

MASTER OF PUBLIC HEALTH
Johns Hopkins Bloomberg School of Public Health & IIHMR University

PRACTICUM REPORT

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Cohort-5
2017-19

Under the Guidance of
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TO WHOMSOEVER IT MAY CONCERN

This is to certify that ***Diana Balachandran***, student of Master of Public Health Program offered by IIHMR University, Jaipur in cooperation with Johns Hopkins Bloomberg School of Public Health, Baltimore has undergone Practicum Training at IIHMR University from ***22nd October 2018 to 30th April 2019.***

The Candidate has successfully carried out the study designated to her during practicum training and her approach to the study has been sincere, scientific and analytical.

The Practicum Training is in fulfilment of the course requirements.

I wish her success in all her future endeavours.

Sd-
Dr Seema Mehta
Practicum Advisor

CERTIFICATE BY SCHOLAR

This is to certify that the Practicum Project submitted by me, **Diana Balachandran** with Enrolment No. IIHMR-U/2017-2019/0027 under the supervision of ***Dr D. K. Mangal, (practicum preceptor) and Dr Seema Mehta (faculty advisor)*** for award of **Master of Public Health** carried out during the period ***22nd October 2018 to 30th April 2019*** embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

Diana Balachandran
MPH Cohort 2017-19

CERTIFICATE FROM THE ORGANIZATION

INSTITUTE OF HEALTH
MANAGEMENT RESEARCH

(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

April 11, 2019

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Diana Balachandran** IIHMR-U/07/2017-2019/0027 is a student of Master of Public Health Program offered by IIHMR University, Jaipur in cooperation with the Johns Hopkins Bloomberg School of Public Health, USA. She has undergone practicum training under "Concurrent Monitoring and Validation of **POSHAN Phase 2 project: Rajasthan**" implemented by IIHMR, Jaipur and sponsored by GAIN India. Her assignment in the project was from **22/10/2018 to 30/04/2019**.

Under the research project, we focused on evaluation of the effectiveness of the Community-based Management of Acute Malnutrition (CMAM) through concurrent process of monitoring and validation of POSHAN phase 2 Rajasthan project activities and process.

Ms. Diana has successfully carried out the study designated to her during practicum training and her approach to the study has been sincere, scientific and analytical.

Lastly, through her integrity and resilience during the project, she has proven herself as a valuable researcher and public health leader. A person like Ms. Diana Balachandran would be a great asset for any institution she will join in future.

I wish her a prosperous academic and professional journey.



Dr. D.K Mangal

Professor & Dean-Research (Corporate)

ACKNOWLEDGEMENT

I would like to express my sincere thanks and gratitude to my faculty advisor Dr Seema Mehta who motivated me to explore the principles of management in public health and for mentoring me along the journey of this project. I would like to thank my practicum preceptor Dr DK Mangal, the technical advisor of POSHAN Phase 2 project for conferring the opportunity of engaging me in the Monitoring and Evaluation component of the project. I thank Dr P.R. Sodani, the Principal Investigator of POSHAN Phase 2 project for welcoming me to participate in the project. I would like to thank NK Sharma sir, the Monitoring and Evaluation Officer for guiding me throughout the Monitoring and Validation component of the project. I thank Laxman Sir and Chattopadhyay Sir, Project Survey Managers who were supportive of my work.

I would also like to extend my thanks to Shobana ma'am, Research Officer of POSHAN Phase 2 project for her constant support, encouragement and patience. I must thank Bhawana, Block Coordinator - Baran and all the other block coordinators and field workers for their hard work, rapport with me, helping me learn Hindi and for making sure that I am comfortable during the field work.

I am grateful to all the IIHMR faculty – MPH and other programs for their motivation and positivity. I thank Dr Mohan Bairwa, MPH Program in-charge for his constant support and meaningful advice in advancing in my public health career. I owe my thanks to Gowtham Sir, our MPH coordinator for his immense moral support throughout the journey of this program. Finally, I would like to thank my family and friends who continue to have faith in me and wish me well in all my endeavours.

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LIST OF ABBREVIATIONS

AAA – ANM, ASHA and AWW

ACF – Action for Hunger

ANM – Auxiliary Nursing Midwife

ASHA – Accredited Social Health Activist

AWC – Anganwadi Centre

AWW – Anganwadi Worker

CAPI – Computer-assisted Personal Interview

EDNS – Energy dense nutrition supplement

GAIN – Global Alliance for Improved Nutrition

ICDS – Integrated Child Development Services

IIHMR – Indian Institute of Health Management Research

IMAM – Integrated management of acute malnutrition

MTC – Malnutrition Treatment Centre

MUAC – Mid upper arm circumference

NGO – Non-governmental Organization

NHM – National Health Mission

PHC- Primary Health Centre

PMEU – Project Monitoring and Evaluation Unit

POSHAN – Proactive Optimum Care of Children through Social Household

SAM – Severe acute malnutrition

WHO - World Health Organization

UNICEF – United Nations Children Fund

ABOUT IIHMR UNIVERSITY

Indian Institute of Health Management Research (IIHMR) University established in 1984 is an institution focusing on health systems management to improve the standards of health. To achieve this, it is engaged in academics, research, training and consultancy in public health and primary health care, hospital and health management, pharmaceutical management, population and reproductive health, health economics and finance, NGO management and networking, rural development policy and program management research and related areas. It has set up collaborations in India and abroad in various national and international organizations and universities. It is a collaborating centre with the World Health Organization (WHO) for strengthening Health Systems based on Primary Care. It has conducted evidence-based research projects and studies related to health, well-being, social and developmental systems and policies in India and South East Asia to promote sustainable human development. It also has centres for injury research, gender studies, health economics, health systems and policies.¹

ABOUT POSHAN PHASE 2 PROJECT

The project “POSHAN (Proactive Optimum Care of Children through Social Household) Phase 2” is an intervention implemented in the State of Rajasthan to address undernutrition in children since September 2018. It is based on Integrated Management of Acute Malnutrition (IMAM) using an approach targeting under-nutrition in children aged between 6 to 59 months in accordance to the National Nutritional Strategy. It focuses on preventive measures for undernutrition from birth till 5 years of age with treatment of severe acute malnutrition (SAM) which include

- improved supplementary nutrition during pregnancy and lactation,
- improved antenatal care,

- breastfeeding,
- complementary feeding, improved new born care, immunization of infants,
- micronutrient supplementation and deworming,
- institutional deliveries, lactation management, improved post-natal and new born care
- regular monitoring and promotion of child growth and counselling of mothers/families with the Mother-Child Protection Card (MAMTA card)
- active engagement of ICDS with NHM team and Anganwadi Centres with Health Sub centres
- change oriented interpersonal communication for behaviour change of the community.²

In Phase 2 of the project, collaborations were made between National Health Mission (NHM), Integrated Child Development Services (ICDS), TATA Trusts, Action Against Hunger (ACF), Global Alliance for Improved Nutrition (GAIN) and UNICEF (United Nations Children's Fund). The POSHAN Phase 2 aimed to enrol 16,500 SAM children in 52 blocks of Rajasthan.²

The Monitoring and Validation was conducted in five districts of Rajasthan, namely, Ajmer, Udaipur, Jaisalmer, Rajasamand and Baran, in association with GAIN. It was conducted with the help of a Project Monitoring and Evaluation Unit (PMEU) at IIHMR University, Jaipur, Rajasthan. It monitored the children screened and reported with severe acute malnutrition (SAM), validate the selection process and evaluate the performance of the project in 20 districts of Rajasthan.²

The results of the Monitoring and Validation were expected to help evaluate the effectiveness of Integrated Management of Acute Malnutrition (IMAM) through concurrent monitoring and validation of the program.²

BACKGROUND

Malnutrition is a condition which refers to deficiencies, excess or imbalance of a person's consumption of energy and/ or nutrients, according to WHO.³ Child malnutrition is an outcome of factors like intake of food and nutrients, illness which are influenced by underlying factors like poverty, household food security, status of women and access to food, healthcare and social services.⁴

The factors contributing to malnutrition in India include the nutritional status of the mother, practice of lactation, education of women and sanitation which affects the outcome of impaired growth and cognitive development, susceptibility to childhood illness and death.⁵

The under five-year old population of India carries the burden of 38.4% percent stunted children (low height for age) and 35.7% percent underweight children and 21 percent wasted children (low weight for height) according to National Family Health Survey data, India (NFHS-4).⁶ Early identification of malnutrition in children is important for its appropriate management which would ensure their physical, mental and social development.⁷

The Government of Rajasthan implemented India's first government led treatment project POSHAN Phase 1, a community-based management of acute malnutrition (CMAM) in Rajasthan for the management of severe acute malnutrition in children. This project was rolled out in cooperation with GAIN, ACF and UNICEF. Its activities include early detection of SAM children, their treatment within the community and referral to an MTC if required along with follow-up in the community.⁸

POSHAN Phase 2 follows a comprehensive approach using the principles of National Nutrition Strategy for Integrated Management of Acute Malnutrition (IMAM). It focuses on prevention and reduction of undernutrition among children in the first five years of life.⁸

METHODOLOGY

The study was a cross-sectional type of study. The monitoring and validation of the POSHAN Phase 2 project was carried out on a sample basis in the programme implementation areas, i.e., 52 blocks in 20 districts of Rajasthan. The programme districts in Rajasthan were selected from 5 geographical zones, i.e., north, south, east, west and central to cover geographical, cultural, social and economic variations in coverage and their performance. The monitoring and validation selected one program district in each zone with one programme block and covered 8 POSHAN centres in each block during 8 weeks of the programme. 5 program districts with 5 programme blocks and 40 POSHAN centres were selected and covered in consultation with GAIN.²

The process monitoring and evaluation consisted of screening, identification and distribution of lists of all SAM children with medical complications who were sent to the MTC and tracking changes in those children. Household visits were organized to review the status of the children and good practices were documented.²

The evaluation covered the nutritional status of the children and families to understand the impact of the improvement of the capacity of AAA and the communities to understand the level of sensitization on POSHAN 2 to maintaining its sustainability.²

The monitoring and validation reviewed the linkages of POSHAN 2 with the ICDS activities at district, block and village level and reviewed the activities at each level and specially the AWW on community mobilization, home visits, mother's meetings, demonstration of home-based feeding and care, regular growth monitoring and referral of the sick children, etc.²

The weekly visits are described as follows:

Monday – Day 0: Visit the MTCs to observe and record the activities with respect to behaviour change, healthcare worker's feedback, availability and consumption of nutritious food in programme villages

Tuesday - Day1: Visit the POSHAN centre and observe the POSHAN day activities, interact with the ANM and family members, observe the referral process of malnourished children to MTC or discharged children to Anganwadi Centre (AWC), measure anthropometry such as height, length, weight and mid upper arm circumference (MUAC) of the children. Record the observations based on a checklist/tool formulated in consultation with GAIN based on the guidelines of triage and diagnosis of SAM.

Wednesday – Day 2: Visit households of enrolled SAM children in a near village to validate the data and services. Assess consumption of EDNS by the SAM child, interview the mother, observe feeding practices and record the observations.

Thursday – Day 3: Visit households of SAM children in a remote or far programme village and validate the data and services. Assess consumption of the EDNS by the SAM child, interview the mother, observe the feeding practices and record the observations.

Friday – Day 4: Visit an Anganwadi centre of a non-POSHAN block within the same district and observe activities related to management of SAM children by ANM, /ASHA and AWW, interview the mother, observe feeding practices through a standard checklist/tool.²

Main Tasks and Activities for Concurrent Monitoring & Validation

Validation of selected SAM children through:

- **anthropometric measurement** of children like height, weight, MUAC and presence of bilateral pedal oedema and appetite test.

- **monitoring of activities at the community level (POSHAN day)** – visit to sub-centre to monitor the activities using a checklist/ tool.
- **monitoring of ASHA during home visit (from enrolment to 2 months)** – visit the households to check whether the SAM children are given antibiotics and albendazole in the first week of treatment and EDNS according to their anthropometry measures and health status. To monitor ASHAs work, unannounced visits were planned to check whether she is checking the appetite, consumption of EDNS and the health status of every SAM child under treatment.²

Analysis Plan

The study assessed the data for Monitoring and Validation based on the information obtained with the standard checklist to be used at MTC to understand the performance and process, POSHAN Centre to observe the screening, identification, registration and referral of the SAM cases, visit the households of SAM children to observe the change in practices of consumption of EDNS, whether suggestions given at the POSHAN centre were followed, maintenance of cleanliness and other behaviour change at the POSHAN 2 programme village and non-programme village.²

KEY ROLES AND RESPONSIBILITIES

During my practicum period, I supervised the public health assessment and assessed the Concurrent Process Monitoring and Validation for a programme district of Baran in Rajasthan which was submitted to GAIN. I supported the block monitor involved in the same. It helped me to understand the performance and process at Malnutrition Treatment Centres, to observe the activities on POSHAN day at the POSHAN centre, to observe the change in practices of intake of EDNS, advice given at POSHAN centre, maintenance of cleanliness and

other behaviour change by visiting the household of the SAM children at the POSHAN 2 programme villages and non-programme villages in the district of Baran in Rajasthan.

I prepared and submitted weekly and final consolidated reports with recommendations based on the Monitoring and Validation checklist and observations made during the field visits at program villages in Kishanganj block in the district of Baran, Rajasthan. It is expected that the results of the monitoring and validation will help to evaluate the effectiveness of Integrated Management of Acute Malnutrition (IMAM) through concurrent monitoring and validation.

SUMMARY OF RESULTS

Concurrent Monitoring and Validation was done to evaluate the effectiveness of Integrated Management of Acute Malnutrition (IMAM). This was conducted at 8 POSHAN implementation villages and their centres which were visited over a period of 8 weeks in Kishanganj block in Baran district of Rajasthan.

Observations at the Malnutrition Treatment Centre (MTC):

The District Hospital, Baran was the only functional MTC which had adequate facilities for the treatment of SAM children. Required records of the medical history of SAM children were not found. Some of them had defaulted. Further, treatment was provided at the paediatric ward.

POSHAN day activities at POSHAN Centres:

During the POSHAN day, it was observed that the designated health worker was not performing the measurements and clinical tests on the SAM children. Notably, appropriate methods for performing the same was not followed. Differences were found in the measures taken by the other health worker and the block monitor. Mothers were not counselled appropriately. Most of the SAM children who failed to attend the POSHAN days either migrated, refused the treatment or were referred to the MTC for higher medical treatment.

Some children were reported with adverse effects on having EDNS, but later their symptoms got subsided with or without medication.

Observations at Household Visits to SAM Children in Near and Far Villages:

It was found that most of the designated health workers did not check for important aspects nor counselled on important topics. Some children were never visited, and their health status failed to be monitored. Some mothers were unaware of important aspects like dosage of EDNS, supplementary food requirements, maintenance of hygiene and so on. Cooking and washing areas of most of the kutcha households appeared to be unhygienic.

Observations at Anganwadi Centres at Non-Program Implementation Villages:

The healthcare workers mostly did not follow appropriate methods for measuring the children and performing clinical tests. Reportedly, multiple topics were discussed with mothers rather than emphasizing on a certain theme.⁹

PRACTICUM PROJECT TRAINING

During my second year of the Master of Public Health (MPH) program, I aimed to obtain through my practicum training, **three** of the core public health competencies, namely:

- 1. Community dimensions of practice skills** by creating connections with key stakeholders and developing a public health assessment in collaboration with community partners and evaluating program effectiveness.
- 2. Cultural competency** to understand diverse needs, assessing organizational cultural diversity and competence, assessing effects of a public health program on a certain population, to demonstrate strategies for cultural competency through communication and adapting program and project needs appropriately and

3. **Public health assessment skills** to develop community health assessments, to identify and understand data and convert the information obtained from the assessment for action, assessing needs to address the needs of the community, and using evidence for decision making and to obtain and interpret information in shaping public health issues.

PRACTICUM EXPERIENCE LEARNINGS AND COMPETENCIES DEVELOPED

1. Community dimensions of practice skills
2. Cultural competency
3. Public health assessment skills

Community Dimensions of Practice

My preceptor, the technical advisor of the POSHAN Phase 2 project introduced me to the project and assigned me to the Monitoring and Validation of the program at one of programme districts of Baran in Rajasthan. He associated me with Monitoring and Evaluation Officer, survey team and research officers involved in the project and they guided me on the process and activities. I was asked to review and make suggestions to the Monitoring and Evaluation Tool which was approved by GAIN. The reporting format which we created was also reviewed and approved by GAIN. Before the commencement of the weekly field trips, I had attended 5 days of field training along with the block monitors and block supervisors which was provided by IIHMR team and GAIN. during which we were taught the outline of the project, correct measurement of anthropometry, how to interview and observe mothers and healthcare workers (ANMs, ASHAs, and AWWs) and obtain answers for the monitoring and evaluation tool and for data entry into a CAPI (Computer-assisted personal interviewing) device.

I made field visits every subsequent week for 8 weeks covering 8 POSHAN centres at the village level at Kishanganj Block in Baran district. During the field visit, I supervised the block monitor conducting the Monitoring and Evaluation interview, measurement of anthropometry and observed the day to day process from Day 0 (Monday) to Day 4 (Friday) at the MTC, with the ANMs at the POSHAN centres, the mothers or caretakers at near and far villages with or without ASHAs and activities at non-POSHAN program Anganwadi centres. I also came across healthcare workers of Action for Hunger (ACF) and TATA Trust during our field visits who also observed the POSHAN day activities and visited households of SAM children.

At the end of the fourth week of the field visits, I attended a training session with all five district block monitors and a review meeting which was conducted at IIHMR Jaipur. Training was given by the Research Officer for quality data collection and discussion of its impact on evaluation. Discussions were held between the block monitors, Monitoring and Evaluation Officer, the Technical Advisor and the State Coordinator, GAIN.

Cultural Competency

Based on the Monitoring and Evaluation tool, I could identify the basic specific needs of the various stakeholders involved in the program like the healthcare workers (ANMs, ASHAs and AWWs), the mothers of the SAM children and the community based on their cultural context. I could identify the needs pertaining to the health facilities such as POSHAN centres, Anganwadi Centres and households and communities where SAM children reside. I could appreciate the role and importance of each type of healthcare worker (ANM, ASHA and AWW) with different levels of competence in terms of their education level, position and program training on the impact of a child's nutritional health status, general well-being and in the outcome of the program based on their proximity with the community. I could compile

common and village specific key observations and recommendations as a consolidated descriptive report. This was evidenced with the help of basic comparative scores of anthropometric measurements taken by the ANMs/ASHAs and the block monitor and pictures taken with verbal consent and it was reviewed by my project team and submitted to GAIN.

Public Health Assessment Skills

The project had a program assessment tool/checklist called a Monitoring and Evaluation Tool compiled by the Monitoring and Evaluation Officer and the Research Officer. It was a semi-structured questionnaire with closed and open-ended questions.¹⁰ I made suggestions for improving this assessment tool which was incorporated in its final revised version and submitted to GAIN and later approved by them. Observations and responses from AAA and mothers or caregivers were recorded onto this tool. The reporting format was also revised and compiled, and it was made comprehensive with graphical representation of difference in anthropometry measures between the ANMs/ASHAs and the block monitor and the addition of pictures taken with verbal consent during the field visits. 8 program implementation villages were visited over a period of 8 weeks during treatment phase of POSHAN Phase 2 Program from Monday (Day 0) to Friday (Day4). With the observations and assessment made based on the tool, I could arrive at making key observations based on which I made key recommendations common to all program implementation villages, specific to certain villages and for non-program implementation villages. The needs of the healthcare workers (AAA), the community and the program were considered. This was submitted to the Monitoring and Evaluation Officer and the Research Officer who reviewed and compiled a final report which was submitted to GAIN.

CHALLENGES

1. The Monitoring and Evaluation Tool and reporting format underwent revisions during the first four weeks and we had to update our reporting format.
2. It was difficult to travel to some of the villages where there were no means of transport beyond a certain location.
3. I was learning to communicate in Hindi and so it was difficult for me to comprehend the regional language of the community.
4. There was extensive travel involved throughout the field work.

CONCLUSION

My practicum training in this project was a highly comprehensive learning experience. I could achieve the practicum objectives from the competencies I aimed to achieve. This was fostered by engaging in monitoring and evaluation, research based on principles of management. My preceptor Dr DK Mangal was constructive in outlining my activities and guiding me throughout the project. My faculty advisor Dr Seema Mehta was instrumental in directing me towards the public health management skills and competencies I was to acquire from this project as my practicum learning experience. I was able to have an on-ground understanding of the health system at a block level in a district through my field experience. I was involved in making suggestions to the assessment tool and for improving the reporting format. The field observations, assessment and reporting helped me understand the common and specific problems of the program and those pertaining to the healthcare workers and the community and I was encouraged to make recommendations based on my findings. The practicum training furthered my management skills in the public health context.

PICTURE GLOSSARY



POSHAN Centre (Bakanpura Subcentre)



EDNS (Energy Dense Nutrition Supplement)



POSHAN Day Activities at POSHAN Centre Conducted by ANM being recorded by Block Monitor



ASHAs measuring height of a SAM child



Block Monitor measuring height of a child



EDNS clipped and stored in the provided container



**ANM distributing EDNS to mothers
On POSHAN day**



**A SAM child being fed EDNS appropriately
by his mother**



Visit to a SAM child's household with an ASHA

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