Internship
at
National Health Mission,
Sagar, Madhya Pradesh

By

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Introduction-

Internship is a part of the second year program, where we have to observe and learn the work culture of organization. Also it will be necessary to participate in various department/activities so we could orient our self with the different departments that give us first hand exposure.

Internship is the process, through which we can understand process of work and thereafter be able to involve in decision making.

I am appointed as District Maternal and Child Health Consultant at Sagar District in Madhya Pradesh in National Health Mission. The vision of the organization is "Attainment of Universal Access to Equitable, Affordable and Quality health care services, accountable and responsive to people's needs, with effective inter-sectoral convergent action to address the wider social determinants of health". It deals with improving the quality of care during the intra and immediate postpartum period owing to the fact that risk of maternal and newborn mortality is disproportionately high around the period of childbirth by providing services through a chain of District Hospital, Civil Hospital, First Referral Unit, Community Health Centres, Public Health Centres and Sub Centres in the villages.

Objectives of the internship-

a) To understand the work pattern of District Health Society and its organizational structure.
b) To learn various managerial and administrative skills needed to work in a government system and to effectively implement all the health and health related programs in the government setup to ensure overall benefit of the community.
c) To identify existing gaps in the human resource , service delivery quality, data collection, analysis and implementation of health programs under RMNCH+A intervention in the District and to propose probable solutions to them.
d) To coordinate proper functioning of various programs running in the district.
e) To understand the technical protocols and procedures.

State Profile

Madhya Pradesh lies in the heart of India. It covers an area of 3,08,245 sq. km, making it the biggest state in the country, bordering seven other states- Uttar Pradesh , Bihar, Orissa, Andhra Pradesh, Maharashtra, Gujarat And Rajasthan. Madhya Pradesh consists largely of a plateau streaked with the hill ranges of the Vindhyas and the Satpuras with the Chhattisgarh plains to the east. The hills give rise to the main river systems- the Narmada and the Tapti, running from east to west, and the Chambal, Sone, Betwa, and the Indravati west to east. The state has a population of 72.59 million. There are 51 districts, 313 blocks and 393 villages.

Health Indicators of Madhya Pradesh-

The Total Fertility Rate of the State is 3.2. The Infant Mortality Rate is 51 (NFHS-4)and Maternal Mortality Ratio is 227 (AHS 2012 - 2013) which are higher than the National average. The Sex Ratio in the State is 930 (as compared to 940 for the country). Comparative figures of major health and demographic indicators are as follows:

Table I: Demographic, Socio-economic and Health profile of Madhya Pradesh State as compared to India figure

Indicator	MP	India
Total Population (In Crore) (Census 2011)	7.26	121.01
Decadal Growth (%) (Census 2011)	20.30	17.64
Crude Birth Rate (SRS 2013)	26.3	21.4
Crude Death Rate (SRS 2013)	8	7
Natural Growth Rate (SRS 2013)	18.4	14.4
Infant Mortality Rate (SRS 2013)	54	40
Maternal Mortality Rate (SRS 2010-12)	230	178
Total Fertility Rate (SRS 2012)	2.9	2.4
Sex Ratio (Census 2011)	930	940
Child Sex Ratio (Census 2011)	912	914

Indicator	MP	India
Schedule Caste population (in crore) (Census 2001)	0.91	16.6
Schedule Tribe population (in crore) (Census 2001)	1.22	8.43
Total Literacy Rate (%) (Census 2011)	70.63	74.04
Male Literacy Rate (%) (Census 2011)	80.53	82.14
Female Literacy Rate (%) (Census 2011)	60.02	65.46

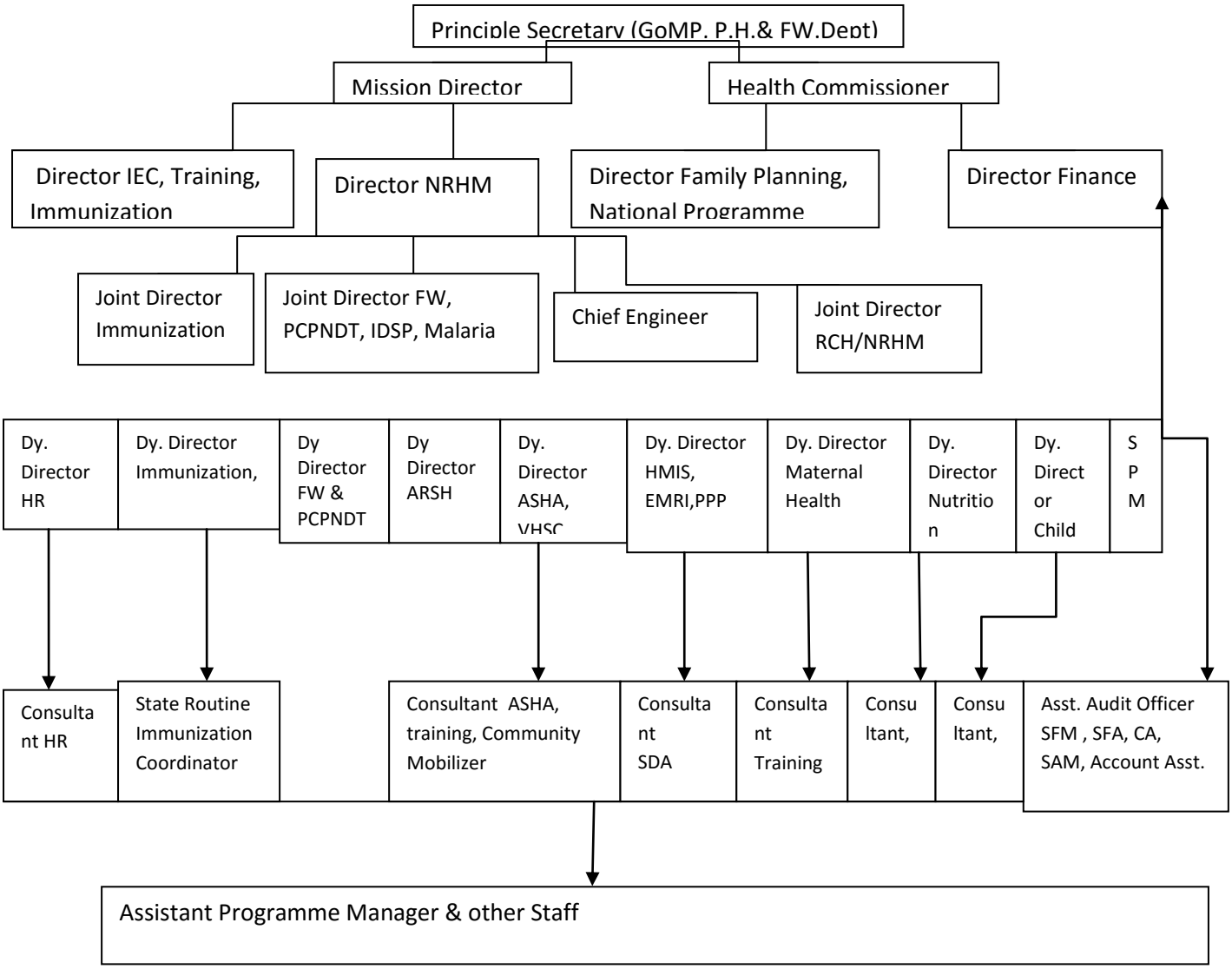
Table II: Health Infrastructure of Madhya Pradesh

Particulars	Required	In position	shortfall
Sub-centre	12314	8869	3445
Primary Health Centre	1977	1156	821
Community Health Centre	494	333	161
Health worker (Female)/ANM at Sub Centres & PHCs	10025	10204	*
Health Worker (Male) at Sub Centres	8869	3733	5136
Health Assistant (Female)/LHV at PHCs	1156	546	610
Health Assistant (Male) at PHCs	1156	293	863
Doctor at PHCs	1156	814	342
Obstetricians & Gynecologists at CHCs	333	73	260
Pediatricians at CHCs	333	67	266
Total specialists at CHCs	1332	267	1065
Radiographers at CHCs	333	192	141
Pharmacist at PHCs & CHCs	1489	678	811
Laboratory Technicians at PHCs & CHCs	1489	609	880

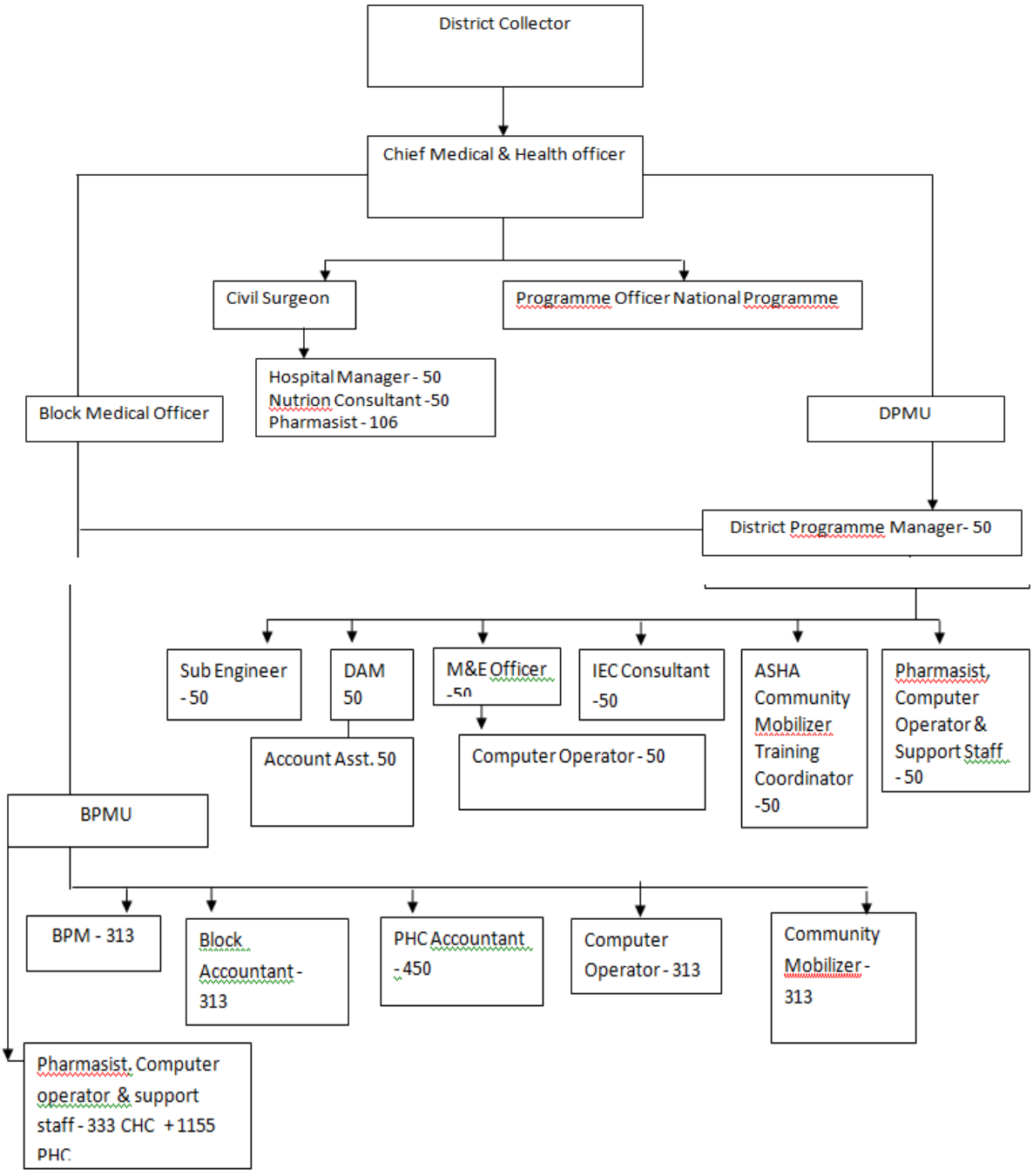
Particulars	Required	In position	shortfall
Nursing Staff at PHCs & CHCs	3487	2491	996

(Source: RHS Bulletin, March 2012, M/O Health & F.W., GOI)

State Organogram:



District Organogram:



An overview of Sagar District:

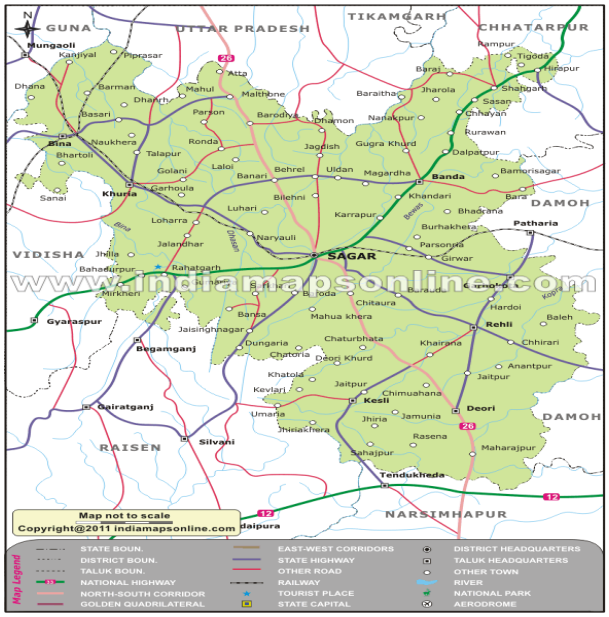
The district of Sagar lies in the north central region of Madhya Pradesh. It was spelled as Saugar during the British period. It is situated between 23 deg 10’ and 24 deg 27’ north latitude and between 78 deg 4’ and 79 deg 21’ east longitude, the district has a truly central location in the country. The tropic of cancer passes through the southern part of the district. Sagar lies in an extensive plain broken by low, forested hills and watered by Sonar river. District Sagar is predominantly a Scheduled Caste/Backward class district. These together form about 75% of the district.

General boundaries

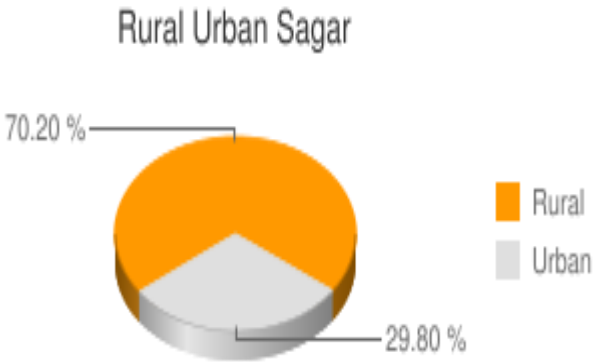
The district is bounded on the north by Jhansi district of Uttar Pradesh , on the south by the district of Narsinghpur and Raisen, on the west by the district of Vidisha , and on the east by the district of Damoh, which was previously formed the part of Sagar District. On the noth-east and north-west, the district adjoins Chhattarpur and Ashok Nagar districts, respectively. The district is accessible by rail as the town of Sagar lies on the Bina Katni branch line of Centra railway. Sagar is 76 Km from Bina which is on the Bombay Delhi main line. The district is traversed by first class roads which connect it with important towns like Damoh and Jabalpur on the east and south east, respectively, Lalitpur and Jhansi on the north, Chhattarpur on the north east and Bhopal on the south-west. Bhopal the capital of Madhya Pradesh is about 208 Km from Sagar by road.

Area and Population

Sagar district is the eight largest district in size in the State, and the largest in the Sagar revenue division. The district is divided into eleven tahsils, viz, Bina, Khurai, Malthone Banda, Shahgarh, Rahatgarh, Sagar, Rehli, Garhakota, Deori and Kesli each in the charge of a Tahsildar. According to the Surveyor-General of India, the district has a total area of 10252 sq Kms and is shaped roughly like a triangle.



Demographic profile of Sagar:



CENSUS 2011 Actual Population	2378458
Male	1,256,257
Female	1,122,201
Population Growth	17.63%
Area Sq. Km	10,252
Density/km2	232
Proportion to Madhya Pradesh Population	3.27%
Sex Ratio (Per 1000)	893
Child Sex Ratio (0-6 Age)	925
Average Literacy	76.46
Male Literacy	84.85
Female Literacy	67.02
Total Child Population (0-6 Age)	356,903
Male Population (0-6 Age)	185,400
Female Population (0-6 Age)	171,503
Literates	1,545,719
Male Literates	908,607
Female Literates	637,112
Child Proportion (0-6 Age)	15.01%
Boys Proportion (0-6 Age)	14.76%
Girls Proportion (0-6 Age)	15.28%

RESPONSIBILITIES GIVEN DURING INTERNSHIP

Maternal health:

1. Operationalising non-functional CEmOC

   Gap Assessment of Non functional L3 delivery points and preparation of action plan

   a) Human resource.
   b) Equipment and instrument
   c) Practice of labour room Protocol
   d) Staring it with state and implementing it with regular monitoring and supervision

Deliverables

Monthly:

- Data Analysis for total V/s C- Section
- Day V/s Night C- section
- Referred out cases
- Night referral from facility normal v/s Complicated
- Review of birth Asphyxia to SNCU
- Fresh still birth cases
- Identification of causes of still birth
- 100percent entry in MWMIS software

Annual:

- Partograph for deliveries
- All labour room staff SBA/ Skill lab trained

2. Functionality of Blood Storage Unit
   a) Licence
   b) No of Transfusion if unit is functional

Deliverables

- Ensuring functionality of BSU

3. Functionality of L2 and L1 delivery points as per MNH toolkit.

4. Line listing and tracking of high risk pregnant women with focus on severly anemic and PIH women by SS of VHND through DCM.
   a) Compilation of district wise line list of High risk pregnant women from MCTS software
   b) Cross checking cases during field visits

Deliverables:

- Iron sucrose for Hb<8gm%
- High BP cases started on treatment by doctors.

5. Maternal Death
   a) Investigation of maternal death cases
   b) Atleast 4 MDR to be done per month along with DHO1 of the concerned district(Transit cases, Eclampsia, Anaemia, PPH)
   c) Review during monthly Quality assurance Meeting .
   d) Review during monthly District Health Society Meeting .
   e) Sharing the same at the state level.
   f) Measures taken for improvement in practices

Deliverables:

- Preparation of line list of maternal death cases
- Investigation of two Maternal death per month
- Entry of reviews of all maternal death cases by Computer operator

6. Labour room protocol with focus on partograph and Infection prevention practices and admission in SNCUs

7. No. Of MTP
    a) Check for use of Medical methods of abortion.
    b) Check for post abortion contraception

8. MH training
    a) Training needs assessment.
    b) Proper selection of trainees as per the need of delivery points.
    c) Reporting at the state level

    Deliverables:
    - Facility wise line listing of the maternal health staff and their training status
    - Regular monitoring of the training with reporting at the state level.

9. Record keeping and reporting
    a) Check for maintain of labour room registers
    b) Entry of labour room register in MWMIS software
    c) Compilation of in and out referral data and sharing of analysis at the state.

10. They would be sending monthly report to the concerned programme officer at State level and to Div. JD at divisional level.

11. Visit on VHND days to ensure quality ANC services and facility visits (minimum 4 days/week)

12. Selection of ANM nursing mentor and monitoring of mentoring visits.

13. Participation in Monthly District Health Society meeting and other related meetings.

CHILD HEALTH :

1. Facilitation for SNCU with

A. Civil Surgeon
- Facilitate monthly meeting, discuss supply chain, equipment maintenance and corrective action based on CDR.

B. For MO:
- Check display and compliance of doctor duty roster.
- Completeness of entries in SNCU stationary.
- Functionality of Equipment including ABG machine.
- Check availability of newborn dresses for admitted sick babies.
- Check practice of ROP counselling and written consent of mother/relatives about the same in indicated cases.

C. For Staff Nurses:
- Availability of No. of staff nurses according to sanctions.
- Check for non rotation of trained staff nurses out of the unit.
- Orientation of staff nurses on housekeeping & Infection Prevention Protocols.
- Orient working staff on BMW protocols.
- Nomination of staff nurses for training - FBNC & Observer ship.

- Check positioning of neonatal nurse at NBCC in DH - LR. Staff Nurses should be rotated on monthly basis. Check duty calendar for next 6 months.
- Check for availability of sterlium, liquid soaps, 3 buckets trolleys, gowns, sleepers, autoclave drums, trays, disposables and consumables in unit.

D. Support Staff
- Orientation on BMW protocols & housekeeping protocols.
- Check for payments at collector rate.

E. Data Entry Operator
- Check for software updation & correctness of entries.
- Check for cleanliness at computer station in the unit.

F. SNCU follow up OPD
- Check for linkage with RBSK.
- Check documentation of follow up OPD.
- Check for availability of medicines for newborns in follow up OPD.
- Monitor duty of staff nurse and documentation at follow up OPD.

G. Divisional BME
- Coordinate with Divisional BME to reduce down time of SNCU equipment to minimum.

✓ **Deliverables**

❖ **Monthly**
- Activity report on managerial issues of SNCU.
- Highlighting unresolved issues at state.
- Report on functionality & down time of equipment.
- Budget Utilization.

❖ **Quarterly**
- **Analysis of facility based CDR of the District with corrective action.**

1. Facilitation at KMC unit
- Check for functionality according to protocols.
- In districts with space constrain, facilitate KMC practices at SNCU/ Post natal ward.
- Orientation of KMC staff on KMC practices.
- Check for proper documentation.

✓ **Deliverables**
- Compilation and reporting of monthly report on number of beneficiaries in district.

2. Facilitation at NBSU
- Check for non rotation of contractual staff working at NBSU.
- Facilitate FBNC training of NBSU staff at district SNCU.

✓ **Deliverables**
- Monthly report on training status of NBSU staff.
- Budget Utilization.

3. NBCC
- Functionality as per protocols.
- Facilitate ownership of Labour room in-charge staff nurse for maintaining NBCC at sub district delivery points.

- Orientation of labour room staff nurses/ANMs on injection Vitamin-K1 and Antenatal corticosteroids in preterm labour.

✓ **Deliverables**
- Display of doses of injection Vitamin-K1 and Antenatal corticosteroids in preterm labour at all delivery points.
- Budget Utilization.

4. Post Natal Ward :
- Orientation of staff nurses of PNW on KMC practices.

✓ **Deliverables**
- Display of FCC videos in post natal ward.

5. Diarrhoea Management:
- Check for availability of Zn/ORS at all health facilities, at GAK and ASHA kit.
- Orientation of staff nurses/ANMs / Pharmacist on use of Zn/ORS in diarrhoea management.

6. Pneumonia Management:
- Check for availability of nebulizer, nebulising solution, paediatric mask and oxygen at point of use.
- Orientation of staff nurses/ANM on identification of Pneumonia and universal antibiotics for pneumonia.
- Check for presence of optimal oxygen delivery system for children.
- Orientation of staff on cleaning of paediatric masks.

✓ **Deliverables:**
❖ **Monthly –**
- Report on non-availability of Zinc/ ORS.
- Report on non-availability of nebulizer, nebulising solution, oxygen and paediatric mask.

7. Community Processes:
- Check for community follow-up of SNCU discharges and LBW babies.
- Orientation of front line workers on Diarrhoea & pneumonia preventive and community management strategies.
- Facilitate community based CDR during district visit.
- Increase community awareness about JSSK entitlements

✓ **Deliverables:**
❖ **Monthly -**
- Review at least 3 deaths in community with block functionaries, DHO-1, Divisional / District Community mobilizer in concerned district.
- Report on 5 beneficiary validations regarding ORS availability in house hold of U5 children, Awareness about zinc/ORS use, identification of danger signs of new born, identification of Pneumonia.
- Report on management of sepsis of young infant in community by ANM.

❖ **Quarterly –**
- Report on corrective actions based on community based CDR.

8. Paediatric Ward Functionality:
- Check for F-IMNCI protocols display in paediatric ward & emergency OPD.

- Check for availability of emergency drugs and equipments in paediatric ward & emergency OPD.
- Check for Zinc/ORS corner in paediatric ward and ensure functioning according to protocols.

✓ **Deliverables:**

❖ **Monthly –**

- Analysis and feedback on U5 children referred to medical colleges.
- Feedback on pre referral treatment of children.
- Share photocopies of 3 randomly selected Paediatric case sheets with entry sheet of staff nurses and 2 case sheets of U5 deaths.

9. Child Health Training:

- Training needs assessment, nomination for CH trainings.
- Monitoring of training session and reporting at state.

✓ **Deliverables:**

❖ **Monthly –**

- Feedback on quality of trainings.
- Check for posting of NSSK trained staff at delivery points.
- Post training follow-up of NBSU staff for feeding & thermal support (KMC) in LBW, parenteral antibiotics treatment and phototherapy.

10. JSSK entitlements:

- Check for free drug, diet and diagnostics and transport availability for infants up to 1 year at all health facilities.

✓ **Deliverables:**

❖ **Monthly –**

- Budget Utilization.
- Measures under taken to popularize JSSK entitlements.

Specific Project:

1. Attended five days Dakshata training (TOT) for supportive supervision in MCH skills at facility level.
2. Attended one day orientation misoprostol workshop at state level to combat post partum hemorrhage in blocks which have more than 20 percent home deliveries.
3. Attended one day workshop on Topv to Bopv switch program.
4. Block monitoring of the high priority district, Sagar
5. Finding major gaps in the maternal health interventions and enlisting in detail and developing strategic options to rectify.
6. Give supportive supervision to the facility staff and frontline workers in order to improve their work and ultimately help the purpose of serving community.
7. Analyze key issues and give feedback to CMHO and DHO1 so that improvement can take place.
8. Assessment of performance standards of auxillary nurse midwives education with coordination of Jhepigo.
9. Conducted two batches 3 days Dakshata training .
10. Conducted Assessment of ANMTC center and Education level of staff nurses and ANMs.