UNIT 5 FIELD VISITS

Structure

5.0 OBJECTIVES

After going through this unit, you should be able to:

- narrate the organizational structure of different health care set-ups;
- describe the functioning of different health care set-ups that you visit; and
- critically comment on the role of the set-ups in national health care delivery.

5.1 INTRODUCTION

This unit deals with the practical aspects of field visits. As a part of the training in PGDMCH, you would be visiting an anganwadi, a sub-centre, a PHC, a CHC, a School Health Clinic, an urban family welfare centre, a Baby Friendly Hospital and a sentinal surveillance centre.

The main purpose of the field visits is to make you understand the working of the current system of delivering the MCH services in the country.

If you want to make best use of the visits, you should do some reading before you actually pay a visit to these centres. This will enable you to understand the functioning of these centres in a better way. Only if you have a good theoretical background knowledge, can you start looking at practical issues during your visits.

Very often, you will find a wide gap between theory and practice. Try to understand the reasons for these differences. Think of the possible solutions by which their problems can be solved or the gaps can be narrowed.

At the end of the visit, it is possible that not all questions have been answered or doubts cleared. The people whom you visited are not academics and not used to answering such questions. After the visit, read up the relevant units/blocks or consult your perceptor/counsellor.

Now, let us take up each visit separately.

Guidelines are given under the heading of each section (1-8) which will help you to make your field visits a fruitful exercise. Remember that these guidelines are a summary of somebody’s experience. Always keep your eyes and ears open and more

importantly keep an open mind. Visits are for learning and not criticizing. While talking to the people keep a neutral or friendly tone — do not use *accusatory* language even if you find something wrong being done. You are not there to supervise but to learn.

5.2 ANGANWADI

Anganwadi is regnlated by the deptt. of women and child Development Ministryof Human Resource Development. Its organisational structure and function is mentioned below.

a) **Organisational Support**

- Under the ICDS scheme, there is an anganwadi worker for a population of 1000. She is selected from the community.
- ICDS is a 100% centrally sponsored programme run by dept of social welfare.
- The Director/Joint Director of health service is the state co-ordinator for health functionaries with District health officer as district I.C.D.S. advisor.
- Each M.O. of P.H.C. is incharge of different sectors as sector advisor.
- Each of the I.C.D's project is under the control of child development project officer (CDPO).
- Under CDPO, are Mukhiya sevikas who support the peripheral activities providing guidance and supervision.

When you visit an Anganwadi look at the following things:

i) ***Physical Infrastructure***

Firstly you see the building of the Anganwadi.

- Whether it is at a suitable place in the village .i.e. whether it is accessible to the children and the women?
- Whether it is properly maintained: electricity, water supply and sanitation facilities?
- Whether there is enough space for storage of food items that are distributed to the children?

ii) ***Manpower***

Find out whether one Anganwadi worker is posted at this centre along with a helper?

b) **Records**

A number of records are being maintained at a anganwadi. This list is a sample but there might be differences in the place that you are visiting as it is dependent upon the local needs/requirements.

1) Attendance register

2) Stock register (Ration)

3) Survey register

4) Antenatal-cum-immunization register

5) Growth chart register

Assess the record keeping workload of the anganwadi worker. Discuss with her the availability of registers/stationery and other problems in record keeping.

While you are looking at the records, assess these records for their:

— Completeness – Whether they are updated regularly?

— Legibility of entries – corrections/erasures etc.

— Whether they are also checked by the health supervisor or the M.O., I/C PHC?

To sum up, how well they are maintained by the worker?

c) **Services Provided by Anganwadi**

The following services are being provided at the anganwadi:

1) Supplementary nutrition

2) Immunization

3) Health check-up

4) Nutrition and health education

5) Referral services

6) Non-formal education

- Women of reproductive age group get health & nutrition education.
- Children 3-6 years receive all services.
- Children <3 years and expectant and nursing mothers receive similar service except non-formal education.

Ask whether the anganwadi, where you pay a visit, provides all the above services.

d) **Observation of Activities & Interactions**

i) ***Supplementary Nutrition***

- Supplementary nutrition is given to children below 6 years and expectant mother from low income group. Type of food depends upon local availability. Type of beneficiaries and location of the project etc.
- Nutrition education and health education is give to mothers of children suffering from 1st degree malnutrition.
- Supplementary nutrition (Therapeutic food) is given to children suffering from 2nd and 3rd degree malnutrition.
- See of what type of supplementary nutrition is given at this anganwadi ?

ii) ***Nutrition and health education***

- Nutrition and health education given to all women in the age group 15-45 years giving priority to nursing and expectant mothers.
- Enquire whether the anganwadi worker gives nutrition and health education.

iii) ***Immunization***

- Immunization of children against 6 vaccine preventable diseases is carried out.
- Expectant mother are immunized with tetanus toxoid.

If possible observe an immunization session being carried out.

Focus on:

- Organization of the session like the place, sequence of services, manpower deployment (especially anganwadi workers and other community level support systems).

- Cold Chain Maintenance?
- Do they have sufficient vaccine/day carriers for immunization activities?
- Are they well maintained?
- Administration procedures and counselling/advice after it.

iv) ***Health Check-up***

- Antenatal care of expectant mothers.
- Postnatal care of nursing mothers and care of newborn infants.
- Care of children < 6years of age.
- Expectant mothers given Iron and folic acid tablets along with protein supplement.
- If possible observe an MCH session being conducted and see what is actually being done.

The Anganwadi Worker collects the children and women for check-ups and the ANM does the actual examination. A rug kit is also available at the anganwadi. Look for its supply, use and adequacy.

v) ***Non-formal pre-school education***

- Children between 3-6 years are imparted non formal Pre-school education.
- Locally produced inexpensive toys and material are used in organizing play and creative activity.
- See how the anganwadi worker imparts non-formal Pre-school education to the children.

A key factor in the delivery of services through the Anganwadi is the interaction or co-ordination between the AWW and ANM. Probe the relationship between the two.

Also try to find out how well are the different services in the Anganwadi utilized by the community.

5.3 SUB-CENTRE

You have already read about a sub-centre earlier while discussing the health services set-up in the country. This is the lowest rung in the health chain and performs the crucial part of the system i.e. delivery of health care services.

When you visit a Sub-centre, see the following things:

a) **Organisational Set-up**

Physical Infrastructure

Firstly, you see the building of the Sub-centre

- See whether the building is at a suitable place in the village i.e. whether it is accessible to the villagers as well as the workers?
- Whether it is properly maintained with respect to electricity suply, water supply and sanitation facilities?
- Whether residential accommodation is being provided in the centre for the health workers?

Remember, we expect the workers to maintain their headquarter there i.e. reside in the place. This is essential if want them to be available to the community at all times, in case of a need like for example, a delivery or an acute illness.

- Next, find out whether one Male health worker and one Female health worker are posted at this Sub-centre?
- How many villages are being covered by this Sub-centre?
- What is the population being catered by this Sub-centre?

Often you might find that one worker is missing – more likely to be a male worker. This has bearing on the workload of the workers as well as on the functioning of the sub-centre.

b) **Records**

A number of records are being maintained at a Sub-centre. This list is a sample but there might be differences in the place that you are visiting as it is dependent upon the local needs/requirements.

- Sub-centre and village information register.
- Eligible couple register.
- Maternal care services register – ANC register
- Vital events registers
  - — Birth
  - — Death
- Malaria register.
- Tuberculosis and leprosy register.
- Family planning register.
- Clinic register.
- Stock and issue register.
- Child care and Immunization register.

Assess the record keeping workload of the workers. Discuss with them the availability of registers/stationery and other problems in record keeping.

While you are looking at the records, assess these records for their:

- Completeness
- Regular updating
- Legibility of entries — corrections/erasures etc.
- Whether they are also checked by the health supervisor or the M.O., I/C PHC?

To sum up, how well they are maintained by the workers?

For example when you see the maternal care services register see the following things:

- Whether all the columns are filled?
- Whether the L.M.P. and E.D.D.'s are calculated correctly?
- Whether 2 doses/booster of Tetanus Toxoid is being given?
- How many iron and folic acid tablets are given to pregnant mother?
- How many postnatal visits are given?

c) **Outreach Activity**

These are services provided at domiciliary or village level. This is mainly through fixed day/fixed site sessions for provision of services. In addition, workers are expected to make some home visits like for example high risk pregnancies, TB defaulters etc. Each place has their own system of delivery the services through outreach sessions.

- Mother and child health care services
- MCH clinic is held once a week where antenatal care is provided to pregnant mother. LHV pays a visit to these clinics for antenatal services, please refer sub-section on essential obstetric care.
- Through ICDS, Anganwadi workers provide services to women of reproductive age group, pregnant and nursing mother and children < 6 years.

  For details, you may refer to Sub-section 5.2 of this unit.
- Fixed day, fixed site clinic is held at each village may be at the Sub-centre, or Anganwadi where immunization and other MCH services are provided.

Many other outreach activities may have been recently started. These could include Health Melas.

d) **Sub-centre Action Plan (Community Needs Assessment)**

The Sub-centre action plans are prepared in the prescribed format. You should see the format and ask how the planned performance for the next years were calculated.

With the implementation of target free approach from 1996 in the Family Welfare Programme, the ANM will do the community need assessment and set the target for the planned performance for next year. Requirement for MCH services for example ANC visit, TT doses, I & FA tablets administration can be estimated by:

- Probable no. of pregnancies = population of area × Birth rate of area
- Antenatal register = probable no. of pregnancies +10% (for pres. wastage)

The Sub-centre action plan has following indication both for previous year and for the planned performance to current years.

- Total ANC registration TT doses given and anaemic patients.
- Total deliveries conducted (Instillation/home)
- No. of women referred for M.T.P.
- No. of RTI/STD's cases detected referred
- No. of children immunized
- No. of ARI cases of children
- No. of diarrheal cases
- No. of eligible couples

Explore the involvement of non-health sector including ICDS, mahila mandals, Panchayats in the needs assessment.

e) Intersectoral Co-ordination (Role of Panchayat)

With the promulgation of the 73rd Amendment to the Constitution, the role of Local Self Governments (LSGs) i.e,. Panchayats in health has considerably increased. Their involvement in the delivery of services is to be encouraged. In fact, in many states the health workers have been transferred under LSGs. In the country, the states are in different stages of implementation. In general, Southern states are ahead in this transition.

Therefore, when even you visit and explore this issue, be aware of the extent of devolution of powers in your specific area.

During the visit explore their role in:

- Planning of the health services
- Allocation of Funds
- Delivery of services and
- Evaluation of services — in other words ensuring accountability.

f) **Essential Obstetric Care (Emergency Management and Referral)**

In view of the fact the high maternal mortality rate in India, it is hoped to provide at least essential obstetric care to pregnant women. During your visit assess how the components of essential obstetric care, that you have learnt in an earlier module, actually works in practice.

You should see the following things:

- Whether pregnant mothers are registered early (12-16 wks)?
- Whether antenatal care is provided through out pregnancy?
- How many Iron and Folic Acid tablets are given to pregnant mothers?
- Whether immunization is carried out with Tetanus Toxoid?
- Look at their issues of supply:
  - — Have they got enough stock of Iron and Folic Acid tablets?
  - — Where is it stored?
  - — How is the cold chain maintained for T.T.?
- Ask how many cases of high risk pregnancy do they refer to a higher facility?
- Ask how many delivers are conducted by the HW(F)?
- How many PNC visits are paid to the mother?

g) **Observation of Activities/Services Immunization**

If possible observe an MCH session being conducted. Especially look at the immuization/VitaminA delivery sessions.

Focus on:

- Organization of the session like the place, sequence of services, manpower deployment (especially anganwadi workers and other community level support systems)
- Cold Chain Maintenance
- See what vaccines are stored at the subcentre level?
- Do they have sufficent vaccine/day carriers for immunization activities?
- Are they well maintained?
- Administration procedures and counselling/advice after it.

Chlorination of wells

Safe drinking water is an essential need and India is committed to provide this for the population. There are many source of water in our country. Wells used to be the traditional source of water in villages. But over the years, these have been replaced

by piped supply and hand pumps. Even though there are wells in the village, they may no longer be used for drinking purposes. Find out the source of drinking water and try to assess its safeness.

Regarding chlorination of wells:

- Ask who carries out the activity of chlorination of wells in the village?
- How is the chlorine demand of water estimated?
- What substance is used for chlorination?
- Do they have enough supply?
- How is adequacy of chlorination tested?

5.4 PRIMARY HEALTH CENTRE

If you are visiting the PHC, without visiting a sub-centre, go through sub-centre guidelines as well. Many of the issues may be common and may not have been repeated here.

a) **Organisational Support**

You have already read about a PHC. It is the next higher level after the sub-centre for the delivery of health care services. When you visit a PHC see the following things

i) ***Physical Structure***

- Issues related to the building have been discussed earlier in sub-section 5.3 : Sub-centre

  Also look for:

  — Registration room

  — O.P.D. room

  — Store room

  — Injection/Dressing/Dispensing room

  — Laboratory – what tests are done, how many

  — Ward – how many beds/utilization/common indications for admissions

  — See if accommodation facilities are available for

    — The Medical officer

    — Health supervisors and staff

ii) ***Manpower***

- Verify the staffing pattern of the P.H.C.'s.
- Are there any posts vacant?
- What is the division of work/job responsibilities for various workers?
- How much is the population covered by the PHC? This is very varied in the country.
- What are the problems?

You can discuss these issues with the M.O.I/C, PHC.

b) **Records**

As discussed in sub-section 5.3 : Sub-centre, a no. of records are maintained at the PHC. The following list is only a sample.

- O.P.D register
- Stock register → Consumable / Non-consumable
- Family planning register
- Eligible couple register
- T.B. register
- Malaria register
- High Risk Register
- Laboratory register

See the records:

- Whether they are complete?
- Whether they are updated regularly?
- Whether M.O.I/C has verified these records?

Reporting system:

- Monthly report
- Surveillance/Morbidity reports
- Any other special reports

c) **Outreach Activity**

Outreach activities of the PHC's are carried out by the multipurpose workers who are posted at the sub-centre.

These are services provided at domiciliary or village level. This is mainly through fixed day fixed site sessions for provision of services. In addition, workers are expected to make some home visits like for example high risk pregnancies, TB defaulters etc. Each place has their own system of delivery the services through outreach sessions.

- Mother and child health care services
- MCH clinic is held once a week where antenatal care is provided to pregnant mother. LHV pays a visit to these clinics for antenatal services, please refer sub-section on essential obstetric care.
- Through ICDS, Anganwadi workers provide services to women of reproductive age group, pregnant & nursing mother & children < 6 years.

  For details, refer Sub-section 5.2 Anganwadi.
- Fixed day, fixed site clinic is held at each village may be at the sub-centre, or Anganwadi where immunization and other MCH services are provided.

Many other outreach activities may have been recently started. These could include Health Melas.

- Special campaigns like Family Health Awareness Campaign are held once a year to detect and treat cases of RTI & STD's followed by appropriate referral facilities.

d) **Supervision**

- Health Assistant (Male and Female) supervise the work of health workers during concurrent visits;
- Scrutinize the maintenance of records of the health workers;
- M.O. PHC provides guidance, supervision and leadership of the health team. Find out how many times in the recent past (say a month) has the M.O. visited the field and what activity did he/she carry out during that visit.
- You can ask the health workers whether they receive guidance from their supervisors and M.O.I/C PHC?

e) **Intersectoral Co-ordination (Role of Panchayat)**

Please refer to Sl. No. (e) of Sub-section 5.3: Sub-centre.

f) **Essential Obstetric Care (Emergency Management and Referral)**

Please refer to Sl. No. (f) of Sub-section 5.3: Sub-centre.

In addition, for emergency management and referral you can ask whether this PHC caters to emergency obstetric cases referred from subcentre?

Is this PHC a First Referral Unit (FRU)? This is possible only if it is an upgraded PHC. i.e. covering about one lac population.

Discuss issues related to transport of an emergency case.

g) **Essential Neonatal Care**

The primary goal of essential newborn care is to reduce perinatal and neonatal mortality.

The main components are:

i) ***Resuscitation of newborn with asphyxia***

Ask whether this PHC has resuscitation facilities like:

- Suction apparatus
- Laryngoscope
- Ambu bag etc.

ii) ***Prevention of hypothermia***

Ask what do they do to prevent hypothermia in new born?

h) **Observation of Activities/services**

i) ***Immunization***

Observe how the cold chain for the vaccines is maintained at the PHC?

- See what they have? ILR or deep freezer or both?
- Do they have a continuous supply of electricity? If not, do they have a backup of a generator?
- Enquire for how long the vaccines are stored at the PHC? Look at the record maintenance of vaccine and cold chain.
- Assess the vaccine storage practices.
- If feasible observe how an immunization session is being carried out at the PHC?

ii) ***Antenatal Service***

Observe how the antenatal services are being provided in the MCH clinic/or during the field visit?

iii) ***Malaria***

You can observe how a malaria slide is being prepared by a health worker?

What treatment does he give?

iv) ***Family Planning***

- You can observe how an IUD insertion is being carried out at the PHC?
- What advice is given to the mother?
- Look at the stocks of condoms, oral pills. Are these easily accessible/available in the PHC and the privacy maintained.

5.5 COMMUNITY HEALTH CENTRE

If is the Block level health institution where specialist services are available.

a) **Organisational Support**

The next higher level after the PHC is a Community Health Centre which acts as a referral centre for the sub-centres and the PHC's.

i) ***Physical Structure***

A CHC should have 30 beds with specialists in Surgery, Medicine, and Obstetrics and Gynaecology and Paediatrics in addition to General Duty Medical Officers, some of whom are trained in Anaesthesia and public health.

- See if this CHC has 30 beds?
- How is the building maintained?
- Do they have adequate electricity water supply and sanitation facilities?
- Do they have a functioning X-Ray equipment, radiographer and electricity?
- In the Lab what tests are done, what equipment do they have – colorimeter, autoanalyser etc.? How many tests are done in a day and the staff available.

ii) ***Manpower***

- Verify the staffing pattern of the CHC?
- Do they have specialist in all the four specialities as mentioned above?
- Do they have enough accommodation facilities for their staff?

b) **Records**

Please refer Sl. No. (b) of Sub-section 5.4 for Records.

c) **Outreach Activity**

The out reach activities of a CHC are carried out through the PHC & subcentres. Pl. refer section II PHC for out reach activity.

d) **Specialist Services**

You will see that four medical specialist services are available at the CHC.

They are:

- Surgeon

- Physician
- Obstetrician and Gynaecologist
- Paediatrician

You can enquire about the type of services provided by the above specialist especially the support services that are available to them in terms of Operation theatre, emergency equipment etc.?

e) **Managerial Role**

Training of Traditional birth attendant (TBA) is under taken at the CHC.

- Enquire for how many days the training is carried out?
- What is the type of training given?
- How much stipend is given to each dai?
- Is the dai provided with a delivery kit and a certificate after completion of the training?

CHC also has a managerial role in providing continuing education to the functionaries.

Look at the support (apart from clinical/referral support) that CHC provides to the peripheral team at PHC/SC.

f) **Intersectional Co-ordination (Role of Panchayat)**

- At the block level, the prime function of panchayat samiti is the execution of community development programme in the block.
- The block development officer (BDO) is the ex-offico secretary of the panchayat samiti.
- The main activities of the community development programme are :
  - — Improvement of agriculture
  - — Improvement of communication
  - — Education
  - — Health and sanitation (through the PHC's and sub-centre)
  - — Improvement of housing
  - — Training in rural arts, crafts and industries to local people.

You can ask what kind of activities are carried out by the panchayat in that block?

g) **Emergency Care and Referral**

CHC serves as a first referral unit (FRU) for the PHC'S and sub-centres.

Emergency care is provided at the CHC's. Pregnancies associated with complications are referred to FRU's which are equipped with kit E to kit P.

See if this CHC has the following kits:

- Kit E — Laparotomy set
- Kit F — Mini laparotomy set
- Kit G — IUD Insertion set
- Kit H — Vasectomy set

- Kit I — Normal delivery set
- Kit J — Vacuum extraction set
- Kit K — Embryotomy set
- Kit L — Uterine evacuation set
- Kit M — Equipment for anaesthesia
- Kit N — Neonatal resuscitation set
- Kit O — Equipment & reagents for blood test
- Kit P — Donor blood transfusion set.

When were these kits supplied? How well have these been utilized. If No, why have they not been adequately utilised.

h) **Essential Neonatal Care**

Refer to Essential Neonatal Care of sub-section 5.4.

i) **Observation of Activities/Services**

A number of activities you can observe at the CHC:

i) ***Immunization Services***

- See how the cold chain for vaccines is maintained at the CHC?
- See whether they have a deep freezer (300 lt) and ILR'S (300/240 lt capacity)
- Ask how long is the vaccines stored at the CHC?
- Enquire about electricity problem?

ii) ***Antenatal Services***

- Observe how the MCH services are being provided in the MCH clinic?
- If you happen to get a chance, you can observe how a normal delivery is being conducted?

j) **Problems Faced in Referral (Receiving referral from outreach and referring to higher up)**

The problems faced in referral may be due to:

1) Lack of transport facilities

2) Lack of trained manpower at the referral centre

3) Lack of infrastructure – equipment's, drugs etc.

4) Resistance from the patient/relatives to go to higher centres for treatment.

5.6 SCHOOL HEALTH CLINIC

The present day broader concept of school health is of comprehensive care of the health and well being of children throughout the schooling years. The idea is to "catch them young" in terms of developing health habits/lifestyles and identifying and treating illnesses at an early stage. The school health services provided are different is many states of India. It is mainly because of shortage of resources and insufficient facilities.

a) **Health check up**

- Health check up of school children is done at the time of entry and there after every 4 years.
- Careful history and physical examination of child with tests for vision, hearing is done.
- Recording of height and weight is carried out.

b) **Health education**

Health education regarding:

- Personal hygiene
- Environment health
- Family life is imparted to the children.

c) **Services provided**

- Health appraisal of school children and school personal
- Remedial measures and follow-up
- Prevention of communicable disease
- Healthful school environment
- Nutritional services like mid-day school meal.
- First Aid and emergency care
- Mental health
- Dental health
- Eye health
- Health education
- Education of handicapped children.

d) **Role of teacher**

- To carry out daily inspection of children and detect change in the child's appearance or behavior that suggests illness or improper growth and development.

In many states, we also have mid-day meal schemes in order to promote health and increase attendance in schools.

Discuss with the Principal and the teachers the frequency of health check ups, referral services, provision of drugs etc.

5.7 URBAN FAMILY WELFARE CENTRE

a) **Organisational Set-up**

Urban Family Welfare centre is a health post established in the slum itself or an area whose population has at least 40% living in the slum. It is an extension of services of an appropriate hospital.

Physical infrastructure

Issues related to building have been discussed earlier in sub-section 5.3.

Manpower

- Verify the staffing pattern of the urban family welfare centre
- Are there any posts vacant?
- What are their problems?

b) **Records**

A number of records are being maintained at a Urban family welfare centre. This list is a sample but there might be differences in the place that you are visiting as it is dependent upon the local needs/requirements.

Records maintained are:

- O.P.D register
- Indent
- Stock
- Immunization register
- Antenatal

See if the records are complete.

- Whether they are updated regularly?
- Whether they are cross-checked by the Medical Officer?

c) **Outreach Activity**

These are services provided at domiciliary level. This is mainly through fixed day fixed site sessions for provision of services. In addition, workers are expected to make some home visits like for example high risk pregnancies, TB defaulters etc. Each place has their own system of delivery the services through outreach sessions.

i) ***Maternal and child health activities***

MCH clinic is held once a week.

Essential obstetric care is given to all pregnant mothers. Please refer to sub-section on essential obstetric care.

ii) ***Immunization***

Under-five children are immunized according to national guidelines.

iii) ***Family Planning***

Family planning services are provided

- Ask about the type of family planning services being provided.
- Who provides this service?

iv) ***Observation of Activities/Services***

Refer to observation of activities/services in sub-section 5.3.

5.8 BABY FRIENDLY HOSPITAL

Baby friendly hospital initiative (BFHI) was launched in 1992 as a part of the Declaration in promotion, protection and support of breast feeding by WHO and UNICEF. Baby friendly hospitals are required to adopt a breast feeding policy and conform to its ten steps.

When you visit a Baby Friendly Hospital see whether they adopt the following ten points of successful breast feeding:

1) Have a written breast feeding policy that is routinely communicated to all health care staff.

2) Train all health care staffs in skills necessary to implement this policy.

3) Inform all pregnant women about the benefit and management of breast feeding.

4) Help mother initiate breast feeding within half an hour of birth in normal delivery and 4 hours following Casearean section.

5) Encourage breast-feeding on demand.

6) Give newborn infants no food or drink other then breast milk unless medically indicated.

7) Practice rooming-in: Allow mother and infants to remain together 24 hours a day.

8) Promote exclusive breast-feeding till 4-6 months of age.

9) Give no artificial teats or pacifier to breast feeding infants

10) Foster the establishment of breast feeding support group and refer mother to them on discharge from the hospital or clinic.

5.9 SENTINEL SURVEILLANCE

Disease surveillance is defined as “the continuous scrutiny of factors that determine the occurrence and distribution of disease and other conditions of ill health”. Sentinel surveillance system is defined as a reporting system based on selected institutions or individuals that provide regular, complete reports on one or more diseases occurring ideally in a defined catchment area”.

It was started mainly for Vaccine preventable diseases covered under Expanded Programme for Immunization (EPI). N.I.C.D. Delhi has prepared standard proformae on various diseases for reporting.

The diseases under sentinel surveillance are:

- Neonatal Tetanus
- AIDS
- Measles
- Poliomyelitis

See the reporting format.

- Records

You have to see the records for regularity of reporting of

- Neonatal Tetanus
- Measles
- Acute Flaccid paralysis

e.g. AFP surveillance.

The reporting units have to send a weekly AFP surveillance report to the DIO irrespective of whether they see a case of AFP during the week or not. That is they have to send a NIL report to the DIO. The reporting units have to notify AFP cases

immediately to the DIO as important activities like stool specimen collection, outbreak immunization, active case search in the community should occur early.

Feedback from higher centre

- You have to ask whether the reporting unit received any feedback from higher centres about the surveillance activity being carried out by them.

5.10 LET US SUM UP

You would be visiting many institutions involved in delivery of MCH care in the country. During these visits look at:

- Building – suitability, accessibility, maintenance
- Equipment – availability, working status/maintenance, appropriateness
- Manpower – shortage/excess, workload, training needs
- Records – types, numbers, completeness, regularity of checking by supervisors
- Service Delivery – Job responsibilities, co-ordination, community involvement
- Performance – target achievements, comparison with national/local statistics
- Barriers to performance

Just to recapitulate some important points:

i) Remember every institution/person has a very specific purpose and we try to create conditions/support mechanisms so that this purpose is achieved.

ii) While the system has certain expectations from the institutions/individuals in terms of performance, they too in turn have some expectations from the system in terms of support. Problems arise only if these two expectations are not compatible with each other.

iii) During these field visits, you should try to assess the balance between the two sets of expectations.

iv) As an administrator/manager you should try to minimize the imbalance. For this, you need to develop an understanding of the issues.

Well, you must have made all the visits and learnt many new things. Hope you took the advice and read the theoretical aspects before the visits. You must have realised that it made a lot of difference to the utility of the visit. You must have noticed that the real world is quite different from the picture that you obtained by reading books. If you have developed an insight into the various reasons which lead to these differences, then you have taken an important step in being a good manager/ administrator.