MASTER OF PUBLIC HEALTH

Johns Hopkins Bloomberg School of Public Health & IIHMR University

PRACTICUM REPORT

By

Urja Pandya
Cohort-3
2015-17

Under the Guidance of

Dr. Neetu Purohit

Associate Professor
IIHMR University

TO WHOMSOEVER MAY CONCERN

This is to certify that **Urja Pandya**, student of Master of Public Health Program offered by Institute of Health Management Research IIHMR University, Jaipur in cooperation with Johns Hopkins Bloomberg School of Public Health, Baltimore has undergone Practicum Training at **Deepak Foundation** from November 24th2016 to March 31st2017.

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 fulfillment of the course requirements.

I wish her success in all his future endeavors.

Sd-

Dr Neetu Purohit
Practicum Advisor

CERTIFICATE BY SCHOLAR

This is to certify that the Practicum Project titled submitted by me, *Urja Pandya* with Enrollment No. *IIHMR-U/07/2015-2017/0014* under the supervision of ***Dr Neetu Purohit*** for award of **Master of Public Health** carried out during the period *November 24th2016 to 31st March*2017 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.

UrjaPandya
MPH Candidate 2015-17

PUBLIC HEALTH TRAINING INSTITUTE

31st March 2017

To whomsoever concern

This is to certify that Ms. Urja Pandya, student of Master of Public Health offered by Johns Hopkins University, USA in cooperation with the IIHMR University, Jaipur has undergone practicum training at Deepak Foundation. She was assigned the role of Project Coordinator where she was responsible to ensure appropriate functioning of the Comprehensive Emergency obstetric and Newborn Care (CEmONC).

Urja exceeded expectations in the assignments given to her. Working in the project required a great deal of flexibility and willingness to go above and beyond. In addition to managing those demands, Urja also demonstrated the ability to learn quickly about the project, mission and desires. She demonstrated analytical, communication, research skills and documentation skills. She has successfully carried out the training and fulfilled the tasks designated to her.

A complete team player, open to feedback and always willing to learn and develop herself as a professional. I wish her success in her future endeavors.

Warm Regards,

Dr Akashkumar Lal
Head IM&C
Deepak Foundation

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Practicum Report

About the Organization

The Deepak Foundation, a Corporate Social Responsibility of Deepak Group, was initiated in 1982 with a vision of providing healthcare facilities to the families of workers and local communities residing in the industrial area of Nandesari , Gujarat. The Foundation has progressed over the period into a leading non-profit civil society in Gujarat and has expanded its services nationwide with branch offices in Pune, Roha and Taloja in Maharashtra, Hyderabad in Telengana, Indore in Madhya Pradesh and New Delhi. The foundation has a huge vision of empowering underprivileged communities to ensure holistic development, economic stability and a life of dignity. Along with a mission of Creating a socially inclusive and sustainable environment among the underprivileged communities by providing health care, education, capacity building and livelihood opportunities.

Goals of the Foundation

The overall goal of Foundation is to empower women by providing healthcare and livelihood opportunities in order to improve maternal and child health, reduce poverty and build capacity in the areas of public health and livelihood promotion.

The Foundation implements its activities in close collaborations with communities, government, national and international non-profit organization, research and academic institutions, and networks of civil society organizations (CSOs), including corporate sector. The Foundation has been accredited by Credibility Alliance and also certified as an ISO 9001:2008 organization.

Efforts of the Foundation are guided by five inter-connected core objectives.

- Capacity building of front line functionaries in public health and livelihood sectors
- Promoting practices for safe motherhood and child survival
- Strengthening health and pre-school education services
- Ensuring sustainable livelihood for under-privileged and marginalized communities providing disaster relief and rehabilitation services

Practicum Goals

1. *Analytics/Assessment Skills*
    a. Define a Public Health problem
    b. Obtain and interpret data to define risks to the community
    c. Identify the importance of data in shaping public health issues
2. *Communication Skills*
    a. Formulate communication plans through input from stakeholders
    b. Utilize learned skills to communicate effectively with a variety of stakeholders
    c. Employ effective strategies of communicating with the media
    d. Utilize communication skills through a variety of media
    e. Employ advocacy skills (e.g., advocating for change, public policy, programs, populations, etc.)

3. *Cultural Competency*

a. Recognize the importance of culture in Public Health practice and the need for a diverse workforce

b. Explain cultural competency and how it applies to public health practice

c. Interact regularly with people from diverse backgrounds

d. Demonstrate strategies for cultural competency through communication strategies and adapting program and project needs appropriately

4. *Community Dimensions of Practice Skills*

a. Create connections and collaborate with key stakeholders to promote health

b. Identify the role of government in health promotion

c. Develop community public health assessment in collaboration with community partners

Deliverables:

1. Analytical skills

- To analyze the data for CEmONC and analyzed several other risk factors which could be diagnosed through ANC and help in better outcome to the mother and child. This in all would help identify risk factors and provide treatment immediately to the community.

2. Communication Skills:

- Communication is an integral part of Public Health. Communication with different stakeholders and making a specific communication plan for the same is imperative. It becomes all the more important to utilize communication skills by different media like social verbal and written media since each and every media has different effects.
- As a part of my practicum responsibilities I was interacting with various stakeholders like the Government officials, the grassroot workers, community leaders as well as the

community. Interaction with every cadre was to be carried in various ways.A specific communication plan was prepared

3. Community Dimensions of Practice Skills
    - In order to promote health it is necessary to form community connections at all levels. By including all levels the dissemination of knowledge becomes more effective.
    - As a part of my practicum I was working closely with the Government of Gujarat and Government of Madhya Pradesh. Since health is a state issue, each government works in a different way, therefore it was essential to understand the role of Government for health promotion and execution of health related projects.

- To ensure the effective functioning of the CEmONC center by liasoning with various stakeholders like the Government, the community members and the staff of the center.
- In order to make the data relevant and to take out meaningful information from the same it is imperative to analyze and publish the data so that it can be of use to the community as well as the professionals. Therefore my role entitled analyzing the data related to maternal and child health and would help the foundation in publishing a paper on the same.
- Promotion of health by collaborating with various stakeholders
- Ensure effective functioning of the CEmONC center by regular monitoring and evaluation
- Ensure implementation of CEmONC center at Jobat Madhya Pradesh by liaising with various stakeholders, preparing and implementing a MIS system to record and report data,

Work Done:

- ***Research and Analysis:***

A Study on effectiveness of CEmONC in a tribal dominated district of Gujarat

Comprehensive Emergency Maternal and Newborn care (CEmONC):

There is conclusive evidence that provision and access to Comprehensive Emergency Obstetric & Newborn Care (CEmONC) services for pregnant women is the best and most cost-effective strategy for reduction in new born and maternal mortality. Prediction and/or prevention of pregnancy and childbirth complications is difficult and given that there is a critical period of few hours before a woman succumbs, provision and access to effective CEmONC services can save the lives of these women and infants.

The CEmONC unit was set-up by Deepak Foundation, within the premise of the government's Community Health Centre (CHC)[1]-Jabugam village, PaviJetpurtaluka of Chhota Udepur district[2] in Gujarat State in India. In 2005, a memorandum of understanding was inked with the Department of Health and Family Welfare (H&FW), Govt. of Gujarat, for providing emergency obstetric services to the poorest section of the society.

The CEmONC is designed to provide continuous 24x7 emergency services which included:

- Comprehensive care providing broad spectrum of preventive, promotive and curative services
  - Planned and emergency surgeries
  - Pediatric care, new born stabilization
  - Blood storage (with CHC) & Blood transfusion
  - Laboratory and imaging services (A shared resource with CHC)

[1] Government Health Facility that caters to the need of around 150,000 populations and is expected to provide at least basic obstetric care services.

[2]ChhotaUdepur has a population of around 900,00 comprises of 80% population belonging to schedule tribes

- Iron sucrose administration for severely anemic women

❖ Coordinated with other care providers:

- Forward linkages with Help Desk at District Hospital (another PPP initiative with Dept. of H&FW catering to maternal and child health referrals)
- Backward linkages with peripheral health facilities through capacity building of Accredited Social Health Activists (community based worker)
- Free ambulance, waiting facility for relatives / attendants, drop back services (*Khilkhilahat vehicle*)
- Birth waiting home (*Mamta Ghar*) supported by Dept. of H&FW, GoG

❖ People centric services:

- Counselors for follow-and promoting postpartum care and services
- Integrated Counseling and Testing facilities for HIV with GSACS[3]
- Kangaroo Mother Care (KMC) corner
- Providing free baby kits to prevent hypothermia among new born
- Procurement of supplies during emergency requirement of patients under annual untied fund (*Rogi Kalyan Samiti*) of National Health Mission

❖ Accessible to poor communities:

- Free of cost services and reimbursement under *Janani Shishu Suraksha Karyakram* (a maternal and child welfare scheme of cash transfer)
- Available within the radius of 40 km for tribal poor
- Periodic health camps at community level

A similar set up is being implemented at a CHC in ***Jobat block, Alirajpur District in Madhya Pradesh***, a similar MoU has been signed with the Government of Madhya Pradesh in 2015, and this

[3]In 2010, the Foundation, in partnership with Gujarat State AIDS Control Society (GSACS), started a NACO certified Integrated Counselling and Testing Centre (ICTC) within the premises of the CHC–CEmONC

center is still in its implementation phase and is expected to cater a large population in and around Jobat.

Location: Vadodara, Gujarat

Field Location : ChhotaUdepur, Gujarat ; Alirajpur, Madhya Pradesh

Literature Review:

The concept of CEmONC and BEmONC had been developed by WHO

1. Parenteral treatment of infection (antibiotics)
2. Parenteral treatment of severe pre-eclampsia/eclampsia (e.g., MgSO4)
3. Treatment of PPH (e.g., uterotonics)
4. Manual vacuum aspiration of retained products of conception
5. Assisted vaginal delivery (e.g., vacuum-assisted delivery)
6. Manual removal of placenta
7. Newborn resuscitation

Comprehensive EmONC

All components of BEmONC plus:

1. Surgical capability, including anesthesia (e.g., Cesarean section)
2. Blood transfusion

This has been implemented in several countries where utilization of CEmONC and its services have brought about a significant change in the indicators of maternal and child health. A study in Tanzania indicated a 30% rise in institutional delivery in a span of 3 years after the availability of CEmONC [1]. Several other studies indicate similar change in the maternal and child health indicators, lessons from Jhpiego also indicate the usefulness of EmONC services in developing nations.[2]

Objectives:

1. To asses the effectiveness of CEmONC services in the tribal area by comparing select parameters of maternal health services

Methodology:

Baseline data was collected during the initiation of project. After that regular HMIS data was maintained at the CEmONC center, hence the data for the year 2015-16 was extracted and Infant mortality rate and Maternal mortality ratio was calculated.

a) Data of last three years was collected from the HMIS of Deepak Foundation; the data was cleaned and categorized based on socio economic status, anemia during pregnancy, weight, previous history of IUD, preterm birth and education level.
b) Orofer (iron sucrose) and Iron tablets are given to anemic women depending of their level of anemia; hence the effectiveness of orofer was tested against iron tablets. Two groups were taken, one group was given only orofer and one was given orofer in combination with iron tablets. Six months data was collected for moderate to severe anemic women; data of 1270 beneficiaries was analyzed.

Results:

The effectiveness of CEmONC center was gaged by considering the following parameters:

a. Utilization of ANC services at CEmONC over the years

b. Utilization of PNC services at CEmONC over the years

c. Utilization of Pediatric services at CEmONC over the years

d. Capacity of the center to conduct surgeries

e. Capacity of the center to cater to high risk patients

Basic Parameters like the number of beneficiaries catered as well as the increase in number beneficiaries availing CEmONC services were measured.

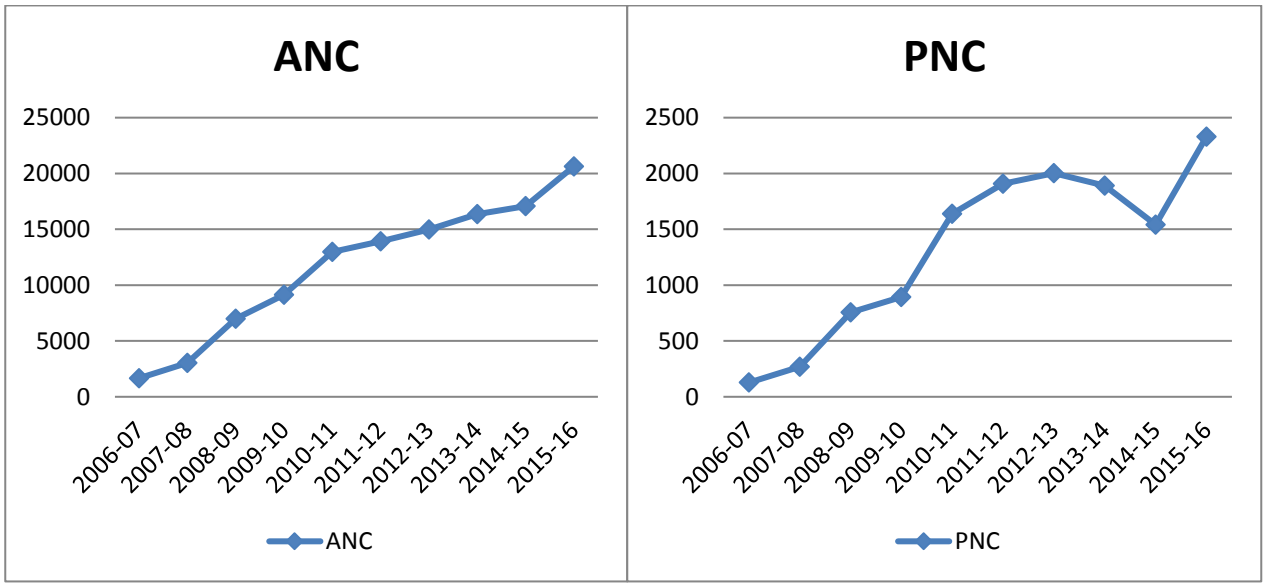


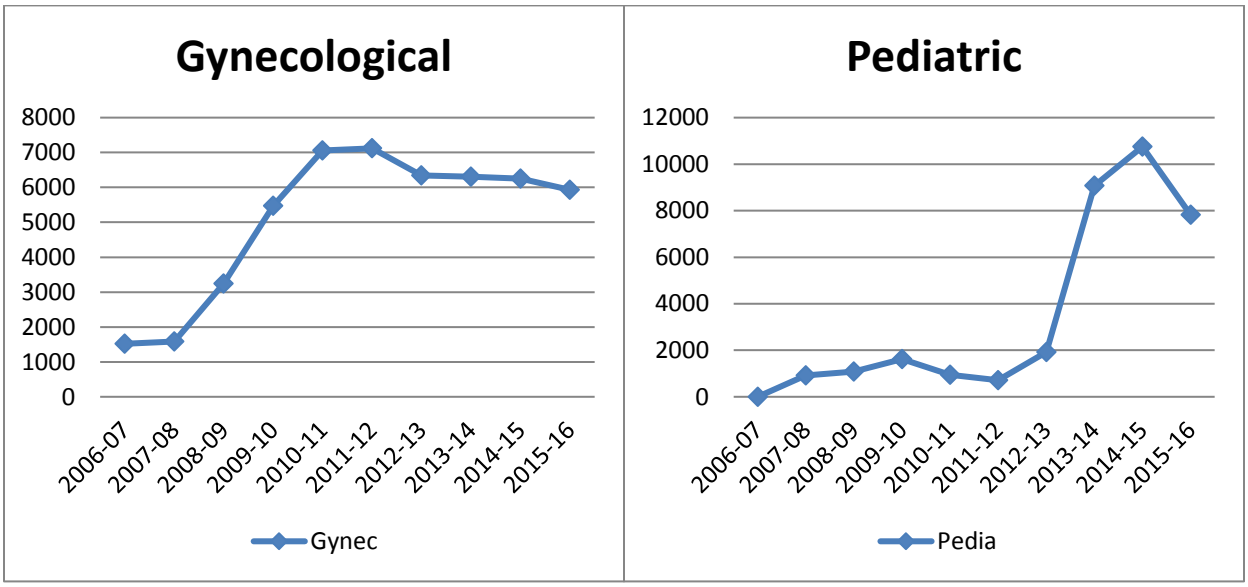
Figure No 1: ANC and PNC services at CEmONC

It is observed from figure 1 that number of beneficiaries availing ANC and PNC services have increased over the years; however, the number of PNC cases is low as compared to the number of ANC cases, indicating that a lot of beneficiaries' utilizing ANC services are lost to follow up and do not avail PNC services. Moreover, the beneficiaries availing ANC services are not necessarily delivering at the CEmONC center creating a decline in utilization of PNC services. Irrespective of the fact as to where deliveries take place, it is necessary to track the beneficiaries and ensure that all of them avail PNC services. It would also aid in reducing the MMR and IMR as majority of maternal deaths occur during post-natal period. It will also be helpful to understand the place of deliveries of the women who choose to deliver at other place and know their reason so as improve the effectiveness of CEmONC

Moreover there is increased utilization of the other gynecological services (figure 2) that includes dilatation and curettage, dilatation and evacuation and diagnosis, MTP, and infertility, as depicted in the graph below. Increased utilization of these services indicates, increase in safe abortions, early detection treatment and referral of gynecological disorders.

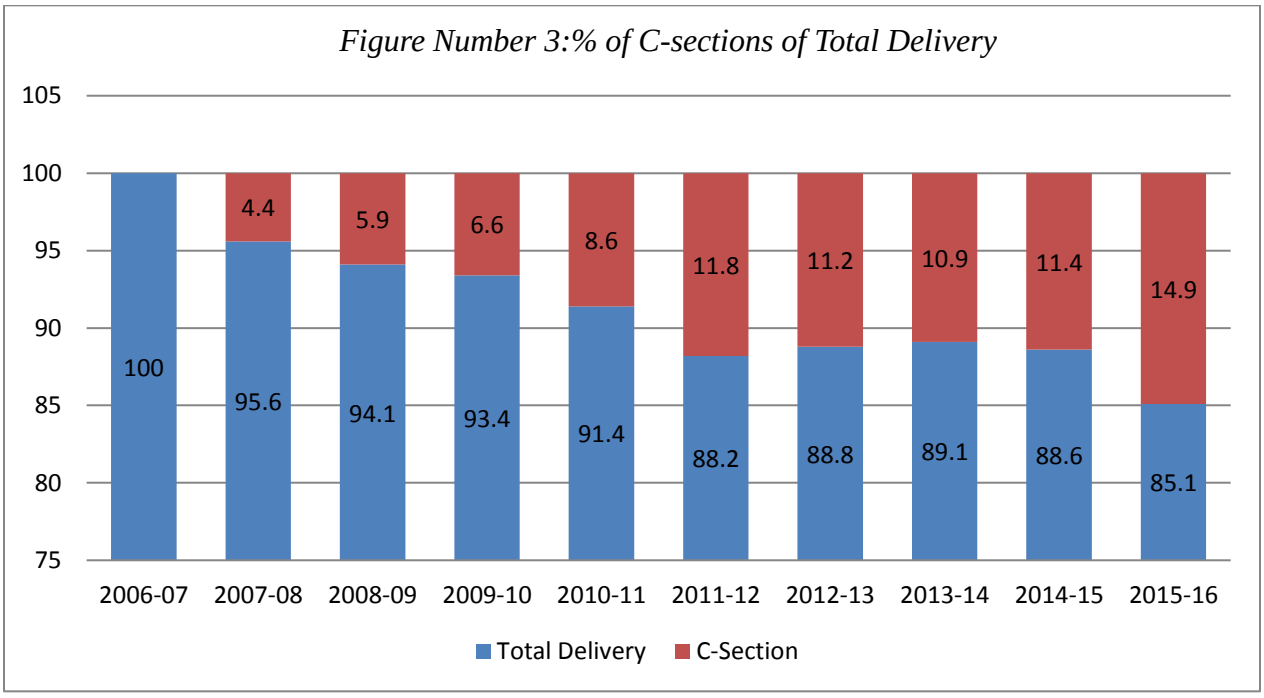
The utilization of pediatric services has shown a gradual rise (figure 2). Although the infrastructure was developed, there was dearth of specialist hence the critical cases had to be referred. After the initiation of CEmONC, the utilization of pediatric services has shown a gradual rise.

Figure Number 2: Number of beneficiaries availing Gynecology and Pediatric services

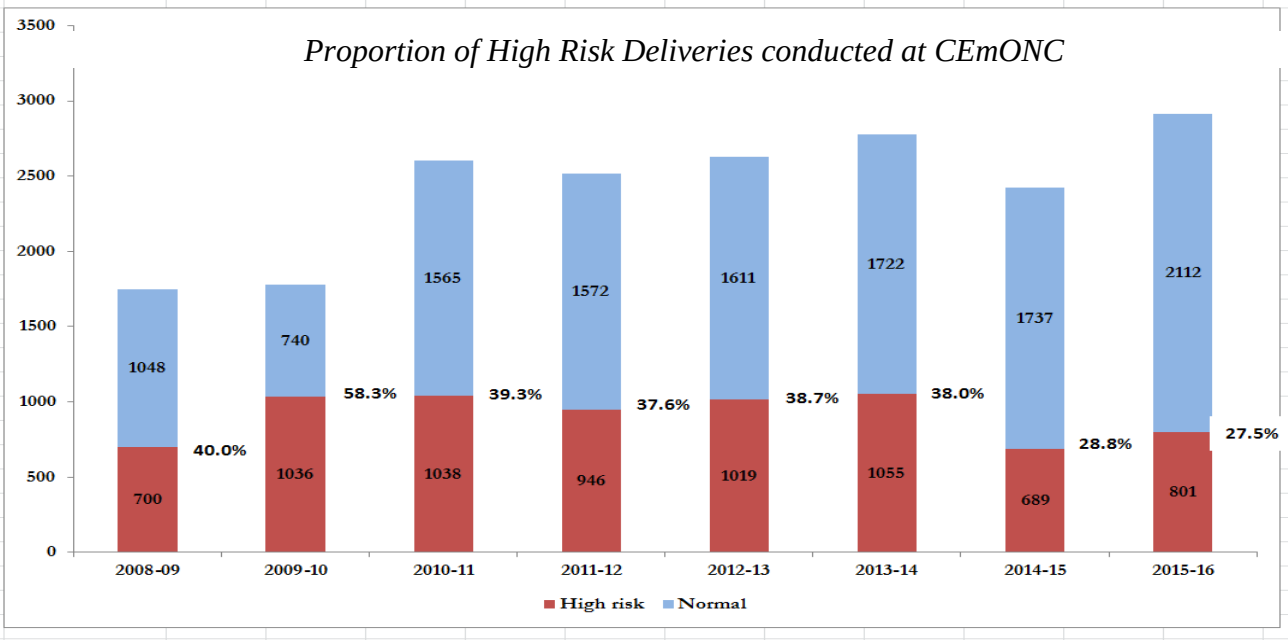


In addition to that, one of the important objective and a parameter to evaluate the CEmONC is its capability to conduct surgeries and cater to high-risk patients. This facility if present in any center reduces the transit time of referral to any higher facility, that leads to effective utilization of critical time before a mother succumbs. This is one of the factors that can accelerate reduction of MMR and IMR. Previously the community health center conducted only normal delivery since the center was not functional due to lack of infrastructure and specialist human resource, hence patients requiring surgery were referred to district hospital (70Km away from the center),hence critical time was lost during transit. As observed from figure 3, the percentage of C-sections was nil in the year 2006-07,

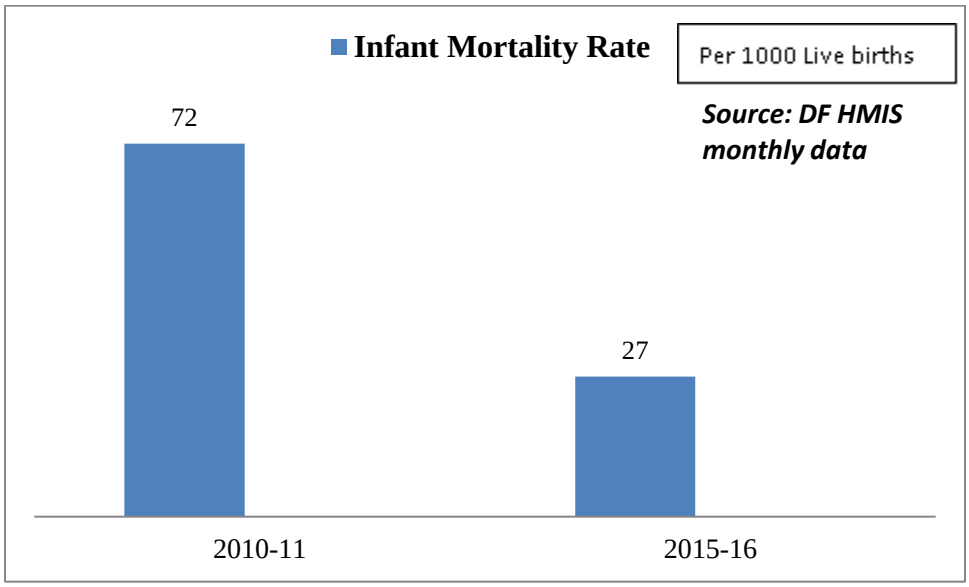
while it started increasing gradually post 2007, when the CEmONC center was completely functional to conduct C-sections, and the utilization has increased tremendously.

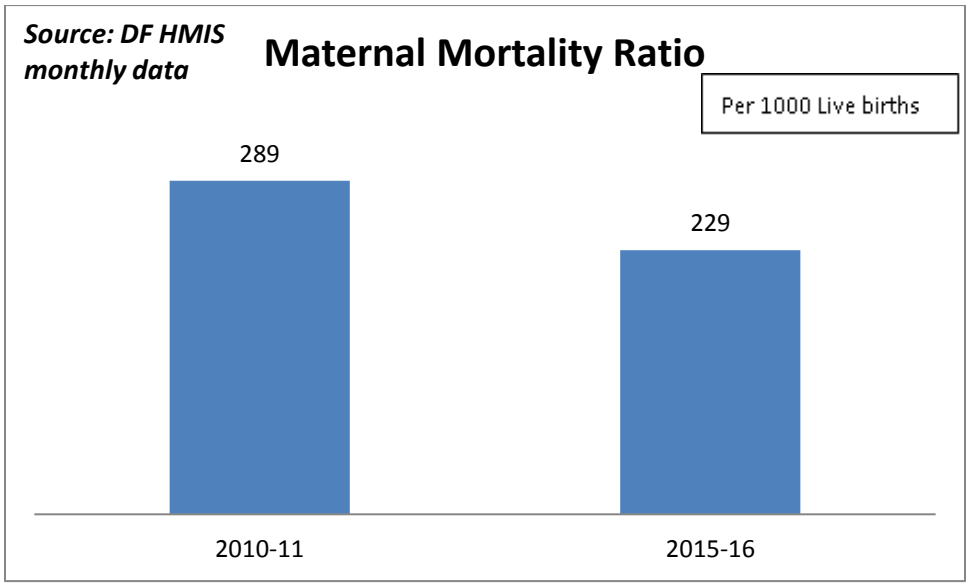


It was obtained that The CEmONC conducts about 2500 deliveries per annum, which constituted nearly half (45%) of all deliveries that conducted at all 4 CHCs in the district in the entire tribal areas of *Chhota Udepur* district. Over the period, the unit has also conducted several high-risk deliveries with timely care and appropriate treatment. The increasing demand and patient influx to CEmONC has led to further up-gradation of the unit through a well-equipped blood storage unit.



It was observed from the results that provision of CEmONC services has contributed change in IMR and MMR of Chhota Udepur district.





On the basis of above mentioned parameter, it can be concluded that CEmONC services are found effective in bringing a change in IMR and MMR in the Chhota Udepur district.

Conclusion

The intervention of CEmONC has been found to be effective based on selected parameters, it could be said that such a PPP model could be replicated in other tribal areas after appropriate CNA activities.

- ***Experience – Activities:***

As part of my association with CEmONC, certain duties were allocated to me. This helped me in understanding the program and enhanced my knowledge and skill in understanding a public health program. Below is provided a brief elaboration of the various works discharged by me.

- ***Preparing Abstract, concept notes and proposals***

  This role entitled preparation of Abstracts, concept notes as well as proposal.

  Abstracts and concept notes have been prepared on topics like:

  - Multimorbidity
  - Telemedicine and
  - The effectiveness of CEmONC

  A proposal on strategies to reduce IMR and MMR in the Chhota Udepur District has been prepared.

- ***Meetings with the Government officials:***

Since both the projects were government funded, it was a schedule to have a monthly coordination meeting. The agenda of the meeting was to update the officials regarding the progress of the project and the deliverables of the Government. Since it was a PPP project, the government was supposed to provide several essentials like medicines, linens, maintenance of the hospital, and accommodation of staff quarters. Hence during the monthly meetings with the District Collector these issues were highlighted. Before the initiation of meeting, minutes of the previous meeting were handed over to participants along with the agenda of the current meeting. Following the meeting, minutes of the meeting had to be prepared and was to be circulated to all the participants at the earliest. When we are working with the government it is essential to have everything reported and drafted. Written communications are an excellent way of communication when working with various stake holders. Moreover, the meetings sometimes were carried out via presentation or sometimes verbally. I was responsible for organizing and conducting the meetings along with appropriate reporting.

- ***Organize monthly review meetings with the field staff:***

Monthly review meetings were organized to know the progress of the field activities, where the employees at field would present the status of activities till date. My responsibility here was to ensure correctness of data when presented, review the presentations and minutes of meeting before they circulation.

- ***Planning and Organizing trainings for the CEmONC staff :***

Training had to be organized for the CEmONC staff and the staffs of other medical center operated by Deepak Foundation. I was solely responsible for planning and organizing the trainings. Gap analysis and skills assessment was carried out followed by which, budget for

the training was prepared and then a roaster of trainings to be conducted was prepared. After the approval of budget, the resource persons had to be finalized hence several organizations, hospitals, laboratories were approached to get qualified trainers. As the trainers were finalized the training was conducted on modules like infection control protocol, OPD, IPD and admission protocol, soft skills training, Laboratory training according to NABH standards, medical records maintenance and retrieval and safety protocols to be followed in a hospital. Post the training SOPs were finalized by me, the resource person and some field employees based on the training, and the SOPs were disseminated to the field post translation into Hindi and Gujarati (Local Languages).

- ***Data management and analysis:***

  A system was developed that weekly and monthly data from the field would be sent to the head office. So, every week my responsibility was to ensure correctness of data and monitor that the data reaches the head office on the decided date. At the month end the raw data was analyzed and recorded in a pre-decided annexure/format along with a report and was disseminated to various stake holders including the government.

- ***Partnership with several NGOs and stakeholder engagement:***

  Stakeholder engagement was ensured by maintaining communication with ASHAs, community mobiliser, private hospital and government hospital staff where the patients were referred as well as the community health center staff. Moreover, several NGOs, CSOs various students and Government agencies visited the organization to view the best practices, since the CEmONC center was awarded as one of the best practices by ***Ministry of Health and Family Welfare***. Hence I was responsible for orienting them to CEmONC center, briefing and de-briefing them while they are at the foundation. Partnerships were strengthened by attending workshops and conferences.

Moreover in order to establish linkages and networking several medical colleges in Gujarat and Madhya Pradesh were visited and partnerships were developed for provision of services in like visiting doctors for consultation at the CEmONC center, signing MoU to avail services of specialists on on-call basis.

- ***Innovative Practices:***

Since the centers are located in tribal areas basic treatments can be provided at these centers, during any critical conditions the patient needs to be referred. The nearest functional district hospital is 70km away. Hence critical time is lost in the transit. Therefore an innovative practice of tele-medicine was initiated at the center recently, MoU has been signed with experienced specialists and treatment advice is sought from them on-call in a way that the patient is stabilized before referral.

- ***Field Visits:***

Field visits were conducted twice a week. One at the center located at Jambugam, Chhota Udepur, Gujarat and other at the center located at Jobat, Alirajpur Madhya Pradesh.

- ***Field visit: CEmONC center, Jambugam, Chhotaudepur, Gujarat:***

The main agenda for weekly visit at this center was to ensure effective monitoring of the center. The activities included, meetings with the hospital staff, observing and commenting on the functioning of the center, to address complaints of the staff, ensuring that the basic SOPs are followed in the center and to correct practices, whenever needed. Holding meetings with the government staff of the community health center to update them regarding CEmONC center and to brief them regarding issues the center. Ensuring data management and completeness of registers and reports maintained by the staff. Interacting with the beneficiaries regarding the treatment provided and issues if they have any. Post every visit a field visit report was prepared

to analyze the gaps and the best practices along with plan of action that was supposed to be implemented before the second field visit.

- ***Field Visit: CEmONC center Jobat , Alirajpur Madhya Pradesh***:

  Since this center was at initial phase, the major agenda for these visits was to ensure proper implementation of practices and appropriate usage of funds. The visits included meeting the government officials and planning for further implementation of project. During the visit to this center, interaction with the hospital staff and block level officials was emphasized. The visit focused on channelizing the process of the center, developing tracking tool for patients and developing an appropriate MIS system to maintain and record data.Post every visit a field visit report was prepared to analyze the gaps and the best practices along with plan of action which was implemented before the second field visit.

- ***Organizing community sensitization sessions***

  It is imperative to involve grassroot functionaries' in order to make a project successful, hence to increase the utilization of CEmONC services.Since community awareness play a major role in utilization of services and the grassrot level workers are the main point of contact with the community, hence in order to increase the utilization, Individual monthly meetings were organized with ASHA and ANMs, main agenda of the meeting was:

  - CEmONC services and its importance
  - The effectiveness of CEmONC services
  - A brief round of the CEmONC center to make them aware regarding the infrastructure
  - The reasons of patient's preference on availing services at private hospitals rather than in the Government Facilities (CEmONC).
  - The role of ASHA and ANM in increasing utilization of CEmONC services
  - Perceptions of community regarding CEmONC services

The responses collected from such meetings were recorded and were presented in a report and a PowerPoint presentation to the higher officials and steps were taken to resolve these issues. Post analysis of three monthly meetings a regular ASHA and VHSNC training need was generated and hence training for grassroot level workers was organized in coordination with training department of Deepak Foundation, after the consent of District Collector.

- ***Publication of quarterly newsletter:***

  The foundation published a quarterly newsletter, which included major accomplishments achieved by the foundation. This letter was circulated to all the major stakeholders. I was responsible to coordinate with various departments of the foundation, to collect the case studies and edit them and send for publishing. This task was done in close collaboration with the mass media and documentation officer.

Best Practices:

- CEmONC services have proved to be an important tool to reduce maternal and child mortality, a center like this being the only functional center in a radius of 100km should be replicated in various tribal areas where there is dearth of health facilities
- Being in the premises of a CHC the center provides free of cost services, catering to a population of 900,000. This is one of the most successful models of Public Private Partnership.
- More PPP models could be established for service delivery
- Special software was prepared to track patients, a unique HMIS code was generated for each patient, if and when a patient comes in without a case paper and the HMIS code, it could be tracked via name and residence. Hence, it was easier to track beneficiaries.
- According to government norms mother and child needs to be followed up up-to 42 days post-delivery, hence the counselors of CEmONC followed patients on phone every 7^{th},

14^{th}, 28^{th} and 42^{nd} day. Hence any patient who reports any sort of complain, they are advised on phone and asked to visit the center.

- Being a PPP model, a specific grant used to be provided by the Government and the rest of the expenditure was capped by the Foundation, hence some low-cost practices were practiced at the center. One of them was developing normal delivery kits, which comprised of the essential drugs, and supplies required for delivery and buffer stock was kept in the labor room for any emergency. This way drugs and supplies used per delivery could be monitored which also prevented chances of wastage and pilferages.

Recommendations based on my experience:

- The HMIS sheet prepared comprised a lot of unnecessary data, which increased the workload of the staff; hence it could be revised by taking inputs from various stakeholders like the data entry operators, incharge, doctors and nurses.
- Quarterly refresher trainings should be taken for the staff to ensure constant upgradation of existing skills
- Beneficiaries availing ANC services at CEmONC should be tracked to know the place of delivery be it private institutes, other government premises or home deliveries, the reasons could be recorded to improve utilization PNC services.

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1. Nyamtema, A. S., Pemba, S. K., Mbaruku, G., Rutasha, F. D., & van Roosmalen, J. (2011). Tanzanian lessons in using non-physician clinicians to scale up comprehensive emergency obstetric care in remote and rural areas. *Human resources for health*, *9*(1), 28.
2. Otolorin, E., Gomez, P., Currie, S., Thapa, K., & Dao, B. (2015). Essential basic and emergency obstetric and newborn care: from education and training to service delivery and quality of care. *International Journal of Gynecology & Obstetrics*, *130*(S2).

Annexures:

CEmONC, Jabugam, PaviJethpurTaluka, ChhotaUdepur District in

Awareness sessions at CEmONCJobat:

Since the inception of CEmONC center, the ASHAs, being the first point of contact with the community, it was imperative to make ASHA aware regarding CEmONC services and their usefulness. Hence awareness sessions for the ASHA were organized with the agenda as mentioned below:

- What is CEmONC center, its need and effectiveness
- Services provided at the center
- Role of ASHA in operationalization of center
- Genere of beneficiaries who can avail services

Community awareness session for ASHA

Training sessions carried out at CEmONC

Onsite training sessions were carried out to upgrade the skills of the staff that included theory as well as hands on training on various topics.


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