Summer Training at
National Health Mission, Gujarat

To Study Knowledge, Attitude and Practice of Piped Among Medical Officers and Staff Nurses in PHC's And CHC's Of Anand District, Gujarat Under National Health Mission

By
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Under the guidance of
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MBA Hospital & Health Management
2017-2019

Institute of Health Management Research
The IIHMR University, Jaipur
2018

INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that Ms. Lisa Kutiyal has successfully completed her summer training in National Health Mission, Gujarat from April 02, 2018 to June 01, 2018.

The candidate herself completed the project assigned to her during summer training. Her approach to the project was sincere and proactive. This summer training is partial fulfillment of the course requirement recommended for the award of MBA in Hospital and Health Management.

I wish her all the success in her future endeavors.

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No.DPN/Health/NHM/ Certy/ /2018
Office of the Chief District Health Officer
District Panchayat, Anand.
Date:- 30/05/2018.

To Whomsoever It May Concern

The certificate is awarded to

Name: Lisa Kutiyal

In recognition of having successfully completed her

Summer training in the department of

Name of Department- Family Planning

and has successfully completed her Project on

Title of the Project:- To study knowledge , attitude and practice of PPIUCD among medical officers and staff nurses of Anand district of Gujarat

Duration of Study – 4th April to 1th june 2018

Organization- National Health Mission, Gujarat Dept.

She comes across as a committed, sincere & diligent person who has a strong drive and zeal for learning

We wish her all the best for future endeavours.

CHIEF DISTRICT HEALTH OFFICER,

ANAND , GUJARAT

Chief District Health Officer
District Panchayat, Anand

Date:-01/06/2018.
Place:-Anand

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I would also like to thank **Dr. Ashok Kaushik**, Dean Academics & Student Affairs and my mentor **Dr. Susmit Jain, Assistant Professor, IIHMR University, Jaipur,** for his guidance and support during my summer internship.

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Lisa Kutiyal

MBA HM – Batch 22nd

R.No. -593

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Acronyms/Abbreviations

S. No.	Acronyms	Full form
1.	PPIUCD	Postpartum Intrauterine Contraceptive Device
2.	FP	Family Planning
3.	PHC	Primary Health Centre
4.	CHC	Community Health Centre
5.	SC	Sub Centre
6.	MO	Medical Officer
7.	SN	Staff Nurse
8.	MD	Mission Director
9.	PPH	Postpartum Haemorrhage
10.	NUHM	National Urban Health Mission
11.	ASHA	Accredited Social Health Activist
12.	CDHO	Chief District Health Officer
13.	CMO	Chief Medical Officer
14.	ADHO	Additional District Health Officer
15.	RCHO	Reproductive Child Health Officer
16.	MMR	Maternal Mortality Rate
17	CCF	Congestive Cardiac Failure
18	TB	Tuberculosis
19	DIC	Disseminated Intravascular Coagulation
20	HELLP	Haemolysis Elevated Liver Low Platelets
21	APH	Ante partum Bleeding

Observational Learning

Section - 1: **Introduction**

The National Health Mission Seeks to provide effective health care to all population throughout the country. It aims to undertake architectural correction of the health system to enable to effectively handle increased allocation as promised under the National Common Minimum Programme. It has as its key components provision of a female health activist in each village, a village health plan prepared through a local team headed by the Health & Sanitation Committee of the Panchayat. It aims at effective integration of health concern with determinants of health like Sanitization & hygiene, nutrition, and safe drinking water through a District plan for Health. As per mandate under NHM the State Health Society has been reconstituted under the Chairmanship of Chief Secretary, Rajasthan adopting Multi department approach and involvement of all stake holders.

Mission –

Mission of NHM is to improve the quality of life of people by providing better Health Services. It strives to help people improve their productivity and reduce risks of diseases and injury in a cost – effective way.

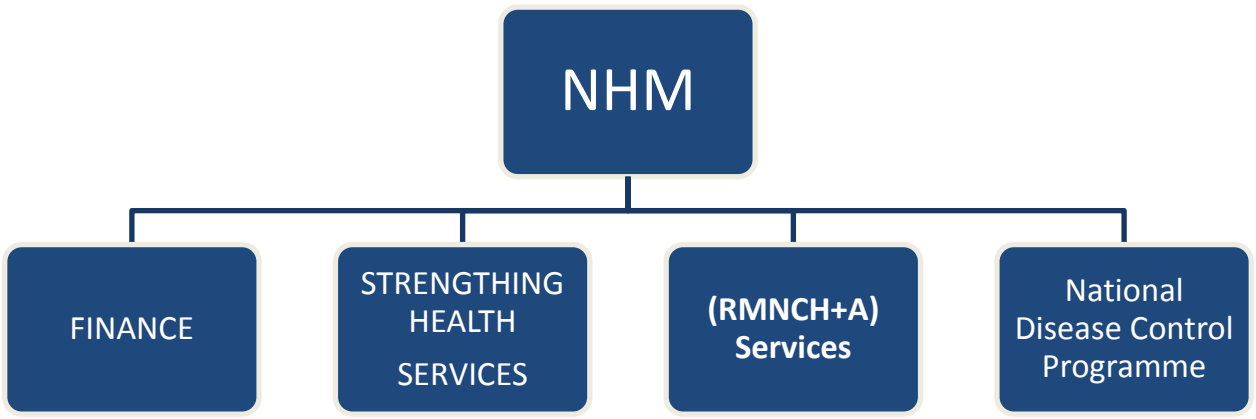
Vision-

NHM seeks to establish long term relationship with groups and individuals to enable them to continue to work to achieve optimal health. It delivers cost – competitive health promotion services with patient's satisfaction and accountability. (refrence1)

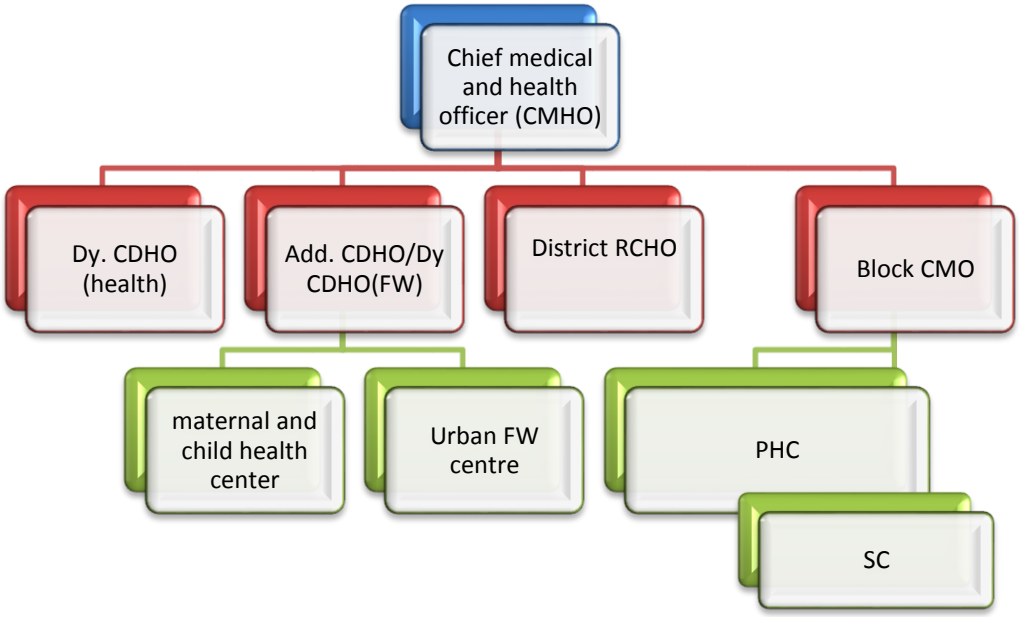
Components of NHM

- NHM finance.
- NHM health system strengthening.
- Reproductive , maternal, new born , child health and adolescent- (RMNCH+A) services
- NUHM
- National disease control programmes

Components of NHM



Flow chart - 1



Organogram

Administrative structure: district level **Flow chart - 2**

Aim: To determine the MMR in Anand district of Gujarat.

Section - 2: **Mode of data collection**

STUDY DESIGN: observational

STUDY AREA : 8 blocks of Anand district namely – Anand , Anklav , Borsad , Khambhat , Petlad , Sojitra , Tarapur and Umreth .

STUDY POPULATION: Anand district

DURATION OF STUDY: 8 weeks (2April -1 June, 2018)

SOURCE OF DATA: secondary data of year 2017 - 18

Session-3 : General findings

Table 1 Maternal Deaths block wise as on 10/04/2018 (year-2017-2018)

Sno.	Taluka name	Reg, after 1sr April	Maternal deadth
1	Anand	10975	14
2	Anklav	2967	4
3	Borsad	7588	6
4	Khambhat	5052	12
5	Petlad	5292	12
6	Sojitra	1907	3
7	Tarapur	1695	1
8	Umreth	3571	5
	Total	39047	57

Table 2- Cause wise Maternal Deaths.

Cause wise /taluka name	Anand	Anklav	Borsad	Khambhat	Petlad	Sojitra	Tarapur	Umreth
APH	2	1		1	1			
PPH	1	1	2	2	2			1
CCF								1
Toximia			5	1	1	1		
Amneotic fluid embolis				1				
Cardiac	2			1	2	1		
Hepatic	1			2	1		1	
Swine flu				1				
Anesthe asia		1				1		
Renal			1					
TB			1					1
Septise mia	1				1			
Pulmon ary embolis m		1			1			
Heart attack								1
DIC								
Rupture uterus					1			
Jondice								1
HELLP	1							
Other	3			3	1			
Convuls ion	1							
Severe anemia					1			
Eclamps ia	1							
Total	14	4	6	12	12	3	1	5

Session 4 : conclusive learning , limitation and suggestions for improvement

CONCLUSION

It was found out that the maximum number of maternal deaths took place in Anand block ie 14 and the second most maternal death which occurred was in both khambhat and petlad with a frequency of 12 each. In addition talking about the cause of death the top 5 most causes were PPH, toxemia, cardiac arrest, APH and hepatic.

LIMITATION

- People living very far from the health facilities and in remote area making it difficult for a pregnant women to get regular antenatal and postnatal checkups.
- People seeking home delivery facility as a better option rather than going to trained medical staff and get the delivery done.
- The desire of getting a male child which leads to unplanned pregnancies resulting in poor health and lack of rest to the body making it fatal for the mother.
- In India already majority of females are anaemic and then not having proper nutrition and diet during pregnancy results in severe anaemic cases.

SUGGESTIONS

- Maternal health-care systems must be escalated, communities should be mobilized and well informed to upgrade deliveries in birth clinics.
- In order to increase maternal coverage in remote areas skilled community-based birth attendants should be trained.
- Expecting mothers must have access to qualified care before, during and after delivery.
- As a motivation for health workers so that they work effectively incentives should be provided to them.
- In addition to government services, private services should also provide delivery services so that they can reach to difficult and remote places.
- In order to have better health of both mother and children, women and girls should be provided with education and empowerment as education leads to healthy lifestyle and make them invulnerable to diseases.

Project Report

Title: To Study Knowledge, Attitude and Practice of PPIUCD among Medical Officers and Staff Nurses in PHC's and CHC's of Anand District, Gujarat under National Health Mission .

Section 1 : Introduction: rationale , research question and specific objective

INTRODUCTION

PPIUCD was introduced since march 2010 in the national family welfare programme. It is the highly productive, long acting and reversible family planning method, it appreciably reduce the threat of subsequent pregnancy and abolish the need for a repeated visit to start contraception so the mothers should be aware regarding the PPIUCD. In addition, World Health Organization (WHO) medical eligibility criteria state that it is generally secure for postpartum lactating mothers to use PPIUCD, with the advantages outweighing the disadvantages. PPIUCDs are less discomforting with lower incidence of infection cost-effective as well as having no or very few side effects that reduces maternal, infant, and under-five Child mortality.

RATIONALE

This study is to understand the knowledge, practice and attitude towards PPIUCD. In order to attain maximum couples to get family planning methods, it is essential to know the factors or restriction behind not using PPIUCD. The study also focuses on identifying the staff who are actually trained for PPIUCD and who are actually practicing.

RESEARCH QUESTION

- ✓ To determine the reason behind low follow up of family planning method like PPIUCD.
- ✓ To determine the awareness among MOs and SN's.
- ✓ To determine what is lacking behind achieving targeted population of beneficiaries.

OBJECTIVES OF STUDY

- To determine the number of medical officers and staff nurses trained for insertion of PPIUCD.
- To assess the awareness as well as knowledge possess by MO's and SN's.
- To determine the binding forces which restrict proper implementation of PPIUCD programme.

Section 2 : Mode of data collection

MODE OF DATA COLLECTION

STUDY DESIGN: cross-sectional descriptive

SAMPLING: simple random sampling

SAMPLE SIZE: 16 Mo's and 34 Sn's.

STUDY POPULATION: Anand district blocks

STUDY AREA: PHC"S and CHC'S of Anand district, Gujarat

DURATION OF STUDY: 8 weeks (2April -1 june, 2018)

SOURCE OF DATA:

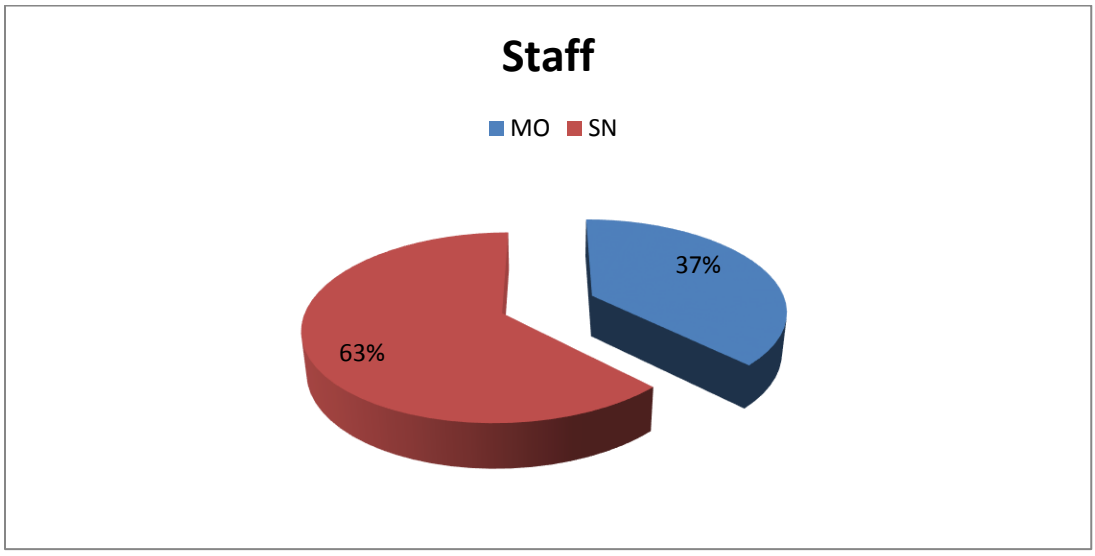
Primary data: structured questionnaire

Section 3: Data compilation, analysis and interpretation

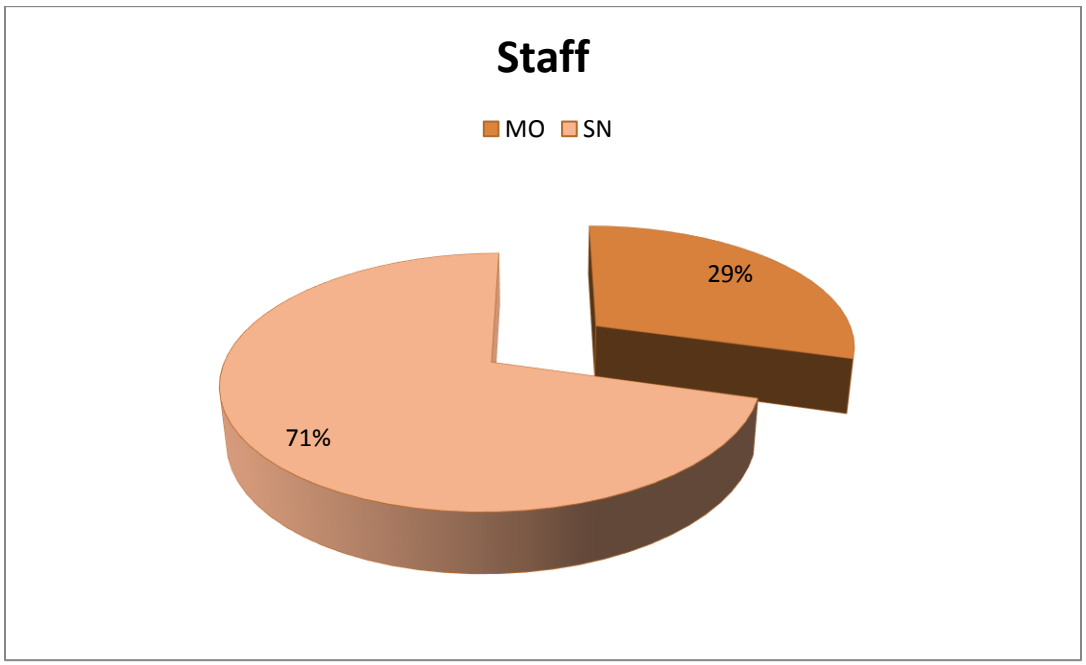
Data compilation , analysis

A) Percentage of staff interviewed

Percentage of MO and SN in PHC –Bhadran, Virsad, Bhalej, Napa, Vadod, Bakrol

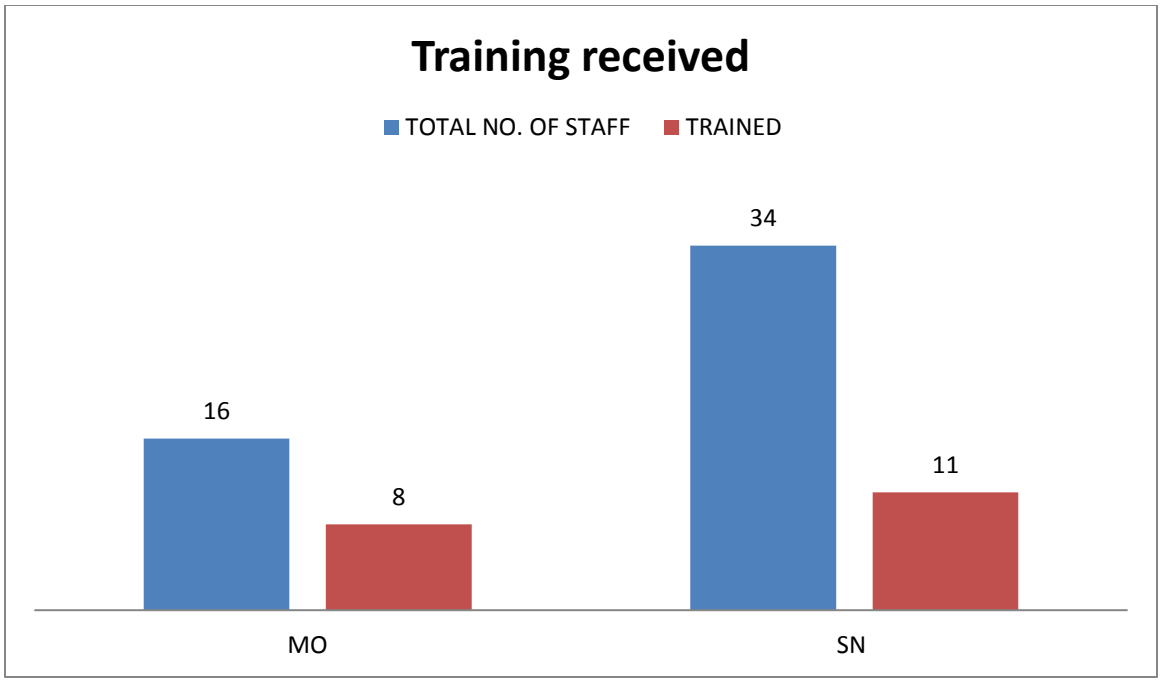


Percentage of MO and SN in CHC – Tarapur , khambhat , Vasad , Sarsa , Mehlav

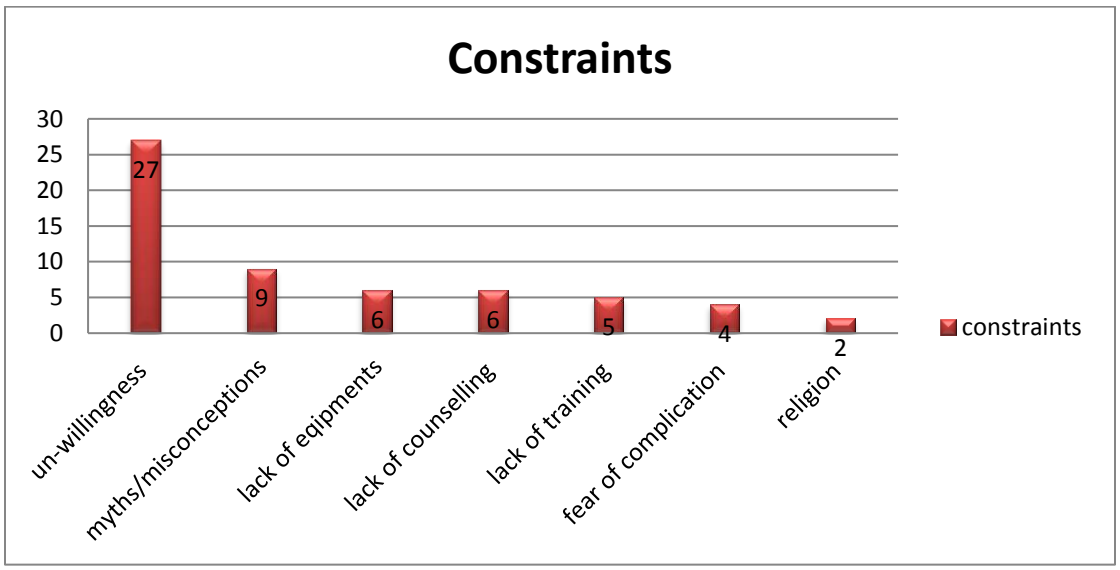


(B) Training received of PPIUCD

Percentage of trained Medical Officers and staff nurses



(C) Constraints of PPIUCD.

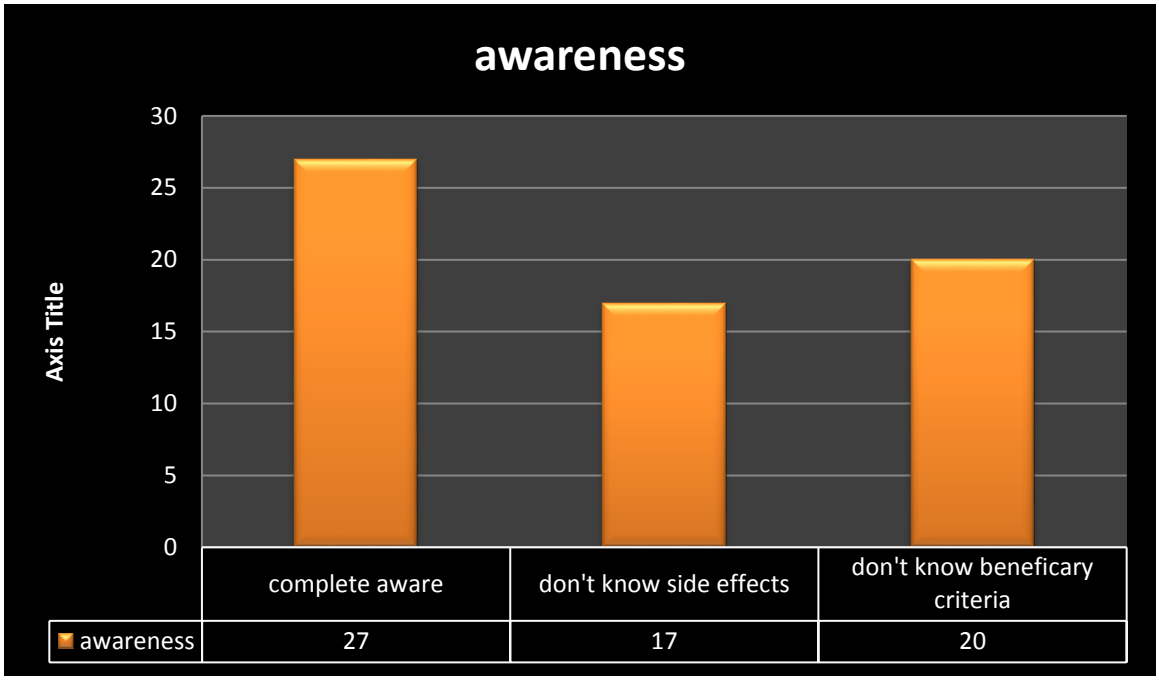


(D) Data analysis of awareness by ques 6 to 10 (refer annexure)

People who were completely aware and were able to answer all questions related to awareness -27

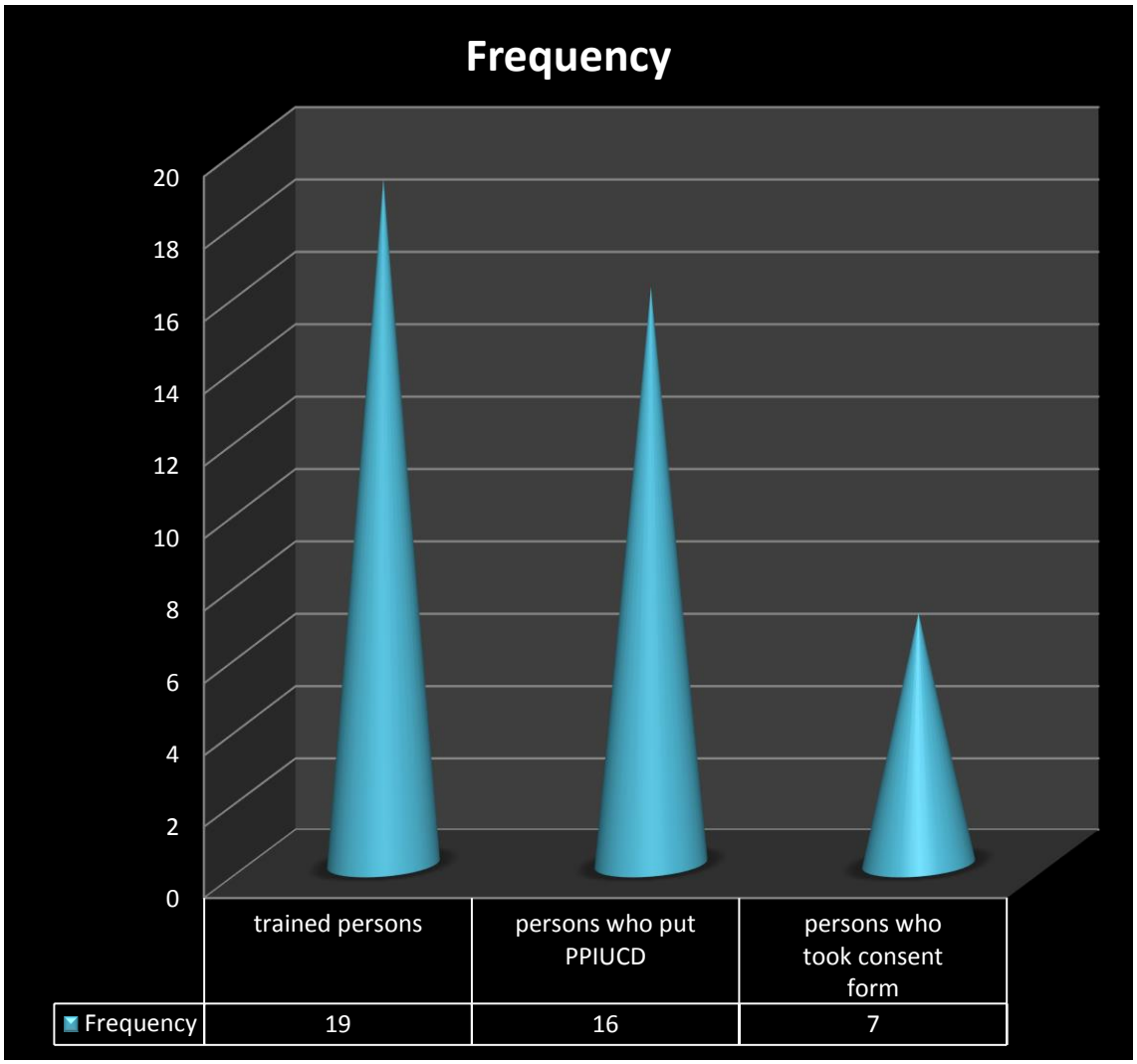
People who know all questions except PPIUCD side effects – 17

People who were didn't know about the beneficiary criteria of PPIUCD – 20



(E) Frequency of people who are actually trained and who actually practice irrespective of the fact that quantity of deliveries they perform.

Total data	Frequency
Trained persons	19
Persons who put PPIUCD	16
Persons who took consent form	07



Facility wise data-

PHC

	Bhadran	Virsad	Bhalej	Napa	Vadod	Bakrol
Deliveries took in last 3 months	45	80	152	121	107	0
PPIUCD inserted	0	5	10	0	0	0
Consent form (yes/no)	No	No	No	No	No	No
Staff available at the time of survey	1 MO , 1 SN	1 MO , 1 SN	1 MO , 2 SN	1 MO , 3 SN	1MO, 2 SN	1 MO, 1SN

CHC

	Tarapur	Khambhat	Vasad	Sarsa	Mehlav
Deliveries took in last 3 months	655	700	119	270	195
PPIUCD inserted	122	207	10	26	0
Consent form (yes/no)	Yes	No	Yes	No	No
Staff available at the time of survey	2 MO , 5 SN	2 MO , 2 SN	3 MO , 8 SN	1 MO , 3SN	2MO , 6SN

Discussion

While doing review of literature one thing i came across is that rest all of the studies were conducted either on antenatal mothers or post partum / post abortal women .So the study which i conducted was solely based on the knowledge, attitude and practice of medical officers and staff nurses of primary health centres and community health centres .

A study conducted by Yadav *et al.* mentioning that 81.4% of antenatal mothers had poor knowledge and 50% of antenatal mothers had unfavourable attitude regarding PPIUCD which was later on supported by the findings of Kathpalia SK *et al.*, Mustafa MS *et al.*, who reported that knowledge and acceptance of postpartum insertion is very low among antenatal women so therefore considering our study itself if our health providers ie medical officers and staff nurses are not trained (38% trained) and have only 13.5% complete awareness rate , so if the health providers are itself not aware than what we can expect from the general public who majority are illiterate , busy or very reluctant to understand things . Hence, if provided with good counselling and health education via edutainment, television mass media's and health workers like ASHA the scenario of present awareness among people can change very well.

In addition, Poor knowledge and unfavourable attitude of health providers regarding PPIUCD suggests that there is a strong need for educating them as well as mothers about PPIUCD's effectiveness to prevent the unintended pregnancies and abortion related complications.

Section 4 : Recommendations and conclusion

Recommendations

- Proper counselling can help to generate awareness and compliance of PPIUCD usage in postpartum mother having institutional delivery.
- To train all the eligible staff for PPIUCD and ensure that their training is productive and of apt quality.
- To ensure checklist, supply and maintenance of required instruments for procedure to follow.
- Ensure that the consent form is solely filled up by the patient instead of just having a verbal consent from the patient or her husband and relatives.
- Women should be given the cafeteria approach for contraception by providing detailed and comprehensive information about the various methods available and they should be given a choice to choose the method of contraception best suited to their needs.(reference2)

Conclusion

From the above study, it is concluded that from the sample size of 50, only 13.5% were completely aware about the PPIUCD and only 19 people have got PPIUCD training which states that the manpower for PPIUCD insertion is very less.

Another finding which came across is that amount of deliveries done by staff and amount of PPIUCD insertion have a considerable difference ie the practice is somewhat lacking.

Talking about the attitude, there are various elements which limit the targeted implementation of PPIUCD lack of untrained persons, good counselling as counselling plays a very major role in acquiring of the patient. In addition , there were also some elements which acted as encouraging factors to perform the process such as incentives , it takes less effort because the lady will come again with another pregnancy , population control could be possible , feeling of helping someone . However, in few cases there were some respondents who were not aware or didn't get any type of incentives ever.

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- ISSN (Online): 2319-7064 Index Copernicus Value (2013): 6.14 | Impact Factor (2014): 5.611

Annexure
Questionnaire

Sno.	Question	Response
1	Designation	
2	Name of the district , block	
3	Place (CHC/PHC/DH/UHC)	
4	What is the duration of your service?	
5	Are you trained for PPIUCD?	1.yes 2.No
6	What are the indication of PPIUCD?	
7	What is the beneficiary criteria ?	
8	What are it's advantages ?	
9	Do you know about it's side effect?	1. yes 2. No
10	What are the side effects ?	

11	How many deliveries has took place in your health centre over last 3 months ?	0-10= 11 -20= 21-30= 31-40= 41-50= 50-60= 60+ =
12	How many PPIUCD you have put in last 3 months? (if yes ans 13 & 14)	
13	Have you taken consent form from beneficiary ?	1. yes 2. No
14	What are the enabling criteria which motivates you to do PPIUCD ?	
15	What are the constraints related to PPIUCD ?	
16	What are the contraindication of PPIUCD ?	
17	What is the best time to put PPIUCD?	