SUMMER INTERNSHIP PROGRAM

at

National Health Mission, Gujarat

Department – Child Health

(12th May to 21st July 2025)

A REPORT BY -

Palak Guru

Master of Business Administration

Health and Hospital Administration

Roll number – **2015**

2024-26

UNDER THE MENTORSHIP OF

Dr. Anupam Mehrotra

Assistant Professor, IIHMR University

सत्यमेव जयते

Dr.Nayan P.Jani
Additional Director(FW)

No.FW/2025-26/Internship/Dr Palak Guru /Certificate/2025 ,
Dated: 21 July, 2025

Commissionerate of Health, Medical Services & Medical Education (HS), 5, Dr. Jivraj Mehta Bhavan, Gandhinagar. Gujarat. 382 010.

Phone : 079 – 23253311
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To,
Dr Palak Guru ,
MBA – HM Intern Student, (Batch 2024-26)
IIHMR University
1, Prabhu Dayal Marg,
Near Sanganer Airport, Jaipur - 302029

Sub: Internship Completion Certificate

*This is to certify that **Dr Palak Guru , MBA – HM Intern Student, (Batch 2024-26) IIHMR University, Jaipur** has undergone Internship at the **Child Health,** Family Welfare Branch, office of the Commissionerate of Health, Gandhinagar from Dt:- 12 May 2025 to 21 July, 2025.*

*During her Internship, **Dr Palak Guru** observed the implementation and functioning of key initiatives such as the Mamta Sessions, SNCU, and Hosehold Visit. She Monitored SBNC and HBYC implementation throught field observation and data analysis related to Child health.*

***Dr Palak Guru** demonstrated a strong understanding and enthusiastic attitude towards the subject matter and fieldworks.*

[Dr. N.P.Jani]
Additional Director (FW)
Health, Medical Services and Medical Education (Health Section)
Gandhinagar

Gandhinagar
Date: 21/07/2025

C.C. to:-
- ✓ *Progeamme officer (Admin), NHM, Gandhinagar*
- ✓ *Director, IIHMR University, 1, Prabhu Dayal Marg,Near Sanganer Airport, Jaipur - 302029*

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Dr. Palak Guru,** of academic year 2024-26, of the **Institute of Health Management Research**, has prepared a poster with respect to her summer internship held during May-July 2025.

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

Date: 28/7/25

28/7/25

Name: Dr. Anupam Mehrotra

Designation: Assistant Professor

Analysis of Neonatal Sepsis cases in SNCU department in Gujarat

Brief history

The National Health Mission (NHM) in India was launched on 12th April, 2005 encompassing two sub-Missions :The National Rural Health Mission (NRHM) 12 April 2005 and National Urban Health Mission (NUHM) 1 May2013.
NHM is the combination of national programmes, namely :Reproductive Maternal neonatal Child and adolescent Health project, the National Disease Control Programmes and the Integrated Disease Surveillance Project.

VISION

The vision of NHM is to ensure achievement of "universal access to equitable, affordable and quality health care services, accountable and responsive to people's needs" .

MISSION

The National Health Mission (NHM) in Gujarat aims to improve access of healthcare to rural people, especially poor women and children to equitable, affordable, accountable and effective primary health care and effective integration of health concerns through decentralized management at district, with determinants of health like sanitation and hygiene, nutrition, safe drinking water, gender and social concerns.

ORGANIZATION STRUCTURE

- Chief secretary
- Principal secretary health
- Commissioner of health and Mission director NHM Gujarat → Urban Health, Rural Health
- Additional Director → Public Health, Medical Service, Medical Education, family welfare
- Deputy director MCH/Rural/Epidemic
- Assistant director
- State Nodal officer
- Consultant
- Project officer
- Program assistant

Theoretical understanding .	Practical exposure
• Studied various health Programs for maternal and Child Health care.	• Implementation of health Programs on field.
• Knowledge about various digital tools and online platforms.	• Got oppurtunity to see practicality of online platforms and tools like Techo+ app,HMIS, SNCU online portals.

Activities

SNCU's VISITED

IEC Developed

HBNC Home visits

MAMTA day visits

Visits to UPHC's and CHC's

SWOT AND TOWS ANALYSIS

Internal factors / External factors	STRENGTHS (S)	WEAKNESS (W)
	• Round the clock medical care is available. • Provision of services free of cost i.e. government support. • Availability of specialists and infrastructure. • Kangaroo mother care practiced. • Prompt attention to neonates with good housekeeping facilities.	• Inadequate follow up care. • Lack of IEC activities. • Maintainance issues of equipment. • Lack of FBNC training to staff. • BMW protocol not followed leading to poor infection control..
OPPORTUNITIES (O)	**S-O Strategies**	**W-O Strategies**
• Develop new and sophisticated equipment via PPP models. • Increasing confidence for care at SNCU due to specialists. • Using SNCU data for identifying neonatal sepsis trends and health system gaps via data driven decisions. • More advanced Training of staff .	• Use government funds to upgrade infrastructure and equipments needed. • Using online SNCU tools to reduce mortality. • Implementing new technologies like telemedicine for faster positive health outcomes.	• Set up internal quality assurance teams to improve care standards. • Partner with NGOs/private hospitals for equipment maintainance. • Provide skill based training to staff and strict adherance to IPC guidelines.
THREATS (T)	**S-T Strategies**	**W-T Strategies**
• Risk of infection in overcrowded SNCU with poor ventilation and hygiene. • Poor awareness among caregivers leading to DAMA and LAMA . • Due to long working hours staff may feel burnout.	• Reducing infection risk by appropriate training of staff. • Timely appropriate care by specialists to reduce LOS and DAMA/LAMA cases.	• Reduce overcrowding and doing refferrals to other facilities. • Training of staff for counselling against DAMA/LAMA. • Make a follow up redressal mechanism for timely follow ups.

Challenges faced

- Difficulty in communicating due to lack of understanding of local language.
- Lack of hands on experience related to data as data is confidential.
- Transport during field visits was not available via office.

Major learnings

- Exposure to the field work led to understanding of the public health domain and application of health programs on field.
- Data monitoring via platforms like Techo+ and HMIS gave insights into health service delivery.
- Report writing .
- Gap analysis of real world data i.e.weekly infant deaths in several districts of gujarat lead to understanding of gaps on field.

Suggestions

- Infrastructure and equipment need to be upgraded in SNCU Sola,Hospital,Ahmedabad according to guidelines.
- IPC guidelines to be followed in crucial departments like SNCU.
- An effective grievance redressal mechanism to be established to address staff and patient complaints, ensuring transparent and smooth functioning of SNCU.
- Health workers like ASHAs should be given refresher skill based training for positive health outcomes regularly.

GRAPHICAL ANALYSIS

Analysis of neonatal sepsis cases in SNCU Sola hospital , Ahmedabad

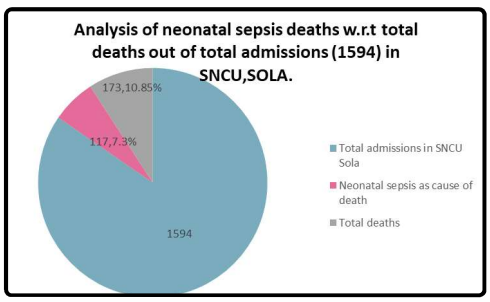


Fig 1

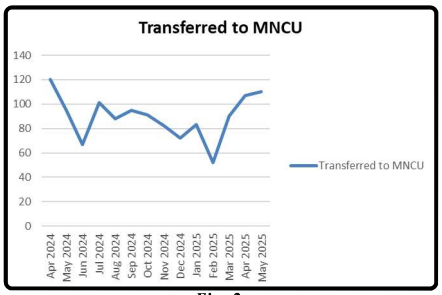


Fig 2

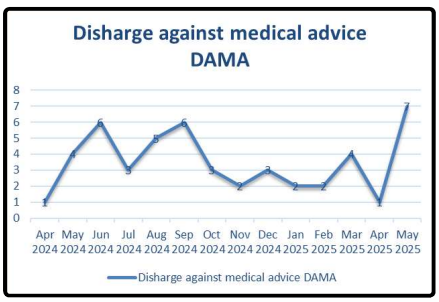


Fig 3

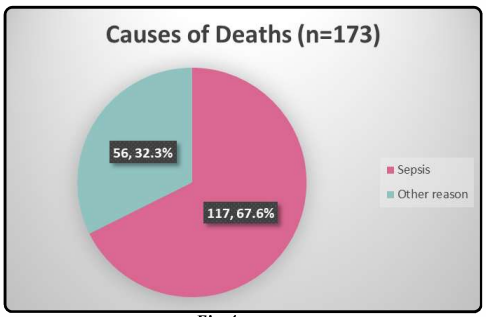


Fig 4

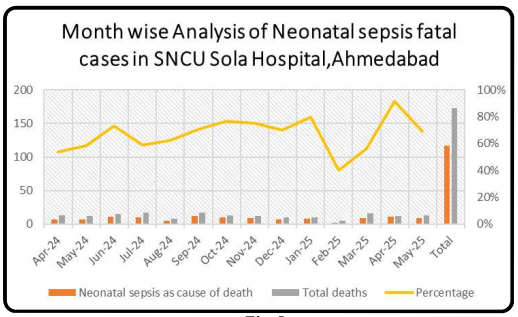


Fig 5

Findings

- ***Out of total SNCU admissions in the Sola hospital from April 2024 -May 2025 , 173 out of 1590 i.e. 10.85% of neonates died due to any cause and 117 out of 1590 i.e. 7.3% of neonates died due to neonatal sepsis.***
- ***Proportional mortality rate of neonatal sepsis for this facility was found to be 67.6%.***

Name :Dr.Palak Guru | Roll number:2015 | Organization mentor: Dr. Jaydeep Chauhan, Designation: State project Officer
University mentor name: Dr.Anupam Mehrotra | Batch :MBA-HM 29 | Organization name: NHM Gujarat

Weekly Reports

Name of the Organisation: NHM GUJARAT

Area/ Department/ Project of Summer Internship Program: SNCU(Special newborn care unit)

Name of the Student: Dr.Palak Guru

Roll no: 2015 **Stream: MBA-HM**

Week no:1

Activity Done	• Understanding Guidelines of facility based newborn care operational guidelines. • Field visit on Mamta day. • Translation of IEC material • Gap analysis of infant deaths weekly occuring in several districts.
Linking theory (Classroom learning) with practice at your organisation	• Community participation through ASHAs. • Decentralized planning and monitoring. • Focus on maternal and child health through various programmes like RBSK.
Gaps identified on the working area.	• The need to improve quality of data . • Avoid any discrepancies in the data in critical areas like date of birth. • Gaps in health systems in 3 areas i.e Identification, Transportation , Treatment.
Suggestions for improvement	• Improving data quality by incorporation of training programmes. • Training of ASHA/ ANMs for better health outcomes.
Plan for the next week	• Finalizing of the project topic. • Learning working of portal.

Week 2

Activity Done	• Learn data extraction from HMIS • Learn data extraction from Techo+ • Understanding Guidelines of facility based newborn care operational guidelines. • Gap analysis of infant deaths weekly occuring in several districts. • Finalizing topic for project.
Linking theory (Classroom learning) with practice at your organisation	• The module on digital health helped in understanding HMIS and Techo+ better. • Focus on maternal and child health through various programmes in health programmes module can be linked.
Gaps identified on the working area.	• Data discrepancies in HMIS at ground level during data entry. • Gaps in health systems in 3 areas i.e. Identification, Transportation , Treatment.
Suggestions for improvement	• Training for correct data entry into HMIS and Techo+ for field level workers. • Improving data quality by incorporation of training programmes.
Plan for the next week	• Finalizing of the project plan. • Learning working of the department.

Week 3

Activity Done	• Data extraction of weekly infant death details in the month of May. • Gap analysis of infant deaths weekly occurring in several districts of Gujarat. • Doing research on project topic. • Understanding Guidelines of facility based newborn care operational guidelines.
Linking theory (Classroom learning) with practice at your organisation	• Focus on maternal and child health through various programmes in health programmes module can be linked. • Research methodology module is helpful in doing research.
Gaps identified on the working area.	• Discrepancies in the data like spelling errors which may lead to medical errors. • Data extraction difficulty as files were corrupt. • The need to improve quality of data. • Lack of visits performed by ASHA/ANMs wrt schedule. • Shortage of appropriate equipped transport for sick infants. • Gaps in health systems in 3 areas i.e. Identification, Transportation and Treatment.
Suggestions for improvement	• Improving data quality by incorporation of training programmes. • Training of ASHA/ ANMs for better health outcomes.
Plan for the next week	• Field visit on mamta day. • Learning working of organization in various areas.

Week 4

Activity Done	• Field visit to SNCU department in GMERS hospital Gandhinagar. • Gap analysis of infant deaths weekly occurring in several districts of Gujarat. • Doing research on project topic.
Linking theory (Classroom learning) with practice at your organisation	• Communication planning and management module helped in active participation during field visit. • Focus on maternal and child health through various programmes in health programmes module can be linked. • Research methodology module is helpful in doing research.
Gaps identified on the working area.	• Newborn eyes were not covered when baby warmer was switched on in two cases. • Lack of empathy as baby was crying and there was no staff attending baby for immediate care. • Staff was not wearing PPE kits. • Discrepancies in the data like spelling errors which may lead to medical errors. • The need to improve quality of data. • Lack of visits performed by ASHA/ANMs w.r.t schedule. • Gaps in health systems in 3 areas i.e. Identification, Transportation and Treatment.
Suggestions for improvement	• Monitoring of guidelines to be followed in SNCU department of the hospital. • Training to the staff periodically regarding following of infection prevention control guidelines. • Improving data quality by incorporation of training programmes. • Training of ASHA/ ANMs for better health outcomes.

Plan for the next week	• Planning for Field visit on Mamta day. • Learning working of organization in various areas.

Week 5

Activity Done	• Field visit on mamta day to Anganwadi sector 24 Gandhinagar. • Home visits done with ASHA worker after reviewing live births in the area on Techo app . • Made PPT on child death review for May 2025 Gujarat. • Preparing questionnaire for next field visit quantitative and qualitative in SNCU department. • Prepared report on field visit on mamta day. • Gap analysis of infant deaths weekly occurring in several districts of Gujarat. • Doing research on project topic.
Linking theory (Classroom learning) with practice at your organisation	• Focus on maternal and child health through various programmes in health programmes module can be linked. • Communication planning and management module helped in active participation during field visit. • Research methodology module is helpful in doing research.
Gaps identified on the working area.	• ASHA workers not having HBNC form on field. • ASHA workers not mentioning HBNC visits on mamta cards in some cases leading to gap in data monitoring. • Biomedical waste management protocol not followed on field on mamta day. • If mamta card is not available with mother , in hurry Asha worker doesn't fill information in mamta card and performs the visit alone. • Feeding mother was on fast , lack of guidance provided by healthcare workers. • The mother was not aware of the child vaccination schedule and was unable to recall the exact date of birth of the child , lack of awareness about immunization and health.

	• Discrepancies in the data like spelling errors which may lead to medical errors. • The need to improve quality of data. • Lack of visits performed by ASHA/ANMs w.r.t schedule. • Gaps in health systems in 3 areas i.e. Identification, Transportation and Treatment.
Suggestions for improvement	• Weekly monitoring of ASHA /ANM and other health workers if they are following all the protocols . • Training of ASHA/ ANMs more frequently for better health outcomes. • Improving data quality by incorporation of training programmes.
Plan for the next week	• Planning for Field visit . • Learning working of organization in various areas. • Continue research on project topic.

Week 6

Activity Done	• Preparing questionnaire for HBNC (Home-based newborn care) and HBYC (Home based care for young child) for analyzing various trends and practices being followed in child healthcare programmes. • Gap analysis of infant deaths weekly occurring in several districts of Gujarat. • Preparing IEC material for HBNC program.
Linking theory (Classroom learning) with practice at your organisation	• Focus on maternal and child health through various programmes in health programmes module can be linked. • BCC (Buisness change and communication) module is helpful in designing IEC material. • Research methodology module is helpful in doing research.

Gaps identified on the working area.	• IEC materials are only designed in local language making difficult to understand for non localites like Migrants leading to lack of guidance. • Missing data in case summaries of few cases which leads to lack of monitoring. • Missing clear cause of death in few cases which leads to lack of determination of exact cause of death and hence creating a gap in analyzing areas of improvement. • Discrepancies in the data like spelling errors which may lead to medical errors. • Gaps in health systems in 3 areas i.e. Identification, Transportation and Treatment.
Suggestions for improvement	• Incorporation of a language which can be understood by all in designing IEC materials. • Improving data quality by incorporation of training programmes. • The need to improve quality of data by appropriate data entry to avoid any missing details which further leads to gaps. • Training of ASHA/ ANMs more frequently for better health outcomes.
Plan for the next week	• Planning for Field visit and implementation of tools made. • Learning working of organization in various areas. • Making IEC.

Week 7

Activity Done	• Preparing questionnaire for SNCU department for field visit. • Done a field visit in SNCU department of GMERS,Sola ,Ahemdabad for various observations and gap analysis using tools. • Gap analysis of infant deaths weekly occurring in several districts of Gujarat. • Preparing IEC material for HBNC program.

Linking theory (Classroom learning) with practice at your organisation	• Principles of management module helped me in enhancing communication skills and making appropriate coordinations during field visits . • Focus on maternal and child health through various programmes in health programmes module can be linked. • BCC (Buisness change and communication) module is helpful in designing IEC material. • Research methodology module is helpful in doing research.
Gaps identified on the working area.	• Improper biomedical waste segregation in SNCU visited. • SNCU department not built according to area required for beds in guidelines. • Staff was not trained for FBNC guidelines. • SNCU lacked designated area for breastfeeding, laundry, duty room for doctors and nurses , boiling and autoclave. • No part time lab technician available. • Septic area was marked as inborn unit. • Mothers were not aware of JSSK scheme admitted in SNCU. • Lack of good quality ventilators in SNCU department addressed by the doctor. • IEC materials are only designed in local language making difficult to understand for non localites like Migrants leading to lack of guidance. • Missing data in case summaries of few cases which leads to lack of monitoring. • Discrepancies in the data like spelling errors which may lead to medical errors. • Gaps in health systems in 3 areas i.e. Identification, Transportation and Treatment.
Suggestions for improvement	• Field visits by health care workers every month for better and smooth functioning of the SNCU department. • Making more precise guidelines for SNCU department for aiming to reduce IMR. • Appropriate training in FBNC to be in place for better health outcomes. • Incorporation of a language which can be understood by all in designing IEC materials. • Improving data quality by incorporation of training programmes.

	• Training of ASHA/ ANMs more frequently for better health outcomes.
Plan for the next week	• Planning for Field visit. • Learning working of organization in various areas.

Week 8

Activity Done	• Went on a field visit in SNCU department of Civil hospital ,Ahmedabad one of the largest hospitals in Asia for various observations and gap analysis. • Preparing questionnaire for SNCU department for field visit. • Gap analysis of infant deaths weekly occurring in several districts of Gujarat.
Linking theory (Classroom learning) with practice at your organisation	• Focus on maternal and child health through various programmes in health programmes module can be linked. • Principles of management module helped me in enhancing communication skills and making appropriate coordination's during field visits . • Research methodology module is helpful in doing research.
Gaps identified on the working area.	• Septic and non septic units are not differentiated. • Staff was not trained for FBNC guidelines. • Mothers were not aware of JSSK scheme admitted in SNCU. • IEC materials are only designed in local language making difficult to understand for non localites like Migrants leading to lack of guidance. • Missing data in case summaries of few cases which leads to lack of monitoring. • Discrepancies in the data like spelling errors which may lead to medical errors. • Gaps in health systems in 3 areas i.e. Identification, Transportation and Treatment.

Suggestions for improvement	• Making separate units for septic and non septic cases . • Appropriate training in FBNC to be in place for better health outcomes. • Incorporation of a language which can be understood by all in designing IEC materials. • Improving data quality by incorporation of training programmes. • Training of ASHA/ ANMs more frequently for better health outcomes.
Plan for the next week	• Doing gap analysis of weekly IMR data. • Poster making and compiling data.

Week 9

Activity Done	• Preparing IEC for child health department. • Gap analysis of infant deaths weekly occurring in several districts of Gujarat. • Compiling data for the poster and report.
Linking theory (Classroom learning) with practice at your organisation	• Focus on maternal and child health through various programmes in health programmes module can be linked. • Demography module can be linked to analyzing the data and doing appropriate data mining. • Business change and communication module is helpful in designing the IEC material. • Research methodology module is helpful in doing research.
Gaps identified on the working area.	• IEC materials can be improved. • Missing data in case summaries of few cases which leads to lack of monitoring. • Discrepancies in the data like spelling errors which may lead to medical errors. • Gaps in health systems in 3 areas i.e. Identification, Transportation and Treatment.
Suggestions for improvement	• Incorporation of a language which can be understood by all in designing IEC materials. • Improving data quality by incorporation of training programmes.

	• Training of ASHA/ ANMs more frequently for better health outcomes.
Plan for the next week	• Doing gap analysis of weekly IMR data. • Poster making and compiling data.

Week 10

Activity Done	• Field visit to UPHC and CHCs. • Analyzing data using quality tools like CAPA analysis , fishbone analysis. • Compiling data for the poster and report .
Linking theory (Classroom learning) with practice at your organisation	• Focus on maternal and child health through various programmes in health programmes module can be linked. • Demography module can be linked to analyzing the data and doing appropriate data mining. • Business change and communication module is helpful in designing the IEC material. • Research methodology module is helpful in doing research.
Gaps identified on the working area.	• Few CHC's and UPHC's struggle meeting NQAS benchmarks indicating gap in quality. • Certain pharmacies in CHCs were not built according to the requirement of infrastructure . • Few drugs were not available at the moment in the facility categorized in Essential drugs list. • Few facilities lacking essential diagnostic equipment and services like adolescent clinic. • Lack of availability of doctors on time in some facilities .
Suggestions for improvement	• Need for expanding PHCs and CHCs infrastructure and upgradation of equipment as needed at facility. • Ensuring availability of all drugs in essential drugs list. • Enhancing training and capacity building of staff.

Compiled Report

Name of the Organisation: NHM Gujarat

Area/ Department/ Project of Summer

Internship Program: SNCU

(Child health)

Name of the Student: Dr.Palak Guru

Roll no: 2015 **Stream: MBA -HM**

Activity Done

- **GUIDELINES**

- During the first week of my internship I got insights into Facility based newborn care operational guidelines.
- The guidelines helped me in understanding the newborn care facilities at different levels i.e.

Table 1: Newborn care facilities at different levels

Health Facility	All Newborns at Birth	Sick Newborns
Primary health centre (PHC)/ Sub-centre (SC) identified as MCH Level I	Newborn care corner in labor rooms	Prompt referral
Community health centre (CHC) / First referral unit (FRU) identified as MCH Level II	Newborn care corner in labor rooms and in operation theatre (OT)	Newborn stabilization unit
District hospital identified as MCH Level III	Newborn care corner in labor room and in operation theater	Special newborn care unit (SNCU)

- Expected services provided at different newborn care facilities like NBCC, NBSU,SNCU.
- Steps in setting up newborn care facilities:

✓ Projecting the bed demand
✓ Estimate and identify required space.
✓ Design the unit with areas designated as patient care area, ancillary area, step-down area.
✓ Identify and fulfill civil ,electrical and mechanical requirements.
✓ Procuring and installation of equipment.
✓ Cost of setting up newborn care facilities.

- ✓ Human resources for newborn care service.
- ✓ Training of staff on newborn care with NSSK,F-IMNCI,FBNC.
- Various operational steps for planning and rolling out facility based newborn care in the state and districts which includes:
  - ✓ State orientation and planning meeting.
  - ✓ Prioritization of districts.
  - ✓ Setting up of multi-disciplinary team.
  - ✓ Procurement, supply and maintenance of the equipment.
  - ✓ Recruitment and training of staff.
  - ✓ Record keeping
  - ✓ Review and feedback
  - ✓ Supervision and monitoring
  - ✓ Ensuring quality of care
  - ✓ Planning of newborn care facilities at district level.

- Learnt about collaborative centres at national , regional and state level.

FIELD VISITS

- I got the opportunity to perform various field visits in the following facilities:

On Mamta day PHC Center:

- In my first field visit I visited PHC centre where immunization drive was being conducted on mamta day.
- We observed ANM performing immunization and doing antenatal checkups; ASHA worker advising mothers regarding exclusive breast feeding, taking care of danger signs for child ,explaing importance of mamta card and following immunization schedule of child .

- We conducted thorough session site monitoring assessing knowledge levels of ASHA and ANM verifying proper storage of vaccines, use of needle hub cutter,availability of essential supplies drugs,blank mamta cards,AEFI kit,color coded disposal bins.

Visits to Anganwadi center and community

- We got the opportunity to visit Anganwadi center ,there with help of Techo app we went into the community with ASHA worker and observed the implementation of HBNC and HBYC health programs .

- We asked certain questionnaire from mothers accessing their knowledge to take care of child and verified if ASHA performs visits according to the number of visits defined in HBNC and HBYC health program.

Upcoming we got the opportunity to visit various SNCU's

- SNCU- GMERS,Gandhinagar
- SNCU SOLA Ahmedabad.
- SNCU Civil hospital Ahmedabad

- Visiting SNCU's we analyzed
- Functional beds in the facility
- Essential equipment's present
- Availability of trained staff
- IPC guidelines like biomedical waste segregation, hand wash area, linen cleaning schedule
- Adherence to standard protocols, referral process and follow up systems.
- Data recording and monitoring in registers and online softwares
- Display of IEC materials

Next we made field visit to various NQAS and non NQAS certified UPHCs and CHCs. And analyzed

- Infrastructure and facility management
- Staff availability and OPD functioning
- Lab and pharmacy services
- Quality improvement initiatives
- Patient safety and infection protocols
- Patient feedback and grievance redressal

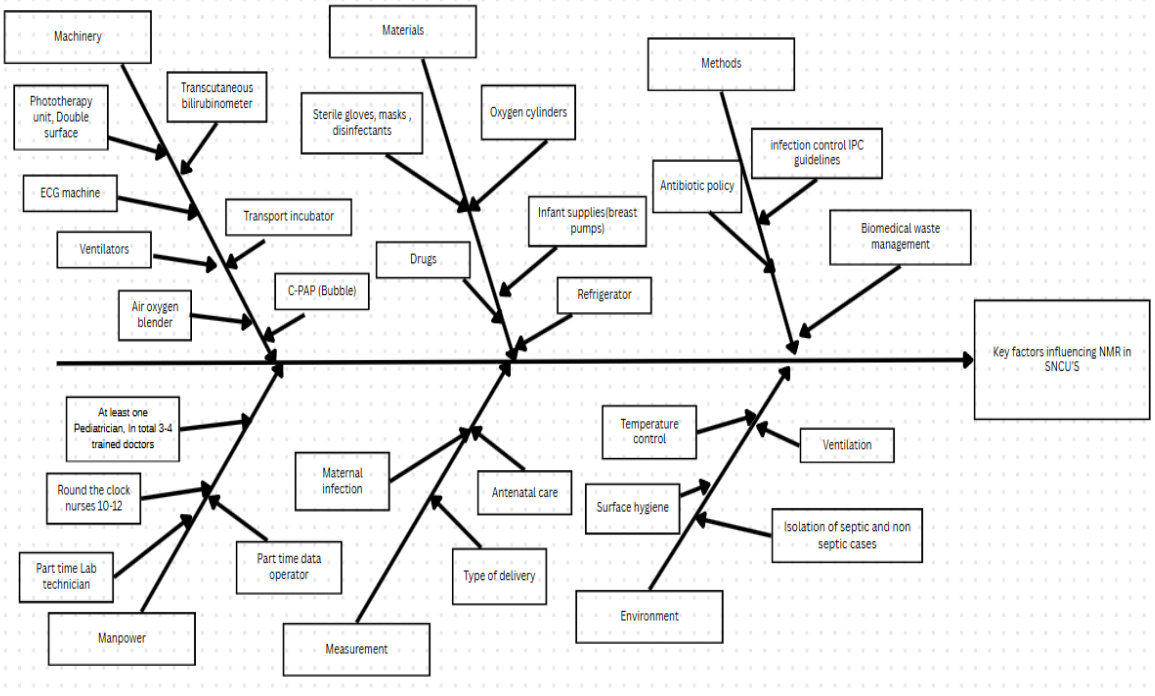
GAP ANALYSIS:

- I Conducted Gap analysis of weekly Infant deaths occurring in several districts of Gujarat in which I analyzed the case summaries of infant deaths and writing remarks for gaps identified which lead to fatality under three areas:

1. Early Identification of the Issue
2. Treatment initiated timely or not
3. Equipped Transportation availability

Fishbone diagram:

- I made a fishbone diagram to identify Key factors influencing infant mortality in the SNCU department by organizing them into categories.



CAPA Analysis

- I have conducted CAPA analysis for two issues in SNCU department :

Issue1

	Problem statement: Higher bed occupancy rate (>100%) in SNCU's affecting quality healthcare. Root cause: Referrals from facilities like NBSU without appropriate screening. Corrective actions : • Triaging of the neonates before transfer and only transfer critical cases to SNCU's. • Timely shifting stable neonates to KMC and MNCU's. Preventive actions: • Monitoring of daily bed occupancy and neonates with a longer length of stay. • Infrastructure and equipment upgrades leading to better bed occupancy management. • Capacity building of other facilities to handle moderate cases. **Issue 2** Problem statement: Frequent staff rotations in the SNCU affecting the quality of neonatal care. Root cause: • Lack of specialists in SNCU. • Burnout among skilled staff. Corrective actions: • Training of new staff in FBNC according to guidelines. • Assign mentors to guide rotated staff. • 8hours of shift to be proposed not 12 hours. • Hiring of regular staff nurses not on contract basis. Preventive actions: • Build back up of trained staff for SNCU. • Conduct skill-building of staff posted in SNCU. **Administrative work :**

	• I Compiled data from live excel sheets of 45 districts of Gujarat and analyzed parameters such as If <34 weeks of delivery Inj. Antenatal Corticosteroid Given (Yes/No),Immunization history ,ANC and PNC visits into single sheet and updated PPT for CDR (Child death review) meeting. **<u>Questionnaire</u>** • I made a questionnaire form for conducting analysis for: 1. SNCU department 2. Mothers of newborn 3. ASHA workers for community referrals **<u>IEC</u>** • I designed an IEC (Information education and communication) material using Canva regarding 10 danger signs which should be identified timely to refer sick neonates into the facility for educating mothers of newborns. **<u>Data extraction and Analysis:</u>** • Observing data extraction from online platforms like Techo+ , HMIS, SNCU online portals. • I analyzed the data collected during field visits using Excel and compiled into reports.
Linking theory (Classroom learning) with practice at your organisation	• <u>National health programs</u>: I gained hands on experience during community outreach activities which helped me applying concepts of public health to understand implementation of various health programs on field. • <u>Communication planning and management module</u>: This module helped me in designing IEC material via understanding the requirements of the community.Also application of communication tools during field visits led to understanding of dynamics of communication at grassroot level.

	• Research methods: The research methods module equipped me with application of appropriate methodologies like quantitative and qualitative and collect ,analyze and interpret the data during field visits. • Demography Module: Demography module helped in understanding of health indicators,applying conceps of demography during field data analysis and interpreting reports. • Epidemiology : Epidemiology module helped me in analyzing the importance of health promotion in preventing complications in public health programs on field. • Health policy and healthcare delivery system module: This module helped me in understanding and analyzing functioning of health systems at different levels i.e. Primary,secondary,tertiary and identification of how policies are implemented at state level. • Digital health : Digital health module helped me in understanding how application of tools like Techo+ , HMIS, SNCU online software can play a vital role in program monitoring and improving accessibility in health services. • Organization behaviour : This module helped me in understanding organization culture and importance of coordination among different individuals and groups in ensuring effective functioning of public health at various levels.
Gaps identified on the working area.	Community visits and Mamta day visits • Lack of data recorded in mamta card for HBNC and HBYC visits. • During community visits for HBNC with ASHAs it was observed that the mother was not aware of child's immunization schedule and was unable to recall exact date of birth of child. • If the Mamta card is not available with the mother, Asha worker does not document it and performs the visit.

	• Lack of proper infrastructure on mamta day for performing immunization in facilities. SNCU's • The Biomedical waste segregation was improper in SNCU departments. • The hand washing areas were not maintained in hygienic way. • FBNC training for the staff is still pending in which few staff nurses on one year contract were not trained yet. • Records were maintained in registers however discrepancies were found in the data in registers when matched with monthly data compiled. • Newborn eyes were not covered when baby warmer was switched on. • Lack of immediate attention was observed in SNCU as baby was crying and there was no staff attending baby for immediate care. • Infrastructure and equipments need to be upgraded according to guidelines in facilities. • Missing data in the registers for critical parameters like cause of death. IMR Data • Missing APGAR Scores at birth. • Missing data on immunization status and case summaries in sheets. • Discrepancies and spelling errors in the case summaries. Few CHC's and UPHC's struggle meeting NQAS benchmarks indicating gap in quality.
Suggestions for improvement	• Monthly performance review and feedback loop should be initiated to evaluate performance of staff in critical departments like SNCU regularly. • An effective grievance redressal mechanism should be established to address staff and patient complaints, ensuring transparent and smooth functioning of the SNCU.

	• Proper IPC guidelines to be followed for reducing cross infection and environmental contamination . • Displaying of more IEC materials to educate mothers of newborns which further leads to reduction in any kind of complication which can arise after discharge. • Appointing of specialists in SNCU and hiring regular staff nurses and data operators to avoid burnout of existing staff and provide them appropriate training according to FBNC guidelines. • Infrastructure and equipment upgradation in SNCU leading to better bed occupancy management and availability of more ventilators to improve health indicators. • Working conditions can be improved in PHCs and Anganwadi centres for more positive health outcomes for example improved infrastructure in PHCs and Anganwadi centres. • Skill based training of ASHA workers and ANMs to improve identification and referral of high risk cases through timely home visits and better usage of digital tools like Techo app and strengthening of communication and counselling capabilities for wider community awareness and positive health outcomes.
Key Learnings	• I learnt about the importance of decentralized planning in addressing local health needs at all levels in public health. • The crucial role of ASHA workers, ANMs, and frontline staff in delivering health care services at ground level. • The integration of public health and medical services leading to fulfillment of sustainable health goals combining both social and clinical aspects of health . • Use of digital tools like HMIS ,Techo+ for data monitoring leading to improvement in accessibility of health services. • Importance of data analysis and gap identification timely and integrating them into informed decision making for reducing IMR. • Effective implementation of RMNCH+A strategy to address maternal and newborn

	care. • Strengthening of SNCUs for managing complications in newborns in Gujarat. • Appropriate use of IEC materials and local language campaigns to spread awareness at community level.

Signature of the Student

Approval by IIHMR University mentor