SUMMER INTERNSHIP PROGRAM

at

National Health Mission Gujarat

06-05-2024 to 05-07-2024

BY

Anupriya Kumari (1682)

2023-25

Under the Mentorship of

Dr R. B. Patel (Joint Director Child health)

Dr. Piyusha Majumdar (Assistant Professor)

IIHMR UNIVERSITY

Ministry of Health & Family Welfare
Government of India

NATIONAL HEALTH MISSION

Certificate of Internship

This is to certify that ~~Mr.~~/Miss. Anupriya Kumari student of IIHMR University, Jaipur has successfully completed the Internship of MBA (Hospital and Health Management) from 06.05.2024 to 05.07.2024 at Child Health Dept, CoH, Gandhinagar

During the period of ~~his~~/her internship programme with us, ~~He~~/She has been exposed to different processes and was found diligent, hardworking & inquisitive.

We wish ~~him~~/her every success in life & career.

Mrs. K.M. Sheth, GAS
Programme Officer(Admin)
National Health Mission,Gujarat

Remya Mohan, IAS
Mission Director,
National Health Mission,Gujarat

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Ms. Anupriya Kumari** of academic year 2023-25 of **INSTITUTE OF HEALTH MANAGEMENT RESEARCH** has prepared a poster with respect to his/her summer internship held during May-June 2024.

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

Date: 23/07/2024

(Signature of Faculty Mentor)

Dr. Piyusha Majumdar

Associate Professor

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To identify gaps in the Home Based New Born Care & Home-Based Care for Young Child Program

Name : Anupriya kumari | Roll No : 1682 |MBA HM 28 |Under the guidance of- Dr R. B. Patel (Joint Director :Child health) , Dr. Piyusha Majumdar (Associate Professor)

About

History

Reproductive, Maternal, Newborn, Child and Adolescent Health

Improving the maternal and child health and their survival are central to the achievement of national health goals under the National Health Mission.

Home Based Newborn Care Operational Guideline- 2011" has been developed, in 2011 by Child Health Division, to provide framework and guidance to enable a coherent home-based newborn care strategy and act a reference tool for the states to plan necessary interventions.

Home-Based Care for Young Child Programme as an extension of the Home-Based Newborn Care programme to promote evidence-based interventions delivered in four key domains namely nutrition, health, childhood development and WASH. An operational guideline for **Home Based Care for Young Child (HBYC)** programme was released by Hon'ble Prime minister of India on 14th April 2018 in Chhattisgarh.

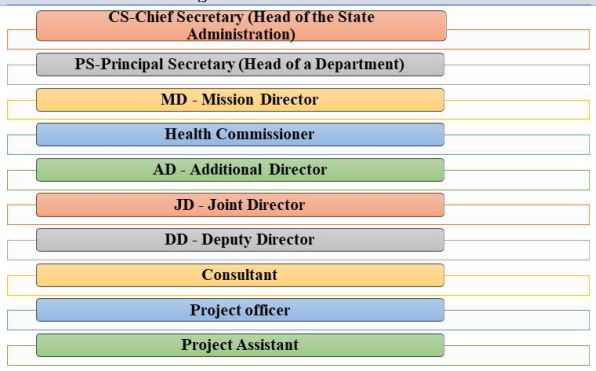
Vision

The NHM envisages achievement of universal access to equitable, affordable & quality health care services that are accountable and responsive to people's needs.

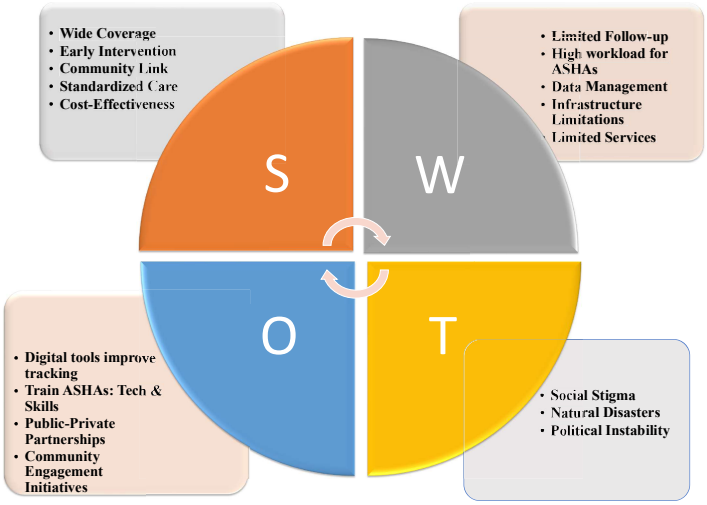
Mission

The mission is to make public health delivery system fully functional & accountable to the community human resource management community involvement, decentralization, rigorous monitoring, & evaluation against standards, the convergence of health & related programs from village level upwards, innovations & flexible financing & also interventions for improving the health indicators.

Organization Structure



SWOT Analysis



Methodology

Study area : Gandhinagar Municipal Corporation - 10 UPHC

Study type : Observational study

Study period : 2 months

Primary source of Data : Through interaction with AHSHA , ANM , beneficiaries & through direct observation (8 HBNC & 8 HBYC)

Learnings & Value Additions

Theoretical understanding	Practical exposure
➢ HBNC safeguards neonates (0-42 days), while HBYC bridges the gap for young children (3-15 months), ensuring a continuous path for healthy development in a child's critical early years. ➢ HBNC empowers mothers with newborn care skills, while HBYC equips parents with knowledge for child development, promoting well-being across the early years. ➢ In conclusion, HBNC and HBYC's combined focus on continuous newborn to early childhood care offers a promising theory for healthier children.	➢ Every Wednesday, my field visit took place at the Anganwadi center, which coincided with the celebration of Mamta Diwas. ➢ I engaged in insightful discussions with ASHA and ANM workers ,We talked about the HBNC and HBYC programs, and I asked them questions to learn more about their work. ➢ This helped me understand what they do every day, what's working well, and what challenges they face in running these programs. ➢ At the field visit, I focused on reviewing HBNC, HBYC, and immunization records to verify if data was entered correctly and completely. This helped ensure the programs maintain accurate and reliable documentation.

Challenges faced during internship

➢ Limited Observation Time: The one-day field visit, coinciding with Mamta Diwas activities, restricted my ability to observe a broader range of program activities and interactions.

➢ Data collection was hindered by incomplete or inaccurate beneficiary information, For example, some people didn't have their own account numbers, Some people did not have Aadhaar cards etc .

➢ Language barrier, Many ASHA/ANM workers and attendees at Mamta Diwas spoke Gujarati, creating a language barrier.

Learnings during internship

➢ HBNC's Personalized Care: Reviewing program records and discussing them with healthcare workers emphasized the importance of HBNC home visits.

➢ HBYC and Child Development: Discussions with healthcare workers and reviewing HBYC program records highlighted the program's focus on child development.

➢ Data Collection and Program Improvement: Examining HBNC and HBYC records showcased the significance of data collection. This data provides valuable insights for program monitoring, allowing healthcare workers to identify areas for improvement and ensure program effectiveness.

➢ Importance of Clear Communication: Talking to the healthcare workers, showed me how important clear communication is. When there are language barriers, it can be tough to make sure everyone fully understands each other and communicates effectively .

Usefulness of internship

➢ I gained practical skills in conducting gap analysis and collecting data directly from ASHA workers. This hands-on experience was invaluable in understanding how to assess healthcare gaps and gather accurate information, which are essential for improving healthcare delivery.

➢ Problem-Solving Abilities: Enhanced ability to identify healthcare gaps and develop tailored solutions, critical for improving health outcomes.

➢ Community Engagement: Developed skills in building trust and collaboration with community members, essential for effective healthcare delivery.

Results

➢ Data Management: Currently, data on HBNC and HBYC programs relies heavily on paper-based registers. This method suffers from several limitations: Limited Accessibility , Data Quality Issues etc .

➢ ASHA Knowledge & Skills : Insufficient or infrequent refresher courses for ASHAs might leave them unaware of recently updated guidelines and protocols.

➢ Monitoring & Evaluation:In the field, it often feels like valuable opportunities for improvement are missed due to limitations in the current Monitoring & Evaluation systems .

Suggestions

➢ Recording HBNC & HBYC data on digital platforms alongside registers increases data accessibility and reliability.

➢ Refresher Courses: Offer regular refresher courses for ASHA workers to update their knowledge and skills in HBNC and HBYC practices, including the latest guidelines and protocols .

➢ Strengthen Monitoring and Evaluation: Implement robust monitoring systems to track the coverage and impact of HBNC and HBYC interventions on maternal and child health outcomes.

Visual Highlights of Summer Internship Program

Weekly Report - 1

Name of the Organisation: National Health Mission Gujarat N.H.M Bhavan, Gandhinagar-382012 (Gujarat)

Area/ Department/ Project of Summer Internship Program: Child Health- COH Gandhinagar

Name of the Student: Anupriya kumari

Roll no: 1682 **Stream:** MBA HM 28-1 yr

Week no: 01 **From:** 06/05/2024 to 12/05/2024

Activity Done	• On the first day, we first reported to the NHM office. After that, we were assigned departments, and then we reported to our respective departments. "Child Health- COH Gandhinagar". • There, I was assigned a mentor (Dr Jaydeep: State Project Officer - Child Health Division, 1/C State Immunization Project Officer) who basically introduced me to child health and briefed me about the major programs we will be working on like HBNC & HBYC etc. • **DATA ANAYLSIS** • There, I worked on data analysis where I extracted the percentage of infant mortality, low birth weight, and child weight from the data (The number of children whose weight was measured). Then, I analysed which districts in Gujarat have higher percentages of these and which ones have lower percentages. • **FIELD VISIT** • UPHC Sector :2 Gandhinagar • PHC-SUGHAD • PHC-VAVOL • SITE SEESION-I (SAI Temple) SITE SEESION-2 (Phulwari Varg) • SITE SEESION-3 (Mahadev Anganwadi center) • We as an intern posted at NHM as a part of state team we visited field and

	experience in the subject of public health. • We were posted on 8/5/2024 to complete our field experience We reached the UPHC on at 10:00 am. The health visitor gave us the orientation of the whole UPHC. • She also gave us the introduction of the various other staff who was working at the UPHC. She explained to us the routine activities of the UPHC. • She gave us information regarding the staffing pattern of the UPHC. The health visitor also gave us the information regarding the various equipment's that were available at the UPHC. • She informed us regarding the various records and registers that are maintained at the UPHC. • She also explained to us the different yojanas that are being offered at the UPHC She also gave us information regarding the various days that are celebrated at the UPHC like the Mamta day, well baby clinic etc. • The staffs of the UPHC do the survey of the people of the village periodically. • They find out the problems prevailing among the people and give care to them accordingly. They also give health education to the people according to the need of the people. • At various sites such as Sai Temple, Phulwari Varg, and Mahadev Anganwadi Center, Mamta Day was being celebrated.
Linking theory (Classroom learning) with practice at your organisation	• **Social Determinants of Health (SDH)** Theory: • The Social Determinants of Health theory emphasizes that health outcomes are influenced not only by individual behaviors and biology but also by

	various social, economic, and environmental factors. • **Socio-economic Factors**: • how poverty, unemployment, and lack of access to education and healthcare services may contribute to higher infant mortality rates and low birth weight percentages. • **Environmental Factors:** • how living in environments with poor sanitation or exposure to environmental pollutants may affect infant mortality rates and child health outcomes. • **Healthcare Access and Quality:** • how disparities in healthcare access and quality may contribute to variations in infant mortality rates and low birth weight percentages across different regions or communities. • **Community and Social Support:** • What social networks, community organizations, and support programs can help mitigate the impact of social and economic inequalities on child health outcomes. • **Home-Based Neonatal Care (HBNC):** • Age Group: Under this programme, ASHA to make visits to all newborns according to specified schedule up to first 42 days of life. • The program focuses on reducing neonatal mortality by promoting essential newborn care practices and early detection and management of illness among newborns. • **Home-Based Young Child Care (HBYC):** • Home-Based Care for Young Child Programme (HBYC) was launched in 2018 as part of National Health Mission and POSHAN Abhiyan for promotion of health and nutrition of young children (3-15 months), for reducing child morbidity and mortality and for promotion of growth and Early Childhood Development.

Gaps identified on the working area	• HBNC AND HBYC register was not maintained only PNC register was maintained. • In some files According to visit they counted and written the dates in HBNC register. • Staff were not aware of their work; they don't have proper knowledge of basic things like HBNC & HBYC. • Check in and checkout register was not properly maintained, it was observed that despite having proper stationary, they were not using it properly • They had not made proper arrangements there such as keeping the vaccine outside in the scorching sun. (site visit). • Asha worker did not have basic knowledge such as when to administer vaccines, administer, and about HBNC AND HBYC. • In some Primary Health Centers (PHCs), it was observed that Medical Officers (MOs) signing the documents without cross verifying it. This means that we cannot rely on the data because records are not being properly maintained for HBNC and HBYC programs.
Suggestions for improvement	Based on the gaps identified in the working area for HBNC and HBYC programs, here are some suggestions for improvement: • Maintaining Registers • Staff Training and Awareness • Proper Use of Stationery • Infrastructure and Facilities. • ASHA Worker Training and Support • Data Verification and Record Maintenance
Plan for the next week	We will go for a field visit to Narmada.

Signature of the Student: ANUPRIYA KUMARI

Approved by the IIHMR University's Mentor

Weekly Report – 2

Name of the Organisation: National Health Mission Gujarat N.H.M Bhavan, Gandhinagar-382012 (Gujarat)

Area/ Department/ Project of Summer Internship Program: Child Health- COH Gandhinagar

Name of the Student: Anupriya kumari

Roll no: 1682 **Stream:** MBA HM 28-1" yr

Week no: 02 **From:** 13/05/2024 **to** 19/05/2024

Activity Done	• We called the DPC/CPC of all 41 districts of Gujarat to ask for the data of HBNC for the second quarter, specifically for the period of July to September 2023. • Basically, we asked how many ASHAs received incentives between July to September, and out of those, how many received incentives for half visits and how many received incentives for full visits. • And then we calculated the budget to determine the total amount of money given to ASHAs for HBNC visits. • We did this to verify or ensure that the number of HBNC visits recorded matches the payments given to the ASHAs. • It involves checking if the incentives paid to ASHAs correspond accurately with the visits they have made. • Secondly, we analysed how many ASHAs were approved for a particular place in the second quarter, that is, from July to September 2023, the number of ASHAs in place, vacant positions, and how many did not receive training, meaning how many ASHAs could not participate in the capacity building program. • We did this to find out how many ASHA positions are vacant where ASHAs have been approved but are not actually coming. • So that we can fill the ASHA positions in those areas.

	• And by analyzing the capacity building program, we can find out how many ASHAs have not received training so that we can schedule training for them. • We, as interns, visited the Palaj Anganwadi Center in Gandhinagar, Gujarat, for a field visit. • **Observations: Insights** • During our interaction with the staff members, we found that the ASHA, ANM and other workers at center managed the daily operations of the center efficiently and maintained a welcoming environment for the peoples. • The staff members are dedicated and well-trained, they have proper knowledge of their work such as vaccination schedule, HBNC, etc. • They maintained records of immunization and ANC (Antenatal Care) properly. • **Challenges** • Due to the small waiting area and the high patient load, there was a crowd at the center. • **Conclusion** • In conclusion, our visit to the Palaj Anganwadi Center gave us a good understanding of how well it serves the community. • Even though they face challenges like limited space and lots of patients, the staff there work hard and take good care of everyone. • The regular programs like "Gauravi Diwas" and immunization show how much the center cares about keeping the community healthy. • While there are some challenges, overall, the Palaj Anganwadi Center is doing a great in serving the community. • We analysed the data for Child Death Review for April 2024. • In this, we learned how to work with the TECHO and HMIS software, and how data is entered into them. Finally, we compared the data from TECHO and HMIS.

	• This was to understand whether the data from TECHO and HMIS are tallying with each other or not.
Linking theory (Classroom learning) with practice at your organisation	• HBNC & HBYC • Data Analysis • Data collection • Collaboration and Communication
Gaps identified on the working area.	• Health center lacked adequate infrastructure, including sufficient space for patient care, examination rooms, and storage facilities for medical supplies. • Staff Shortages**:** There was a shortage of healthcare personnel, including doctors, nurses, and support staff, leading to delays in service delivery and increased workload on existing staff. • Data Management Issues: Challenges were noted in data management systems, including incomplete or inaccurate health records, which affected the ability to track health indicators and plan interventions effectively. • Accessibility Barriers: Geographic barriers and inadequate transportation options limited access to healthcare services, particularly for rural and marginalized populations.
Suggestions for improvement	• Infrastructure Improvement • Recruitment and Training • Medicine Procurement and Distribution • Enhanced Data Management Systems • Accessibility Improvements
Plan for the next week	• So far, we have planned to attend a live review meeting and conduct field visits this week. We need to discuss the remaining tasks.

Signature of the Student: ANUPRIYA KUMARI

Approved by the IIHMR University's Mentor

Weekly Report – 3

Name of the Organisation: National Health Mission Gujarat N.H.M Bhavan, Gandhinagar-382012 (Gujarat)

Area/ Department/ Project of Summer Internship Program: Child Health- COH Gandhinagar

Name of the Student: Anupriya kumari

Roll no: 1682 **Stream:** MBA HM 28-1" yr.

Week no: 03 **From:** 20/05/2024 to 26/05/2024

Activity Done	➢ Infant death data has been entered into an Excel sheet according to the Techo+ and HMIS, and then both sets of data were analysed (CDR data triangulation). ➢ Worked on data analysis where I extracted the percentage of infant mortality, low birth weight, and child weight from the data (The number of children whose weight was measured). ➢ Then, I analysed which districts in Gujarat have higher percentages of these and which ones have lower percentages. ➢ We went on a field visit to Chhota udepur, Gujarat. Visited: 1. PHC Karajavant 2. Dhanpari Anganwadi center **Learnt about AEFI operational guidelines** 1. Principles of immunization and vaccines 2. Adverse events following immunization – basics 3. Recording & reporting AEFIs 4. AEFI investigation 5. Investigation of reported deaths following vaccination 6. Specimen collection and handling for AEFI
Linking theory (Classroom learning) with practice at your organisation	➢ Immunization program ➢ Functioning of community health centers (CHCs)
Gaps identified on the working area.	**Gap analysis** **Observations at PHC Karajavant** 1. Lack of adherence to biomedical waste management guidelines. 2. Absence of ORS supplies. 3. Unavailability of records for past child death verbal autopsies. 4. AYUSH medical officer's non-participation in vaccine session monitoring.

	Observations at Dhanpari Anganwadi Center 1. Poor reporting performance for key programs like HBNC, HBYC, and CDR. 2. Absence of session lists in documentation. 3. Lack of essential supplies like Zinc, ORS tablets, and vaccines. 4. Presence of expired medical supplies. 5. Inadequate staffing levels. 6. Lack of proper training for healthcare workers. 7. Incomplete vaccination records.
Suggestions for improvement	1. Provide training on reporting and medication management. 2. Regularly check and replace expired medical supplies. 3. Increase staffing and support for healthcare workers. 4. Engage the community in healthcare initiatives. 5. Implement electronic health records for accurate data management. 6. Ensure proper maintenance of facilities and equipment.
Plan for the next week	It hasn't been decided yet.

Signature of the Student: ANUPRIYA KUMARI

Approved by the IIHMR University's Mentor

Weekly Report – 4

Name of the Organisation: National Health Mission Gujarat N.H.M Bhavan, Gandhinagar-382012 (Gujarat)

Area/ Department/ Project of Summer Internship Program: Child Health- COH Gandhinagar

Name of the Student: Anupriya kumari

Roll no: 1682 **Stream:** MBA HM 28-1" yr.

Week no: 04 **From:** 27/05/2024 to 02/06/2024

Activity Done	• Learn about SPSS, its use in data analysis & interpretation and to test hypothesis and draw conclusions. • Went on a field visit to UPHC SECTOR 24 Gandhinagar, Gujarat for HBNC & HBYC Data Collection and Analysis • • Attended meeting on immunization, where we learnt about Td vaccine, its doses, how to administer it, age group, side effects etc.
Linking theory (Classroom learning) with practice at your organisation	• Hypothesis testing in statistics • Immunization schedule, dosage, site of administration etc. • Functioning of community health centers (CHCs).
Gaps identified on the working area.	• Lack of adherence to biomedical waste management guidelines. • Absence of ORS supplies. • Unavailability of records of HBNC & HBYC • The work that was allotted to the staff was being done by someone else.
Suggestions for improvement	• There is a need to properly maintain records so that if there is any gap, appropriate action can be taken to correct it. • Each PHC should be monitored from time to time to ensure that people are working properly there. • Proper training for healthcare workers.
Plan for the next week	• It hasn't been decided yet.

Signature of the Student: ANUPRIYA KUMARI

Approved by the IIHMR University's Mentor

Weekly Report – 5

Name of the Organisation: National Health Mission Gujarat N.H.M Bhavan, Gandhinagar-382012 (Gujarat)

Area/ Department/ Project of Summer Internship Program: Child Health- COH Gandhinagar

Name of the Student: Anupriya kumari

Roll no: 1682 **Stream:** MBA HM 28-1" yr.

Week no: 05 **From:** 3/06/2024 to 09/06/2024

Activity Done	• Data Analysis of SAANS report • Data analysis of CDR Report
Linking theory (Classroom learning) with practice at your organisation	• Data Analysis • Public Health Theories: (e.g., epidemiological principles, health intervention models).
Gaps identified on the working area.	• The data is not being entered properly. There are discrepancies in the data.
Suggestions for improvement	• The data should be entered correctly and monitored by the concerned authority so that it can be identified where more work is needed.
Plan for the next week	• It hasn't been decided yet.

Signature of the Student: ANUPRIYA KUMARI

Approved by the IIHMR University's Mentor

Weekly Report – 6

Name of the Organisation: National Health Mission Gujarat N.H.M Bhavan, Gandhinagar-382012 (Gujarat)

Area/ Department/ Project of Summer Internship Program: Child Health- COH Gandhinagar

Name of the Student: Anupriya kumari

Roll no: 1682 **Stream:** MBA HM 28-1" yr.

Week no: 06 **From:** 10/06/2024 to 16/06/2024

Activity Done	• Data analysis of CDR Report
Linking theory (Classroom learning) with practice at your organisation	• Data Analysis • Public Health Theories: (e.g., epidemiological principles, health intervention models).
Gaps identified on the working area.	• The data is not being entered properly. There are discrepancies in the data.
Suggestions for improvement	• The data should be entered correctly and monitored by the concerned authority so that it can be identified where more work is needed.
Plan for the next week	• It hasn't been decided yet.

Signature of the Student: ANUPRIYA KUMARI

Approved by the IIHMR University's Mentor

Weekly Report – 7

Name of the Organisation: National Health Mission Gujarat N.H.M Bhavan, Gandhinagar-382012 (Gujarat)

Area/ Department/ Project of Summer Internship Program: Child Health- COH Gandhinagar

Name of the Student: Anupriya kumari

Roll no: 1682 **Stream:** MBA HM 28-1" yr.

Week no: 07 **From:** 17/06/2024 to 23 /06/2024

Activity Done	• Data analysis of CDR Report • We went on a field visit to Rupal, Gandhinagar, Gujarat. For HBNC & HBYC Data Collection and Analysis
Linking theory (Classroom learning) with practice at your organisation	• Data Analysis • Public Health Theories: (e.g., epidemiological principles, health intervention models). • Functioning of community health centers (CHCs) • Immunization program
Gaps identified on the working area.	• The data is not being entered properly. There are discrepancies in the data. • Lack of proper training for healthcare workers. • Lack of essential supplies like Zinc, ORS tablets, and vaccines. • Lack of adherence to biomedical waste management guidelines. • Absence of ORS supplies. • Some of the staff were very rude there they were not speaking politely. • The PHC was dirty. The trash had not been emptied for many days, so it smelled bad. • And things were not organized there everything was scattered. • The ANM did not have proper knowledge of the vaccination doses.
Suggestions for improvement	• The data should be entered correctly and monitored by the concerned authority so that it can be identified where more work is needed.

	• Staff Training: Provide comprehensive training for the staff to improve their behaviour, customer service skills, and knowledge about their duties, including vaccination doses. • Regular Cleaning: Implement a strict cleaning schedule to ensure the PHC is kept clean. Regularly empty trash bins to prevent bad smells. • Organization: Ensure that everything is organized and in its proper place. Implement a system for organizing supplies and equipment. • Supervision and Monitoring: Increase supervision and monitoring to ensure that staff follow proper procedures and maintain cleanliness and organization. • Feedback System: Establish a system for patients and visitors to provide feedback about their experience. Use this feedback to make continuous improvements. • Regular Audits: Conduct regular audits to check cleanliness, organization, and staff performance. Address any issues promptly.
Plan for the next week	• It hasn't been decided yet.

Signature of the Student: ANUPRIYA KUMARI

Approved by the IIHMR University's Mentor

Weekly Report – 8

Name of the Organisation: National Health Mission Gujarat N.H.M Bhavan, Gandhinagar-382012 (Gujarat)

Area/ Department/ Project of Summer Internship Program: Child Health- COH Gandhinagar

Name of the Student: Anupriya kumari

Roll no: 1682 **Stream:** MBA HM 28-1" yr.

Week no: 08 **From:** 24/06/2024 to 30 /06/2024

Activity Done	• Data analysis of CDR Report • We visited the Civil Hospital in Gandhinagar. • Locations Visited: 1. Special Newborn Care Unit (SNCU) 2. Neonatal Intensive Care Unit (NICU) 3. District Early Intervention Center (DEIC) 4. Interaction with Accredited Social Health Activists (ASHA). **SNCU:** • I watched how doctors and nurses take care of newborn babies who have common health problems like jaundice (yellowing of the skin), sepsis (a serious infection), and low birth weight. • I took notes on the steps they follow to make sure the babies stay safe from infections, like washing hands properly, using clean equipment, and keeping the area sterile. **NICU:** • Witnessed critical care procedures involving ventilators, incubators, and life-support equipment. • Learned about emergency response protocols for neonatal emergencies. **DEIC:** • Observed early detection methods for developmental delays and disabilities. • Learned about various intervention strategies and therapies for child development. • We attended the Stop Diarrhoea Campaign workshop. 1. Distribution of ORS and Zinc 2. Health Education Sessions 3. Handwashing Promotion 4. Sanitation and Hygiene Improvement 5. Collaboration with Local Leaders
Linking theory (Classroom learning) with practice at your organisation	• Functioning of SNCU, NICU, DEIC & Referral Processes.

	• Intensified Diarrhoea Control Fortnight (IDCF) campaign
Gaps identified on the working area.	• Resource Issues • Staffing Problems • Parental Involvement • Coordination • Early Detection and Referral • Staff Training and Development
Suggestions for improvement	• Resource Allocation: Ensure more funds and supplies are available. • Training and Capacity Building: Provide more training for staff. • Infrastructure Improvements: Improve and maintain buildings and equipment. • Enhanced Data Management: Keep better records of care and progress. • Parental and Community Engagement: Educate and involve parents and communities more. • Interdepartmental Coordination: Improve communication between different parts of the hospital.
Plan for the next week	• It hasn't been decided yet.

Signature of the Student: ANUPRIYA KUMARI

Approved by the IIHMR University's Mentor

Compiled Report

Name of the Organisation: National Health Mission Gujarat N.H.M Bhavan, Gandhinagar-382012 (Gujarat)

Area/ Department/ Project of Summer Internship Program: Child Health- COH Gandhinagar

Name of the Student: Anupriya kumari

Roll no: 1682 **Stream:** MBA HM 28-1" yr

Activity Done	**First Day Overview** • Reported to NHM office and assigned to "Child Health department - COH Gandhinagar." • Introduced to major programs like HBNC & HBYC. **Data Analysis** • Extracted and analysed data on infant mortality, low birth weight, and child weight. • Identified districts in Gujarat with varying percentages. **Field Visit to UPHC Sector 2 Gandhinagar** • Visited PHC Sughd, PHC Vavol, Sai Temple, Phulwari Varg, Mahadev Anganwadi Center. • Learned about daily operations, staffing, equipment, records, and registers. • Learned about various health programs and celebrated days at the UPHC. • Observed staff conducting village surveys to identify and address health issues. **HBNC Data Collection and Analysis** • DPC/CPC of 41 districts for HBNC data from July to September 2023. • Verified ASHA incentives and visits, and calculated the budget for HBNC visits. • Analysed ASHA vacancies and training needs to plan capacity-building programs. **Field Visit to Palaj Anganwadi Center** • Observed efficient management and dedicated staff.

	• Challenges: limited waiting area and high patient load. • Conclusion: Center provides good community service despite challenges. **Child Death Review Data Analysis** • Used TECHO and HMIS software to enter and compare data. • Analysed data for April 2024, focusing on infant mortality, low birth weight, and child weight. **Field Visit to Chhota Udepur, Gujarat** • Visited PHC Karajavant and Dhanpari Anganwadi Center. • Learned about AEFI operational guidelines, immunization principles, and AEFI investigation. **SPSS and Data Analysis** Learned to use SPSS for data analysis, interpretation, hypothesis testing, and drawing conclusions. **Field Visit to UPHC Sector 24 Gandhinagar:** • HBNC & HBYC Data Collection and Analysis • Attended Mamta divas • Attended a meeting on immunization, learning about Td vaccine doses, administration, age groups, and side effects. • Data Analysis Reports • Analysed SAANS report and multiple CDR reports. **Field Visit to Rupal, Gandhinagar** For HBNC & HBYC Data Collection and Analysis **Visited Civil Hospital Gandhinagar**. • Observed SNCU, NICU, DEIC, and interacted with ASHAs. • SNCU and NICU Observations

	• SNCU: Observed care for newborns with health issues and infection prevention protocols. • NICU: Witnessed critical care procedures and emergency response protocols. • DEIC Observations • Observed early detection methods for developmental delays and disabilities. • Learned about intervention strategies and therapies for child development. **Stop Diarrhoea Campaign Workshop** Participated in ORS and Zinc distribution, health education sessions, handwashing promotion, sanitation and hygiene improvement, and collaboration with local leaders.
Linking theory (Classroom learning) with practice at your organisation	**Social Determinants of Health (SDH) Theory** Highlights that health outcomes are shaped by social, economic, and environmental factors, in addition to individual behaviors and biology. **Socio-economic Factors** Conditions like poverty, unemployment, and restricted access to education and healthcare can result in increased rates of infant mortality and low birth weight. **Environmental Factors** Poor living conditions with inadequate sanitation and exposure to environmental pollutants can impact infant mortality rates and child health negatively. **Healthcare Access and Quality** Inequalities in healthcare access and quality result in varying infant mortality rates and low birth weight percentages in different regions or communities. **Community and Social Support**

	Social networks, community organizations, and support programs can help reduce the effects of social and economic inequalities on child health outcomes. **Home-Based Neonatal Care (HBNC)** • ASHA workers visit all newborns during their first 42 days of life. • The program aims to reduce neonatal mortality by encouraging essential newborn care practices and early detection and management of illnesses. **Home-Based Young Child Care (HBYC)** • Launched in 2018 as part of the National Health Mission and POSHAN Abhiyan. • Focuses on improving health and nutrition for young children aged 3-15 months, reducing child morbidity and mortality, and promoting growth and early childhood development. **HBNC & HBYC Activities** • Data Analysis • Data Collection • Collaboration and Communication **Immunization Program** Covers immunization schedules, dosages, and administration sites. **Community Health Centers (CHCs)** Functioning and operations of CHCs. **Statistical Hypothesis Testing** **Public Health Theories** Includes epidemiological principles and health intervention models. **Operations of SNCU, NICU, DEIC & Referral Processes.** **Intensified Diarrhoea Control Fortnight (IDCF) Campaign.**

Gaps identified on the working area.	**Key Issues Identified** **Record Maintenance** • Registers for HBNC and HBYC were not kept; only PNC register was maintained. • Some files recorded dates in the HBNC register based on visits. • Staff lacked proper knowledge of HBNC & HBYC programs. • Check-in and check-out registers were poorly maintained despite having the necessary supplies. • Vaccines were improperly stored, sometimes left in the sun. **Staff Knowledge and Training** • ASHA workers lacked basic understanding of vaccine schedules and the HBNC & HBYC programs. • Medical Officers in some PHCs signed documents without verifying them, resulting in unreliable data. **Infrastructure and Resources** • Health centers lacked sufficient infrastructure, such as space for patient care, examination rooms, and storage for medical supplies. • Staff shortages led to service delays and increased workload for existing staff. • Data management issues included incomplete or inaccurate records, hindering effective tracking of health indicators and intervention planning. • Geographic barriers and inadequate transportation limited access to healthcare services, especially for rural and marginalized populations.
Suggestions for improvement	**Improvement Suggestions** **Register Maintenance** • Keep accurate and current registers for HBNC and HBYC programs.

	• Regularly review records to find and correct any issues. **Staff Training and Awareness** • Provide thorough training for healthcare workers on reporting, medication management, and vaccination schedules. • Ensure staff know their roles and responsibilities, including proper use of stationery and maintaining cleanliness and order. **Proper Use of Stationery** • Ensure all provided stationery is properly used for maintaining records and check-in/check-out logs. **Infrastructure and Facilities** • Enhance and maintain healthcare facilities to ensure they are clean, organized, and well-equipped. • Implement a strict cleaning schedule and regularly empty trash bins. **ASHA Worker Training and Support** • Educate ASHA workers on vaccine schedules, HBNC, and HBYC programs. • Provide continuous support and supervision to ensure they fulfill their duties effectively. **Data Verification and Record Maintenance** • Ensure accurate data entry and regular verification by the relevant authority. • Use electronic health records for better data management. **Recruitment and Training** • Increase staff numbers and offer regular training and capacity-building for all healthcare workers. **Medicine Procurement and Distribution**

	• Regularly check and replace expired medical supplies. • Ensure essential supplies like Zinc, ORS tablets, and vaccines are always available. **Enhanced Data Management Systems** • Implement electronic health records for accurate and efficient data management. • Conduct regular audits to ensure data accuracy and address any issues. **Accessibility Improvements** • Improve transportation and infrastructure to enhance access to healthcare services, especially in rural and underserved areas. **Community and Parental Engagement** • Involve the community and educate parents about healthcare initiatives. • Encourage active participation in health programs. **Supervision and Monitoring** • Increase supervision and monitoring to ensure proper procedures are followed. • Conduct regular audits to check cleanliness, organization, and staff performance. **Feedback System** • Set up a system for patients and visitors to provide feedback on their experience. • Use this feedback for continuous improvement. **Resource Allocation** • Ensure adequate funds and supplies for healthcare facilities. **Interdepartmental Coordination**

	• Improve communication and coordination between different parts of the healthcare system.

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Approved by the IIHMR University's Mentor: