SUMMER INTERNSHIP PROGRAM

at

NATIONAL HEALTH MISSION HYDERABAD

From 01ST MAY TO 30TH JUNE 2024

A REPORT BY

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(Hospital And Healthcare Management)

2023-25

UNDER THE MENTORSHIP OF

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Professor

Faculty In charge (Master of Public Health Program)

(Johns Hopkins University (USA) & IIHMR University Cooperative Program)

OFFICE OF THE COMMISSIONER OF HEALTH & FAMILY WELFARE AND MISSION DIRECTOR NATIONAL HEALTH MISSION : TELANGANA : HYDERABAD

INTERNSHIP COMPLETION CERTIFICATE

This is to certify that, Ms.Vaishnavi Soni, who pursuing MBA (Hospital and Health Care Management) in IIHMR University, Jaipur has undergone Training in MHN, CHI, NCD, Q.A, NUHM, T.D HWC, NTEP and NMHP Programmes under National Health Mission, T.G., Hyderabad in a rotational manner w.e.f 01/05/2024 to 30/06/2024 and completed successful and gained good experience in the above programmes.

Commissioner of H&FW
Mission Director- NHM

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Dr. VAISHNAVI SONI (PT)**, of academic year **2023-25** of **INSTITUTE OF HEALTH MANAGEMENT RESEARCH** has prepared a poster with respect to her summer internship held during May-June 2024.

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

Date: 22nd July, 2024

(Signature of Faculty Mentor)

Dr. Seema Mehta
Professor
IIHMR UNIVERSITY JAIPUR

WEEK –1

From : 1st MAY 2024 to 4th MAY 2024

Activity Done	I was assigned to the **Child Health and Immunization Department** for 14 days. **On 1st** day there was team orientation followed by each team member has given a brief overview of the activities under them Like what is RBSK, what a RBSK team consists of and has shown dashboard of RBSK. What is e-vin, co- vin and U- vin followed by its dashboard. **On 2nd** may I was asked to visit Arogya mandir which is known as **"Basti Davakhana"** in Telangana where I was explained about the how work is done at sub center how people are being screened for NCD how the sample is collected and sent for testing at **"Telangana Diagnostics"** located at **"Narayanguda"** how every sample is given a barcoded and data is entered in Telangana diagnostics app **On 3rd** I was asked to go with RBSK team which got cancelled due to no transport facility was available So, I started looking around UPHC started looking around how UPHC functions. **On 4th** I have visited immunization centre (Anganwadi) with ANM and ASHA worker
Linking theory (Classroom learning) with practice at your organisation	• Prior knowledge about RBSK • Knowing about UPHC
Gaps identified on the working area.	• **Bad Infrastructure at Anganwadi:** I have visited Anganwadi of area: Khaja Garib Nagar which consists to 15 students and there was very little space to accommodate those 15 students in addition that same space is utilized for cooking food at Anganwadi.

	• There was only one fan in the room which was also not centrally placed. • **Lack of Transportation**: On 3rd I was asked to go with RBSK team A of UPHC RFPTC Koti the vehicle driver was on leave and the other driven was busy with other works (collecting vaccine stock from Gandhi hospital) so the team had to wait for almost 3 hours and finally the had to cancel their visit. • **ASHA Worker workload and Salary**: One of the major gaps is ASHA workers not getting paid accordingly for the work they do. No incentives and other facilities over burdening ASHA with data entry at various places (2-3) apps. • And during my visit to Basti davakhana and Conversation with ASHA worker both are pressured from higher authorities to complete their targets for getting ANC's and completing no of test for NCD program to compete their targets they give their own samples on other names which is wrong.
Suggestions for improvement	• Improving infrastructure of Anganwadi • Giving incentives to ASHA workers • Not pressurizing ANM's and ASHA for targets
Plan for the next week.	• Visit with RBSK team. • Haj pilgrim vaccination

WEEK-2

From – 6th MAY 2024 to 10th MAY 2024

Activity Done	On 6th may visit **to district hospital (king koti) for NHM – Haj Pilgrim health information system** where people going to Haj are screened and vaccinated after which certificate is given to them (camp was29th April to 6th may) By medical officers' vitals are checked and history of any other medical condition is noted.

	The vaccines administered are OPV, meningococcal polysaccharide. **And for individuals above 70 years influenza vaccine is also given.** The daily expected target is 120 people. At the end of the day (6th may) 187 people were vaccinated **And the details are entered into HPHIS system.** On 7th may visit to **vekateshwara nagar Anganwadi** along with RBSK Amberpet Cluster (**mobile health team** team B) Along with medical officer and pharmacist the instruments carried by the team. Standio meter, Weight machine, Knee hammer, Torch, Snell's chart, Extra bell MUAC tape for mid arm circumference, head circumference, measuring tape and medication. The children were screened for any hearing defect, eye defect, dental problems, any disability, tongue tie any others. **On spot treatment was provided for case of minor conditions** like fever common cold by the medical officer And other case of MAM was referred to Nilofer hospital along with this a case of cardiac murmur was detected with was also referred for further investigation. The parents were given counselling about the referral because children coming to Anganwadi their parents are mostly daily wagers so its necessary to motivate them to come for referral and treatment. RBSK team has year action plan. On 8th may got to know about **AEFI (adverse event following immunization) in 0 to 5 years age group** Firstly, the ANM should give 5 key messages while giving the vaccine. 1. Why vaccine is given. 2. For what it is given 3. Wait for ½ hour after taking vaccine. 4. For fever paracetamol syrup is given 5. Next due data is told to the parent. The ANM asks the parent to wait for ½ hour after giving vaccine to note for any adverse reaction

	The ASHA also follow ups the child for 48 hours post vaccination In **case if any reaction occurs**, the child is **brought to UPHC** and to **medical officer**. He **fills the form CRF** (case report form) after treatment. Then after this further investigation is done by DIO fills **case investigation form** (CIF) at state level the casualty assessment is done (**state level AEFI committee)** and instructions give. The vile is stored for 48 hours after completion. **Last month there were around 30 cases of AEFI.** On 9th may visit to **UPHC BAGH AMBERPET** where pharmacist has explained about **Ice Lined Refrigerator** At every UPHC there is **ILR for storage of vaccine** and **deep refrigeration for storage of ice packs** The ILR maintains a temperature of +2˚C to +8˚Cand consists of thermometer inside the ILR and sensor connected to temperature logger which records the temperature which is connected to e vin app were continuous monitoring of the **E vin (Electronic Vaccine Intelligence Network)** all the cold chain point handlers (pharmacists) have **Evin application for digitalization of vaccine inventories the handler enters the net utilization for each vaccine in standardised register at the end of each day** **In ILR the vaccine is arranged in pattern as per prescribed**. On 10th may visit to DEIC, NRC and COE (centre of excellence) NRC is to treat **SAM and MAM cases** at Nilofer Hospital **Nutrition Rehabilitation Unit** is a 20 bedded hospital it is the Nodal centre. SAM **criteria is wt/ht , wt/length for boys and girls** If less than -3sd Mid upper arm circumference less than 11.5cms Bilateral pitting edema. For MAM less than -2SD SAM – facility based; community-based. SAM children with can be of two types only malnourished, or other medical condition (diarrhoea, pneumonia, infection. Etc)

	Along with malnourishment such children are admitted into the department. SAM children have been treated for electrolyte imbalance and micronutrient deficiencies as well **DIET – F75 75k.cal/100ml, F100- 100k.cal/100ml.** **F75- 300ml milk+ 100gmsugar + 20 ml veg oil diluted with water till 1000ml.** **F100- 900ml milk+ 75gm sugar + 20 ml veg oil diluted till 1lit** **F100 D for less than 6months F100 diluted 100ml of F100/ 35 ml** Along with this to balance electrolytes k+ -potchlor syrup, mg syrup, vit A only one dose at the time of admission vit D if less than 1-year 400ml and if more than 1-year 800ml Firstly, F75 diet is started if the baby is accepting this then F100 diet is given. **The baby is monitored 2 weeks** in the facility and overall, for 120 days. The basic foods like khichdi upma are thought to the parent. Three phases **stabilization phase 2 days** **Transition phase 2 days** **Rehabilitation** **Centre Of Excellence (COE)** E SNCU digitally **monitors 28 districts SNCUs** through zoom each SNCU has a **tablet and Wi-Fi connection** whenever there is emergency the guidance is provided by the Doctors. **every day High Risk cases are monitored** by the doctors at Nilofer hospital. **quality of care improved and referral to tertiary hospital and workload at tertiary hospital decreased.**
Linking theory (Classroom learning) with practice at your organisation	• basic information about ILR • some knowledge about NRC • specialized newborn care unit SNCU and tele ICU information
Gaps identified on the working area.	• During the haj vaccination there was **clumsiness, no systematic que formation**.

	• At Nilofer (tertiary hospital) there was **no proper waiting area for the patient attendees**, there were people waiting on RAMP, near stairs and many other places, and the cleanliness was not maintained at those places. **The people washing hands and food plates just under a tap no proper wash basin facility which was unhygienic**. • Same problem once again **the RBSK team did not get a vehicle to go for screening,** they had to travel on their own to visit the center.
Suggestions for improvement	Proper waiting area for patients at Nilofer hospital and improving cleanliness. Assigning timely transport facility to RBSK team to visit their centre.
Plan for the next week	Tuesday visit to cold chain point

WEEK 3

From – 14th MAY 2024 to 18th MAY 2024

Activity Done	**On 14th may visit to SNCU of GHMC Koti maternity hospital** The census for the month of April was: Total no of admissions 135 Total no of discharge 86 Total no of referral 47 to Nilofer hospital Total no of deaths nil The department consists of radiant warmer 20, phototherapy 10. Basic baby care provides warm environment to neonatal baby, Treatment of neonatal jaundice, vomiting and regurgitation The mothers were being trained for baby holding. Issues related to lactation were being solved mothers were being thought to express milk and feed it using paladie. **On 15th May** – Maternal Health and Nutrition Department for 14 days Was asked to read about The Medical Termination of Pregnancy Act, 1971.

	On 16TH may visit to State Level Training of Trainers Young Child Nutrition & Management of Malnutrition in Children which was for 2 days I got chance to visit for 1 day The training was for health supervisors, Public Health Nurse, sector supervisor of Gadwal District There was a lecture on HBNC and HBYC Social and behaviour change communication. Adolescent empowerment and Ending child marriage in Telangana in this part mostly what it was discussed that there is no proper scheme to target population of age group 11- 19 and statics showed that Gadwal has high dropout rate. **On 17th May** read about maternal morbidity Then mam gave explanation about Maternal health Which consists of three verticals ANC care, PNC care and Family Planning Telangana is planning to add added 4 ANC visits between 3rd ANC (27week- 34week) & 4th ANC (35 week – EED) this is more on pilot mode They have e birth portal to get no of registrations under private facilities. They are starting maternal morbidity clinics e-postpartum care clinics to follow up to mothers 1 year. **On 18th May** topic to work - Inhibitors and Activators for Early Initiation of Breast Feeding For these 2 scales and 1 questionnaire were decided.
Linking theory (Classroom learning) with practice at your organisation	• Knowledge about behavior change communication. • Knowledge about HBNC &HBYC
Gaps identified on the working area.	• The behavior of Nurse in SNCU towards the patient was not proper • Lack of adequate Human Resource: In LMU there was only 1 staff member. the ILR was not being utilised because of lack of knowledge about its usage by the staff member and even other members of the department
Suggestions for improvement	• Maintenance of adequate Human resource • Proper use of resources • Information about usage of ILR • The Behavior of nurse towards the mother

Plan for the next week.	• Continue to work on problem statement given.

WEEK –4

From – 20TH MAY 2024 to 25th MAY 2024

Activity Done	• 20th 21st 22nd was asked to work upon the topic search for standard questionnaire that can be used, write introduction, methodology, prepare a consent form. • 23rd may visited KING KOTI (District Hospital) to fill the questionnaire. • 24th may was asked to visit Suraj Bhan Hospital to fill the questionnaire. But after waiting for long period of time I was not given permission • 25th may was asked to get permission from Commissioner of Telangana Vaidya Vidhana Parishad
Linking theory (Classroom learning) with practice at your organisation	• Module on Research Methods.
Gaps identified on the working area.	• Employees of Suraj Bhan Hospital behaved inappropriately. • Improper bio medical waste management (the used glucose bottles were being stored in a room) • No proper cleanliness
Suggestions for improvement	• The staff behavior should be more patient- friendly. • Bio medical waste should be managed properly.
Plan for the next week.	• Visit to Area Hospital Nampally. • Visit to Area hospital Vanasthalipurum.

WEEK –5

From- 27th MAY 2024 to 1st JUNE 2024

Activity Done	• Visit to Area Hospital Nampally to fill in questionnaire. • Visit to Area Hospital Vanasthalipuram to fill questionnaire. • Visit to King Koti, District Hospital to fill questionnaire. • The mothers who breastfeed within one hour have a green stamp on their case sheet, within one day a blue stamp, and after one day red stamp. • Under the guidance of Aparna mam Spread sheet was made • Was asked to make pivot tables and interpret the results**.**
Linking theory (Classroom learning) with practice at your organisation	• NHP Module • Research module
Gaps identified on the working area.	• There are a greater number of C section deliveries than normal delivery • In Nampally Area Hospital found parents giving supplementary feeding (powder milk) to the baby.
Suggestions for improvement	• The rate of caesarean section in Telangana must be decreased and a greater number of normal deliveries should be promoted.
Plan for the next week	• I have been assigned NUHM program for next week

WEEK – 6

From – 3rd MAY 2024 to 7th MAY 2024

Activity Done	• On 3rd May orientation by members of department • Asked to read about UPHC & Basti Dawakhana • The National Health Mission's submission is the National Urban Health Mission (NUHM). • (NHM) has been approved by the Union Cabinet on 1st May 2013. • In the Telangana state total Urban Population is 1,36,08,665 (38.9%) as per the 2011 • censes, NUHM intervention in 56 ULBs (Municipalities) which includes 13 Municipal corporations and 1 Greater Hyderabad Municipal Corporation in 32 Districts except Mulugu District.

	• **A total of 251 UPHCs sanctioned as on financial year 2022, out of which 244 are functional as on date in the state, out of total sanction 3 UPHCs are ready for Inauguration and 4 work in** progress stage. • **In Hyderabad there are 91 functional UPHCs** • **Regular Intervention in the UPHCs:** o General outpatient care o Care in Pregnancy and Childbirth o Non-Communicable Disease (Screening, Management & Drugs distribution) o Management of Communicable diseases, National Health programmes o Providing free Drugs o Providing free Diagnostic services o Immunization o ANC/PNC services o Teleconsultation (Specialist consultation) through e Sanjeevani portal o Screening and Basic Management of Mental Health Ailments o Health Camp; Wellness activities **HR pattern at UPHC** 1. Medical Officer (Full Time) -1 2.Staff Nurse -2 3.ANM -5 4.Pharmacist -1 5.Lab Technician -1 6.DEO & Accountant -1 7.Contingency workers -2 **Basti Dawakhana (Ayushman Arogya Mandhir):** • The Commissioner, Health and Family Welfare Department, Government of Telangana along with the Commissioner, GHMC have decided to establish Basti Dawakhanas. • (Health and Wellness Centers) in GHMC Limit. • As the responses of the Basthi Dawakhanas are very good, the Hon'ble Chief Minister has decided to establish Urban Local Bodies in non-metro area, Each

	Basthi Dawakhana will cater approximately 5,000 to 10,10,000 people • The Government of Telangana sanctioned 500 Basti Dawakhanas to be established in the urban local bodies (ULBs) of non-metro areas. **As of December 2023 456, Basti Dawakhana are functional.** **Health Care Services in the Basti Dawakhana:** • Outpatient • ANC check ups • Immunization on Wednesday and Saturdays • Tele consultation services • NCD Screening by Additional Staff Nurse • Telangana Diagnostic Services • Referrals to District and Tertiary hospitals • Trainings **HR pattern in Basti Dawakhana:** 1. Medical Officer- 1 2.Staff Nurse -1 3.Supporting Staff -1 **Abstract of the Basti Dawakhanas in the Metro (GHMC), Hyderabad Urban Agglomeration (HUA) and in the Non-Metro (Municipalities):** 1. GHMC – 288 functional 2. Hyderabad Urban Agglomeration – 70 functional 3. Non-metro – 98 functional
Linking theory (Classroom learning) with practice at your organisation	• knowledge about sub Centre (SC) • knowledge about Primary health Centre (PHC)
Gaps identified on the working area.	None
Suggestions for improvement	None
Plan for the next week	• Quality Department

WEEK – 7

From -10th June 2024 to 15th June 2024

Activity Done	**On 10th june** orientation about the department **In Telangana virtual quality assessment for Basti Dwakahana is going on** Was asked to read ppt on given by the department on Disaster management, risk management and others **National Quality Assurance Program** under which we have NQAS, Kayakalp, laQshya, MusQan **On 11th June** how to go through the check list for NQAS as explained and what all it consists of **NQAS Kayakalp laQshya MusQan** Tertiary - + + - Secondary + + + - Primary + + - - **Primary level facilities** are under **District public Health** **Secondary level Facilities** are under **Telangana Vaidya Vidhan Parishad** **Tertiary level facilities** are under **District Medical Education**. 7 tools for Quality and eight area of concern were explained I was asked to visit King Koti, District Hospital for 3days (12, 13, 14 June) for NQAS Assessment, check list was provided by the department. **Departments covered** 1. Emergency 2. Laboratory 3. M-OT 4. Pharmacy 5. Pediatrics ward 6. Labour room 7. Blood Bank **On 15th June State Quality Assurance Program- Gap Action Plan Report was Submitted to the Department**

Linking theory (Classroom learning) with practice at your organisation	• Information about NQAS
Gaps identified on the working area.	• There was no procedure for traceability of blood after issuing from the blood bank. • There is no protocol in place for managing blood bank storage and transfusions for younger patients • Functional telephone and intercom services were not proper
Suggestions for improvement	• There should be a procedure for traceability of blood after issuing • Procedures for managing the blood bank and transfusions for younger children. • An audit should be done in all departments for telecommunications to ensure that all devices are functional.
Plan for the next week	• Telangana Diagnostics

WEEK – 8

From – 18th June 2024 to 22nd June 2024

Activity Done	• Assigned Telangana diagnostics department for 3 days, 18th JUNE was given guideline book to read • Provides free diagnostic services to reduce out of pocket expenditure • In Telangana it is **HUB and SPOKE** model • The **CENTRAL HUB** in Telangana is at **Narayanguda** • **All the samples from Basti Dawkhana, UPHC, UCHC, Area hospital, District hospital are sent to central hub for testing** • **In Telangana, it is IN HOUSE model** which means all the services are under the government • On 19th JUNE was given excel sheet of staff attendance to fill

	• **On 20th JUNE visit to CENTRAL HUB at Narayanguda** • **Total samples count for testing ranges between 5000 to 1100 per day** • **All the samples are first segregated, and barcodes are checked** if any leakage or incorrect barcoded samples are rejected this is **Pre-Analytical Phase** • **The samples are tested in their respective departments**' microbiology pathology, biochemistry and report is generated this is **Analytical phase** • **The reports are checked by the medical officer and issue to** the patients online this is **post-Analytical Phase** • The Turn Around Time is 12 Hours is maintained for every sample. • Total 134 test provided out of which 56 tests are NABL accredited. • On 21st JUNE brief description on Mental Health Program by Program Officer • **On 22nd JUNE visit to TELE MANAS centre, which is initiative by government of India** • **Telangana was the second to adapt "Bellary Model" after Karnataka** • **Toll Free number "14416"** • **First the call is taken by counsellors** where the demographic details of patients are taken if the patients is willing to give information the patient problems (family issues, marital issues, exam related stress, addiction to alcohol and smoking) is noted, and counselling is provided • **Cases which require more care the call is referred to Psychologist** • **Cases which require more attention are asked to visit District Hospital where in person care and medication is also prescribed** • **The department undergoes meetings and trainings at regular intervals from NIMHANS Bengaluru**. • **The ASHA workers help rural people to make calls**

	• **Per day each counsellor gets 30 to 35 calls. There are 15 counsellors in the department.**
Linking theory (Classroom learning) with practice at your organisation	• In NHP module about mental health program and some information about free diagnostic services provided by the government
Gaps identified on the working area.	• In tele manas the counsellors were receiving many calls related to medical health issues like back pain, knee pain which were made with the help of ASHAs
Suggestions for improvement	• The ASHA workers require training to differentiate between Mental Health Issues and Medical issues
Plan for the next week	• Non-Communicable Disease Department

WEEK-9

From- 24th June 2024 to 29th June 2024

Activity Done	• Currently, the program for deafness control running only in 2 districts Medak and Nalgonda • Fluorosis Program • Endemic districts Nalgonda, Mahbubnagar, Karimnagar • Mostly in Telangana Dental and skeletal fluorosis • District-Rural Water Supply (School & Community)- bore and tap water survey is done • National Iodine Deficiency Disorder Control Program • District endemic to iodine are 20 in Telangana • Warangal, Khammam, Adilabad, Ranga Reddy, Mahbubnagar. • Visit to lab for demonstration of Titration method and kit method to check iodine content in salt • STEMI- ST Elevation Myocardial In facture • Currently this program is running in Telangana, Bangalore, Andhra Pradesh, Orissa, Delhi • It is a Hub and Spoke model, Tele-ECG is installed in spokes -72, Hub-5.

	• Till now 5lakh ECG are done, 4500 abnormal and 1600 STEMI cases were detected. • National Palliative Care Program- Visit to MNJ Hospital where there is Separate Palliative department with 6-8 beds • OPD, IPD, Hospice care and home care services are provided • The patient coming from districts are also provided home care through trained staff in all districts
Linking theory (Classroom learning) with practice at your organization	• NHP Module
Gaps identified on the working area.	• At MNJ hospital there was lack of Proper cleanliness • There was no proper Que system • There was no patient and Doctor Privacy • All the doctors and nurses go for break at a time for 1hour which increased the patient waiting time
Suggestions for improvement	• There should be proper Que system • There should be rotation in going on breaks • There should be separate space for doctors and patient to maintain privacy • Proper sanitization.
Plan for the next week	

Compiled Report

Name of the Organisation: NHM HYDERABAD

Name of the Student: Vaishnavi Soni

Roll no: 1880 **Stream: MBA HHM**

Activity Done	**Child Health and Immunization:** visited several facilities including Arogya mandir (Basti Davakhana) where minor alignment such as fever, common cold among children is treated and basic medication provided like paracetamol syrup, multivitamin syrup, calcium syrup, Domperidone Syrup Immunization session site with ANM and ASHA workers. Every Wednesday Immunization is given at centers and Saturdays an outreach immunization drive is conducted. The due book and done register is maintained by the ANM and ASHA also Maintains her own register. Following vaccination ANM imparts 5 key messages to beneficiaries and provides basic medication (Paracetamol syrup). Open vile policy is maintained. **HAJ PILGRIM HEALTH INFORMATION SYSTEM:** Participated in the vaccination program at King Koti district hospital where people going to Haj are screened and vaccinated after which certificate is to them.

	The vaccines administered are OPV, Meningococcal polysaccharide, and people above 70 years Influenza vaccine is also given. And the details are entered in HPHIS Portal. Visit to Venkateshwara Nagar Anganwadi Center along with RBSK (Mobile Health Team B) The children were screened for 4 Ds, the required instruments like Knee Hammer Stadiometer, MUAC Scale, Torch, Snell's chart were carried by the team On-spot treatment as provided for minor cases like fever, common cold by the medical officer, MAM cases were referred to Nilofer Hospital for further management. **NUTRITION REHABILITATION:** Visited DEIC where cases referred by the RBSK team is taken care of and direct OPD services are also provided. Nutritional Rehabilitation Center units, understanding treatment protocols for SAM and MAM cases. F75K.cal/100ml diet: F75- 300ml milk+ 100gms sugar+ 20 ml veg oil diluted with water till 100ml. F100k.cal/100ml: F100-900ml milk + 75gm sugar+ 20ml veg oil diluted till 1 lit. VIT A, Electrolyte K+, potchlor syrup and Vit D if less than 1-year 400ml and if more than 1-year 800ml. SAM cases are treated for 14 days in the department and after this at community level management is done Bal Amrutham is provided at Anganwadi to MAM AND SAM follow-up cases and how BAl AMRUTAM and be cooked in different forms are taught to the parents. Tele SNCU Centre Of Excellence at Nilofer Hospital where digitally monitoring of 28 District Hospital is done. Every day high risk cases are monitored by the doctor's team. **MATERNAL HEALTH AND NUTRITION:** Even after having a 97% institutional delivery rate only 37% initiated breastfeeding within the first hour. I was asked to find out what the reason is for the delay. So, under the guidance of the department

	Conducted study on **"DETERMINANTS INFLUENCING EARLY AND DELAYED INITIATION OF BREAST FEEDING PRATICES- A STUDY OF PUBLIC HEALTHCARE FACILITIES OF HYDERABAD AND RANGAREDDY DISTRICTS OF TELANGANA".** Prepared a questionnaire and visited King Koti, District hospital, Area Hospital –Nampally , Area Hospital- Vanastalipuram,and collected data from postnatal women. Sample size was 50. RESULTS: District Hospital- King Koti showed the highest rate of early initiation at 78%, the study found 92% of mothers received assistance from staff for initiation of breast feeding. Pain after C-section hindered the mother in early initiation of breastfeeding. In cases where the newborn was separated from the mother after birth due to medical conditions also delayed early initiation of breast feeding **QUALITY DEPARTMENT:** Conducted in NQAS assessments in King Koti, District Hospital for three days, Checklist provided by the department. **Departments Covered:** **1. Emergency** **2. Laboratory** **3. Maternal OT** **4. Pharmacy** **5. pediatric ward** **6. Labour room** **7. blood bank** **On 15**th June the State Quality Assurance Program- Gap Action Plan Report was submitted to the department. **TELANGANA DIAGNOSTICS:** In Telangana it is HUB and SPOKE model, IN HOUSE model which means all the services are under the government. First 56 tests were provided which are NABL Accredited, and now new tests are added so a total of 137 tests are provided to the people free of cost

	Visited diagnostic center at Narayanguda "CENTRAL HUB" where samples from all the Basti Dawakhana, UPHC, CHC, Area Hospital and District hospital are sent here. The barcodes on the samples are first checked and samples are segregated into various departments. The improper samples are rejected based on Sample Rejection criteria (Hemolysis, Inadequate sample, unlabeled specimen, improperly transported sample (Cold Chain), samples received after 8 hours of collection) The lab results are generated and checked by the medical officer before issuing it to the patient. Case load is around 5000- 11000 samples per day. The Turn Around Time of 12 hours is maintained. The center function 24*7 staff is assigned in roster form. **NON-COMMUNICABLE DISEASE:** **National Iodine Deficiency Disease Control Programme:** in Telangana, 20 districts are endemic to iodine deficiency ASHA workers carry out kit method to check iodine content in salt every month. Each ASHA should cover 50 households and the report is shared with the Program officer. visited laboratory where titration method for checking Iodine content in salt is carried out. The samples from all the districts are sent to the laboratory for testing. Both the kit method and titration method were explained. In cases where there is a lack of the required quantity, the district is notified, and action is taken. Awareness and education is done. Under **National Program for Palliative Care** Visited MNJ Cancer Hospital which provides palliative care as separate department. It is a 6-8 bedded hospital where patients at their end-stage palliative care is given. OPD, IPD, Hospice care, home care services are provided. The staff is trained at district level to take care of the patients Symptomatic treatment is provided to the patient The department consists of a medical officer, counselor, and staff nurse.

	The beneficiaries are provided home care services in their respective districts. **NP-NCD** Under this programme ASHA workers collect data based on Community-Based Check List every individual over 30 years is enumerated. Visit to Gandhinagar Basti Dawakhana the patients above 30 years visiting the facility are screened for NCD The demographic details and patient history are taken by the medical officer; the blood sample is collected and barcoded by the staff nurse all the details are also noted in the register, NCD portal and Telangana Diagnostics. The identified cases are provided medication every month. For the people requiring further management are referred to higher centers. The buffer stock is maintained in the required quantity by the facility
Linking theory (Classroom learning) with practice at your organisation	• Prior knowledge of RBSK (the members in the RBSK team) and UPHC (the structure, human resource, departments) operations helped in understanding on-site processes. • Basic understanding of ILR and Nutition Rehabilitation unit. • Knowledge of SNCU and tele-ICU Practices explained in digital health module • Applied module on research methods. • Module on National Health Program module. • knowledge about NQAS. • Information about different level of health facilities • Information about roles of ASHA worker
Gaps identified on the working area.	• Infrastructure Issues: Inadequate space and facilities (like fans, power cuts for long duration) at Anganwadi center • Transport Problems: there is a Lack of timely availability of transport for RBSK Mobile Health Teams. • ASHA Worker Challenges: Low pay, high workload, and pressure to meet targets given by the higher authorities.

	• Clumsiness at Haj Vaccination: Lack of systematic queue management system at session site. • Poor Facilities at Nilofer Hospital: Inadequate waiting areas for attendees, lack of proper sanitation • Nurse Behavior: Unfriendly behavior of staff nurses towards mothers in SNCU. • Human Resource Issues: Inadequate staffing and lack of knowledge about ILR usage in the lactation mother unit (LMU) which leads to underuse of equipment. • High C-Section Rates: Higher number of caesarean sections than normal deliveries in Telangana. • Supplementary Feeding: Observed parents giving supplementary feeding to babies in area hospital Nampally. • Blood Traceability: No procedure for blood traceability after dispatch of blood from the blood blank. • Blood Bank Management: Lack of established procedures for pediatric blood management at District Hospital • ASHA Worker Training: ASHA workers need training to differentiate between mental health and medical issues. • The staff nurses were giving their own blood for NCD screening multiple times due to pressure from higher authorities to complete their targets. • The ASHA and ANMs were filling the NCD portal by taking Adhar cards and just asking whether they have diabetes and blood pressure instead of going through the Community-Based Assessment checklist.
Suggestions for improvement	• Enhance Anganwadi infrastructure. • Provide incentives for ASHA workers separately instead of including them in their pay, which will motivate them. • Reduce pressure on ANM and ASHA workers to meet the targets. • Improve waiting area facilities and hygiene and sanitation at Nilofer Hospital. • Ensure timely transport availability for RBSK teams which will not hinder their planned schedule. • Improve staff nurse behavior towards post-natal mothers and help them in breastfeeding practice.

	• Ensure adequate human resources and proper utilization of Ice Lined Refrigerator in Lactation Mother Unit for storage of breastmilk. • Promote a greater number of normal deliveries and reduce C-section rates. • Establish blood traceability procedures in blood bank department. • Implement blood bank facilities for pediatric cases. • Training and educating ASHA workers to distinguish between mental health and medical issues.