaths or haven't updated the same on the PCTS portal. In a particular Govt. Hospital in Jhalawar, only 2 deaths out of 14 had the required review completed.

Suggestions for improvement	PCTS portal should be linked directly with MPCDSR so as to reduce the double input of the data hence saving time and effort from the hospital or health employees.
Plan for the next week	Finalization of the SIP poster and report to be given for review to the organizational Mentor.

WEEK 9 REPORTING

Week no: 9 **From:** 7th July, 2025 **to** 12th July, 2025

Activity Done	• Read up on state wise challenges and innovative programs to address quality improvement of service quality, health infrastructure, human resources, referral mechanism and community outreach relating to maternal and child health. • Attended informal review process for maternal health, child immunization, child health and family planning of RCHOs of all districts post 11th July – World Population Day celebrations at the RIC. • Worked up on the final report to be submitted by next week.
Linking theory (Classroom learning) with practice at your organisation	• Learnt about HRH related issues including increasing vacancies in the rural areas and infrastructural deficiencies in the system. • Analyzed a new AI enabled portal of the GOI that maintains a composite score of each state across all of India and all of health verticals in order to facilitate competitive federalism among the states. • Studied the 4 ANC parameter and analysed whether total number of ANC registration would be better estimate for denominator rather than the total target pregnancies released by the demographic cell.
Gaps identified on the working area.	• Few ANC parameters of few districts show an inflated value e.g., 191% ANC registration in Jaipur I which occurs due to emigration of neighbouring underdeveloped districts in tertiary Govt. health facilities. This causes the rural areas within Jaipur I to come under the so called shadow as the district authorities do not consider registration fall from target in these areas as a matter of concern as long as their quota is being fulfilled.
Suggestions for improvement	• The line listing of ANC registration should be thorough and carried out at a block level to track each pregnant woman residing in the area regardless of whether they are accessing the ANC services at the block level or not. This would not only make the Community based review easier (in case of fatality further down the line) but also help in bringing them under the ambit of HBNC and HBPNC services in instance of a live birth.
Plan for the next week	• Further working on the report in accordance with the comments of the organization mentor.

WEEK 10 REPORTING

Week no: 10 **From:** 14th July, 2025 **to** 19th July, 2025

Activity Done	• Carried out trend analysis of various aspects of maternal health for five aspirational districts – Baran, Dholpur, Jaisalmer, Karauli and Sirohi. • Correlated with latest NFHS-5 and SRS 2020-22 findings to evaluate the robustness of PCTS data.
Linking theory (Classroom learning) with practice at your organisation	Maternal Mortality Ratio – MMR has been one of the best performing indicators. Other than maternal health indicators, there has been significant improvement in infrastructural development with a rise in number of FRUs, hence increasing the quality of care provided to mothers during delivery. Another factor could be the quality of continuous training provided to the healthcare workers including the hospital staff and the frontline workers via the successful implementation of the Dakshata training programs by the State Government. All these combined had a significant role in reducing the maternal deaths in the state, with Rajasthan showing the highest decline in MMR over the last decade among all the states.
Gaps identified on the working area.	• Anaemia remains to be a major public health challenge in our country despite targeted policy interventions, with some districts showing values as high as 80% prevalence rates. • NFHS-5 also shows that Baran stood as the second-best performing district for at least 4 ANC conducted of total ANC registrations, however, Karauli stood as third-worst performing district, showcasing that there is disparity within aspirational districts as well.
Suggestions for improvement	• Better BCC interventions to increase adherence to IFA tablets like behavioural barrier of forgetfulness by interventions like Happy Baby Calendar which has been field tested in Madhya Pradesh where pregnant women were provided with a calendar to track the intake of IFA pills. • To address the disparity within the aspirational districts, we have to address that competitive federalism is not being fruitful with some districts remaining on top and some lagging behind consistently over the years. An approach to set individual customized benchmarks instead might suit the purpose better.

Signature of the Student: 

Approved by the IIHMR University's Mentor

ANNEXURE – F

COMPILED REPORTING FORMAT

Name of the Organisation: National Health Mission, Jaipur

Department of Summer Internship Program: Maternal Health

Name of the Student: Pratishtha Singh

Roll no: 2034 **Stream:** MBA – Hospital and Health Management

Activity Done	• Orientation of all 25 departments under NHM • Familiarization with Maternal Health Guidelines, Schemes and activities under NHM ambit. • Introduction to PCTS portal and procedure to access and utilize the data. • Read up on guidelines regarding Dakshata, Janani Suraksha Yojana, Janani Shishu Suraksha Karyakram, Prasuti Niyojan Diwas, Pradhan Mantri Surakshit Matritva Abhiyan etc. • Compiled list of all CHCs, SDHs and DHs eligible for MCH ward according to Government guidelines. • Maternal complication hotspots were analysed using High Risk Pregnancy indicators. • Institutional vs home birth metrics were analysed. • Collaborated with Jhpiego on the 'Born healthy' initiative. Collection of ANC centres names for distribution of HIV and Syphilis testing kits, GDM screening tools (75gm glucose packets, IOT enabled digital glucometer and other OGTT equipment), and 11 parameter urine dipsticks for bacterial infections and Hep B. Fulfilling the shortfalls by analysing the current levels of stock. • Task was assigned to find out three-year trend of following parameters i.e. KPI for 27 Blocks of Rajasthan under the Aspirational Block Programme – 1. Percentage of institutional deliveries against total reported deliveries 2. Percentage of low-birth weight newborns (less than 2500g) 3. Percentage of pregnant women registered for Antenatal care (ANC) within the first trimester • Made a note of all 70 CHCs in Rajasthan with no institutional deliveries in the last fiscal year and checked whether there have been any institutional deliveries in this fiscal year (last 2 months). • Prepared a comprehensive list of all Dakshata mentors in all districts since 2018.

	• Looked over budgetary constraints and calculated the number of participants permissible. • Made a list of all Dakshata ToT nominations from each district, compared against mentor list and finalised the roaster that will attend the five-day session starting 23rd of June. • Observed administrative and financial sanctions for Dakshata and Suman training. • Compiled a list of all facilities of the state which are LaQshya certified and LaQshya certified FRUs of aspirational districts. • Made lists for last year's district wise allotted budget and unspent allowance for Dakshata Training, Dakshata Mobility and State specific initiatives and innovations relating to other RCH components. • Looked into quarterly KPIs related to health and nutritional for five aspirational districts of Rajasthan. • Looked into ANC completeness of aspirational districts for this fiscal year. • Observed Dakshata ToT training for the whole week which included both theory and simulation lab components. The participants were firstly taught about the newest research and updation of GOI guidelines regarding LDR – Labour, Delivery and Recovery components. Secondly, they were graded on their ability to teach/deliver the content. The pre and post-test assessment was carried out and all contestants showed improvement in their knowledge. • Compiled a line listing report of maternal death of all states, district and facility wise. • Categorized block wise report to be sent to respective BNOs (Block Nodal Officers) with the cause of death. • Updated details and filled Form 5 (Community Form) and Form 6 (Facility Form) in Maternal, Perinatal, Child Death Surveillance and Response Portal (MPCDSR). • Read up on state wise challenges and innovative programs to address quality improvement of service quality, health infrastructure, human resources, referral mechanism and community outreach relating to maternal and child health. • Attended informal review process for maternal health, child immunization, child health and family planning of RCHOs of all districts post 11th July – World Population Day celebrations at the RIC. • Worked up on the presentation on MPCDSR and AI enabled composite score portal.

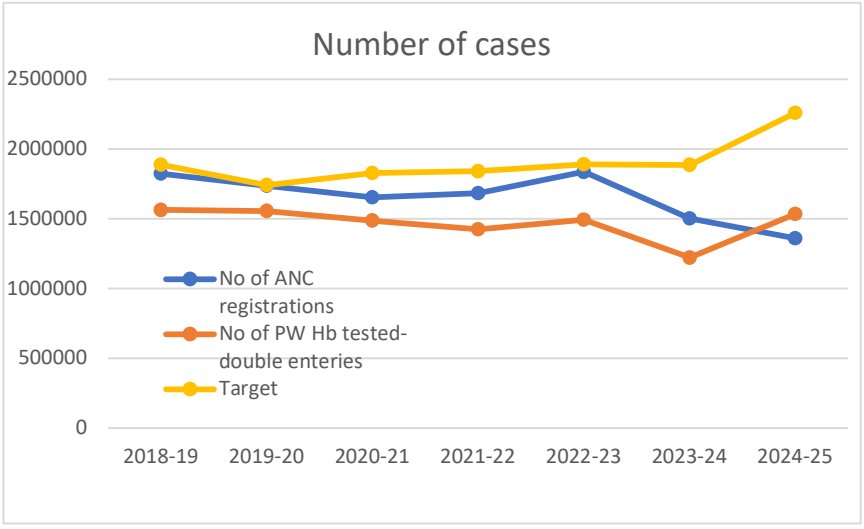
	• Carried out trend analysis of various aspects of maternal health for five aspirational districts – Baran, Dholpur, Jaisalmer, Karauli and Sirohi. • Correlated parameters of maternal health with NFHS-5 and SRS 2020-22 findings to evaluate the robustness of PCTS data.
Linking theory (Classroom learning) with practice at your organisation	• Most NHM departments conduct three main functions: 1. Monitoring and evaluation of Districts and Blocks on their implementation of National and State programmes 2. Compilation of monthly reports to be submitted to National authorities 3. Financial management of programmes under the department • PCTS portal provides a comprehensive picture of maternal and child health in the state of Rajasthan along with analytical and comparative reports in order to easily understand the trends and predict the vaccine requirement in the upcoming months. • Connecting metrics on PCTS portal with various schemes of the Government like Home birth data on whether it was attended by a Skilled Birth Attendant (SBA) or not with Aspirational District/ Block Programme. • The program seeks to improve the quality of antenatal care and reduce the prevalence of low birthweight (LBW) babies. The program delivers an evidence-based package of services, through the existing government infrastructure, that improved the quality and coverage of antenatal care, with a special focus on maternal infections. • LBW is classified as a newborn weighing less than 2,500 grams at birth. Several nutritional deficiencies of mother during pregnancy are its major contributor. Therefore, ANC is essential for early diagnosis and intervene through medication and health awareness to combat the prevalence of LBW newborns. • Compared PCTS data with Jhpiego research and found out that the prevalence of LBW (low birth weight) has been stagnant for nearly a decade. • Found out correlation between ANC coverage (with base as line target) and Low Birth Weight stats (both below 2.5 kg and 1.8 kg) • Both Government of India and Rajasthan's initiatives to promote institutional deliveries like Janani Suraksha Yojana, Indira Gandhi Matritva Poshan Yojana and Janani Express seems to have made a real impact with institutional deliveries becoming the norm in aspirational blocks with an average of 99.84% coverage last fiscal year. • The trend of ANC registration in first trimester as percent of total ANC registrations has been in positive direction in aspirational blocks with current level of 95.55% in last fiscal year, this follows the state trend as well. • The percentage of newborns born with low birth weight (<2.5 kg) was seen to be declining in aspirational blocks from 11.95% in 2022-23 to 8.54% in 2024-25. • Despite huge investments in maternal and newborn health in India, the progress was slow and over a decade we were unable to achieve the MDGs. Although

there was a significant decline in IMR, Early Neonatal Mortality Rate was stagnant if not increasing in the last decade. In this background, research showed a need to focus on care around the time of childbirth as a country.

- Initially handled by Jhpiego, GOI undertook Dakshata to improve the quality of care during childbirth using various tools such as WHO's Safe Childbirth Checklist (SCC), sensitisation and training of HRH specially NOs, ANMs etc. to improve accountability and reduce the burden on the doctors, tracking of quality of care of institutions using key metrics etc.
- ToT (Training of Trainers) is a process where the state directorate would train a few select individuals from each district who would in turn mentor, in batches, all HRH of their respective districts on practices involving improvement of quality of care during childbirth. This seems to have distinct advantages –
    1. the mentors will be able to deliver the training in language and manner most appropriate to the cultural sensitivities of the district,
    2. the cost of hiring specialized trainers will be low as it will only be needed to be done once, and
    3. logistical cost would be reduced as all HRH of state need not travel to the state capital.
- LaQshya (Labour room Quality Improvement) certification is provided to labour rooms and maternal operation theatres that follows distinct guidelines and quality standards provided by NQAS (National Quality Assurance Standards). It is to ensure Quality of Care during labour and immediate post-partum period in a healthcare facility.
- Aspirational district program was initiated by the GOI in 2018 to aim to elevate the most underdeveloped districts of the country as guided by five domains –
    1. Health and nutrition
    2. Education
    3. Agriculture & Water Resources
    4. Financial Inclusion & Skill Development
    5. Basic Infrastructure
- Out of these, maternal health department monitors different KPIs for health and nutrition and part of basic infrastructure like – ANC Coverage, Severe Anaemia in pregnant women, low birth weight of newborns, institutional deliveries, FRUs and certified FRUs etc.
- Learnt about the broader practices in maternal care that led to the reduction of MMR from around 200 in 2015 to 87 in the SRS 2020-22 which is lowest among all big states and lower than India's average of 88.
- Extensively learnt about the user side of Prasav Watch PCTS including increasing user accessibility, referrals and its application as a CDSS – Clinical Decision Support System which includes a digital partograph. Digital

	partograph includes instant prompts every half an hour prompting the staff to take FHS, contraction and pulse rate every half an hour and alerts staff as partograph approaches the action line to reduce phase 3 delay especially in case of referrals. • LaQshya standards were explained with a stress on patient rights and respectful maternal care. • In depth session on Active case management for the third stage of labour as a prevention for PPH (Postpartum Haemorrhage) which continues to be the biggest cause of maternal mortality accounting of 35% of the cases of maternal death in India. • Learnt about various causes of maternal death prevalent in Rajasthan- most widespread being PPH (Post Partum Haemorrhage) both traumatic and atonic followed by sepsis, hypertensive disorders etc. • Studied on the protocol of reporting maternal death both in and out of facility and tracked the facilities with most deaths in all districts to further investigate. • Learnt about HRH related issues including increasing vacancies in the rural areas and infrastructural deficiencies in the system. • Analyzed a new AI enabled portal of the GOI that maintains a composite score of each state across all of India and all of health verticals in order to facilitate competitive federalism among the states. • Studied the 4 ANC parameter and analysed whether total number of ANC registration would be better estimate for denominator rather than the total target pregnancies released by the demographic cell. • Carried out trend analysis of various aspects of maternal health for five aspirational districts – Baran, Dholpur, Jaisalmer, Karauli and Sirohi. • Correlated with latest NFHS-5 and SRS 2020-22 findings to evaluate the robustness of PCTS data.
Gaps identified on the working area	• Although comprehensive, the PCTS portal is susceptible to double entry, false reporting and missing entries. This ultimately harms the quality of data received. If the quality of data is bad, the need and implementation of national programmes cannot be comprehended adequately. • As the portal span over different departments, it is difficult to assert unity of chain of command, which further devolves into stagnation of innovation and unresolved issues. • Lack of coordination between different departments. We had to compile a list of all CHCs, SDHs and DHs according to quality indicators and bed occupancy rate. Quality Assurance department would already have a list of last financial year of all quality indicators; coordination would've made the whole process more efficient. • The target annual pregnant women data released by Demography cell has jumped from being stagnant around 18 lakhs to 22 lakhs last year as previous statistic

	was based on 2011 census. ANC coverage was seen increasing till 90% in several districts with previous target. The new target reduced the ANC coverage upto 70% highlighting that the previous figures might be inflated and far from valid. • Although the percentage of newborns born with low birth weight seems to be declining, there exists a gap in number of deliveries that took place vs newborns that got weighed at birth. The statistic shows only as a percentage of newborns that got weighed after birth which could lead to both over-representation and under-representation. • There exists a thorough list on district level training sessions including distribution of packages outlining the practices need to be focussed on and whether all ToT participants held training sessions in their respective districts. However, there seems to be no measure or practice in place in ascertaining whether the same quality of training is passed down the chain as received by specialised mentors in ToT session. • A KAP analysis is also required to see even if quality of training is passed down efficiently, whether those practices are being followed in a village far from district capital or not. • For periodic assessment of aspirational districts, data from PCTS portal is compiled with respect to the KPIs, however, the data from April has not been updated on the portal itself leading to inefficient functioning, monitoring, and evaluation. • Selection of the participants for the ToT was done on a nomination basis from districts, however, of all participants, only 40% had ever worked in a labour room. This created an environment where a lot of participants weren't aware of the practices and the standard of care that are currently prevalent in a maternity ward. This, in turn, created a divide in knowledge level amidst the participants. • Moreover, these participants are expected to teach nursing cadre working in labour rooms in their respective districts, if they themselves aren't aware of real-life practices, how are they supposed to teach experienced nursing officers. This would also make the attendants not trust and listen to the mentors. • It was made aware that JSY wards in hospitals have no privacy for the new mothers and children where mothers often have to breastfeed in front of families of other patients. This goes in contradiction to patient rights and respectful maternal care. • More emphasis was given to teaching the participants the technical skills but not on how to deliver the teaching material effectively in the sessions that they are supposed to take in their respective districts. • NHM has been given the task to update the new MPCDSR website which is a national level initiative to track maternal deaths, related causes and conditions surrounding it as well as the area and block that the death took place.

	• A lot of facilities either haven't carried out the mandatory review post maternal deaths or haven't updated the same on the PCTS portal. In a particular Govt. Hospital in Jhalawar, only 2 deaths out of 14 had the required review completed. • Few ANC parameters of few districts show an inflated value e.g., 191% ANC registration in Jaipur I which occurs due to emigration of neighbouring underdeveloped districts in tertiary Govt. health facilities. This causes the rural areas within Jaipur I to come under the so called shadow as the district authorities do not consider registration fall from target in these areas as a matter of concern as long as their quota is being fulfilled. • Anaemia remains to be a major public health challenge in our country despite targeted policy interventions, with some districts showing values as high as 80% prevalence rates. • NFHS-5 also shows that Baran stood as the second-best performing district for at least 4 ANC conducted of total ANC registrations, however, Karauli stood as third-worst performing district, showcasing that there is disparity within aspirational districts as well.
Suggestions for improvement	• PCTS portal is well established and all the HRH including ANMs have been trained to oper0ate it. Replacing the portal is not possible, however if post input of data, departmentalization or organisation of data is to be carried out, each department will have enough jurisdiction on the data as well as their workload will decrease from reviewing over 400 indicators to 100. • Sharing of all interim and monthly reports in between departments will erase the need of employees of different departments working in silos and make the organization more efficient. • Even if ANC coverage shows quantity of coverage, there is no single parameter showcasing the quality of ANC coverage. The pitfalls in quality can be seen via the gap between the women registered under ANC and women whose Hb was tested during ANC.  • Identification of facilities which are not abiding by the protocol to weigh newborns can be carried out via newborn line listing which is affixed to the maternal line listing. The parameter can be monitored similar to the practice

done to monitor which government institutions had no deliveries in their premises.

- Although weighing of newborns is a mandatory protocol as taught in Dakshata as well, many facilities either don't follow it or do not have the equipment in working condition to carry out the protocol – evaluation of status of various medical equipment should be done by the directorate via neutral auditor on the field.

- Random and spontaneous audit in district level Dakshata trainings to make sure that the chain of quality of knowledge being passed down is within the acceptable ranges.

- A quiz-based assessment of HRH months after the Dakshata training preferably linked to a performance-based appraisal system.

- WHO's SCC contains four pause-points, in one of the pause-points, the HRH is supposed to inform the expecting mother and the birth companion on what will constitute as a warning sign or emergency call during the process of labour and how to identify and inform the HRH if that occurs. Specific feedback can be taken from both the mother and the companion on whether they were informed or intimated the aforementioned information. This can be done via already established "Mera Aspataal" initiative of the Government and would help in establishing whether Dakshata training is proving to be fruitful in districts or not. LaQshya directs that facilities have to complete the feedback form from the patients to get certified, however, the feedback from birth assistant is not necessary in the protocol and can be updated.

- Strengthening of Demography and Data entry cell to update the PCTS portal on a monthly basis in the least for more effective decision making, monitoring and evaluation of current government schemes and initiatives.

- For ToT, the directorate should ensure that the districts send nominations of medical staff deployed in the labour rooms. Moreover, those who are competent in teaching like a nursing tutor or participants with a passion in such a domain must be given the utmost preference.

- Curtains, in the least, should be put up in JSY wards of hospitals.

- Dakshata ToT training must have additional sessions on how to teach with lessons on communication and emphasis on presentation giving skills more than the 2 small sessions provided currently.

- PCTS portal should be linked directly with MPCDSR so as to reduce the double input of the data hence saving time and effort from the hospital or health employees.

- The line listing of ANC registration should be thorough and carried out at a block level to track each pregnant woman residing in the area regardless of whether they are accessing the ANC services at the block level or not. This

	would not only make the Community based review easier (in case of fatality further down the line) but also help in bringing them under the ambit of HBNC and HBPNC services in instance of a live birth. • Better BCC interventions to increase adherence to IFA tablets like behavioural barrier of forgetfulness by interventions like Happy Baby Calendar which has been field tested in Madhya Pradesh where pregnant women were provided with a calendar to track the intake of IFA pills. • To address the disparity within the aspirational districts, we have to address that competitive federalism is not being fruitful with some districts remaining on top and some lagging behind consistently over the years. An approach to set individual customized benchmarks instead might suit the purpose better. • Work environment could have been made more accommodative to queries and questions.
Key Learnings	• Understanding of NHM's role – o Practical understanding of various departments under the NHM with a focus on maternal department. o Understood NHM's 3 main functions: monitoring and evaluation, financial management and acting as a link between districts and the centre. o NHM passes down the Centre's guidelines and monitor its implementation. Moreover, it distributes the funds to various health programs. On the other hand, NHM collects data from districts and passes it up from the districts for evaluation of running programs and policy planning. • Practical use of data Portals and tools – o **PCTS Portal** – Learnt navigation, protocols and procedures of data-entry at field level and utilization of data through hands on analysis. PCTS portal works on evidence-based decision making by generating analytical reports and acts as a ledger filled with raw data ready to be utilized. Further challenges surrounding data entry like data duplication, erroneous entries, inconsistencies in fields were identified on a data input level and broader challenges like usefulness of an entry, rethinking of parameters and cleaning of data were identified. o **MPCDSR Portal** – Cleaning of raw data from each district was carried out after correlating with PCTS data which enabled a deeper understanding on norms of reporting and surveillance of maternal death. Understood the importance of Form 4 and Form 5 (Facility and community form) and identified the challenges of updating an entry with partial data available. Carried out analysis to find the facilities with highest burden of maternal deaths and looked into the causes in said facilities. Identified delays in post death audits and reviews on facility end including not updating PCTS portal. Block wise data was analysed to figure out hotspots in Jhalawar district and median age of maternal death in Rajasthan was found to be 27 years. Finally, a presentation was made on the portal usage which was used in RCHO orientation.

- **AI enabled composite index Portal** – An initiative by the GOI to enable competitive federalism by ranking a state on a composite score of various health programs implementation was analysed. A presentation was made on the navigation and data retrieval from the portal to guide the staff on its usage.

- Data analysis – Various tools like Excel, Python and Power BI was learnt on the go for data cleaning, analysis and presentation to enable data driven decision making. Correlation of data from various state and national sources was conducted to test the robustness of state data. Trend analysis was carried out on various indicators to test the effectiveness of the current state and national schemes.

- Field level challenges – Exposure to frontline workers and discussions with the NHM team uncovered field level and implementation level challenges that would not be covered in theoretical learnings. Various challenges like lack of equipment, vacancies and service quality of HRH, Infrastructural gaps remain prevalent. Urban blocks face more implementation challenges whereas rural blocks face HRH related issues more.

- Program Management and implementation - For Dakshata ToT, starting from financial management until the training was carried out involving- budget allocation vs unspent balances from last year, mapping of Dakshata mentors according to the new district list, finalization of roster based on districts' nomination based on vacancies and demography of the participants, pre-testing and post-testing of the participant's knowledge levels. During the session, various workshops of management of maternal complications, maternal and newborn quality care, resuscitation protocols, respectful maternal care and LaQshya certifications were stressed upon and participants further narrated the field level challenges to the authorities providing for a two-way communication. Further, participants were trained in the art of tutoring of adult learners and latest research on intra and post-partum period in the facility.

- Lastly, the internship provided a real-life experience on inner workings in an office setup. The office dynamics relating to teamwork and conflict management was observed and related to leadership styles taught in Principles of management, team dynamics taught in Human Resource Management, organisational setup and coordination along with self-introspection in the office setup as taught in Organizational Behaviour modules. Administrative work in day-to-day workings was carried out and need for and importance of mid-level management was realised in a public health setup for promoting efficiency, reducing redundancies and promoting a positive work environment.

Signature of the Student: 

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