SUMMER INTERNSHIP
AT
IIHMR, DELHI
(APRIL 1 TO MAY 31ST, 2020)

A REPORT

BY

DR. TAVLEEN KAUR MALIK

POST-GRADUATE DIPLOMA IN HOSPITAL AND HEALTH MANAGEMENT

2019-2021

INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH, NEW DELHI

ACKNOWLEDGEMENT

First and foremost, I would like to thank my parents whose encouragement, guidance and support was always there with me which has helped me to complete this internship successfully.

The internship opportunity I had with IIHMR, Delhi was a great chance for my learning and professional development. I consider myself blessed that I got this opportunity to be a part of such an organization.

Lastly, I want to thank my mentor Dr. Sumant Swain**,** Assistant Professor, IIHMR, Delhi under whose guidance and supervision I have been able to complete my internship.

I perceive as this opportunity as a big milestone in my career development. I will strive to use the skills and knowledge gained in the best possible way, and I will continue to work on their improvement, in order to attain desired career objectives.

Dr. Tavleen Kaur Malik

TABLE OF CONTENTS

ABBREVIATIONS

ANC- Antenatal Care

DLHS- District Level Household Survey

GDM- Gestational Diabetes Mellitus

IPC- Infection, Prevention and Control

JSY- Janani Suraksha Yojna

JHPIEGO- John Hopkins Program for International Education in Gynaecology and Obstetrics

MCSP- Maternal and Child Survival Program

PNC- Postnatal Care

SBM- Swachh Bharat Mission

Task 1

CASE STUDY

JOHN HOPKINS PROGRAM FOR INTERNATIONAL EDUCATION IN GYNAECOLOGY AND OBSTETRICS (JHPIEGO)

HISTORY

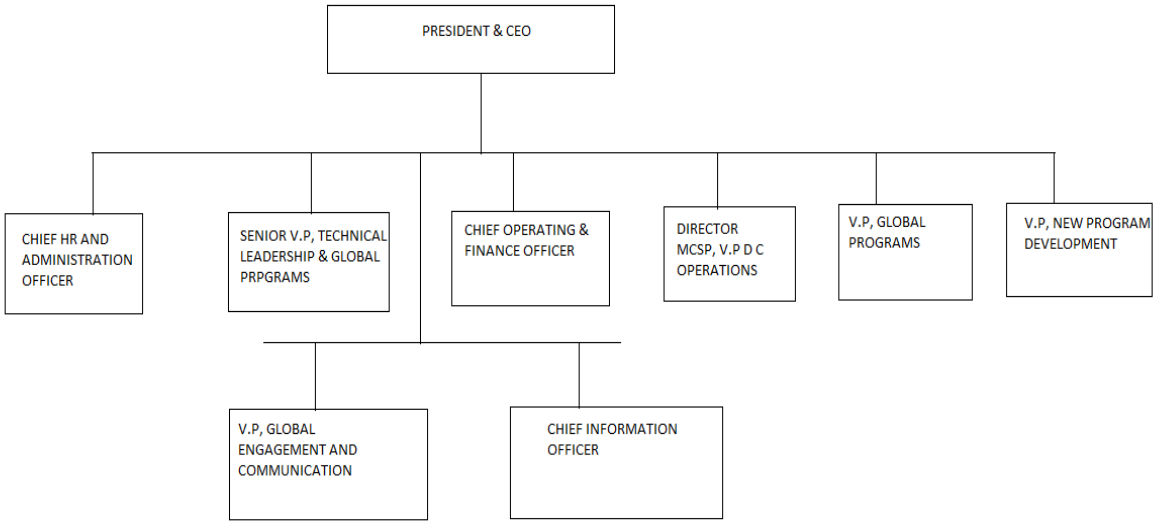
Jhpiego is an international non-profit health organization affiliated with John Hopkins University. It was founded in 1973 in Baltimore, Maryland. It was formerly called as John Hopkins Program for International Education in Gynaecology and Obstetrics, but now is referred as Jhpiego (pronounced as ja-pie-go). The force responsible for the foundation of Jhpiego was Dr.Theodore M. King. Dr.Theodore was a trendsetter and supporter for women's health. He realized the need of reproductive health advancement such as laparoscopy, modern contraceptives and many more, which were needed to be inculcated into physicians, nurses and administrators. Jhpiego started its training session in USA in 1974 based on Family Planning and Reproductive Health for doctors and nurses. It started its first-in country training programs in Tunisia, Brazil, Kenya, Thailand and Philippines in 1979. It has conducted 3 Global Training in Reproductive Health Projects from 1987 to 2004 which were funded by USAID. It published its first learning materials in 1993 in the field of long acting Family Planning methods. It established its first office in Kenya in 1993 and today has offices in more than 150 countries across the world. It began expertise the area of Family Planning and Reproductive Health but now is working extensively in the area of Mother and Child Health, Infection Prevention and Control, HIV/AIDS, Infectious diseases and many more. Jhpiego has extended its approach from addressing Reproductive Health policy and guidelines to Strengthening and Supporting health system and improving the delivery of care.

Since 35 years, Jhpiego has been working in preventing the unwanted deaths of women and their families.

ORGANISATION STRUCTURE

Jhpiego's organizational structure consists of President/CEO and 8 different senior positions. Leslie D. Mancuso is the President/CEO and under her the positions are Senior Vice President and Global Programs, Chief HR and Administrative Officer, Chief Operating and Finance Officer, Director, Maternal and Child Survival Program (MCSP); Vice President, DC Operations, Vice President Global Programs, Vice President New Program Development, Vice President Global Engagement and Communication and Chief Information Officer which are held by Alain Damiba (MD,MPH,MBA), Manjushree M. Badlani (MA, SPHR), Abhishek Bhasin (CPA), Koki Agarwal (MD, MPH, DrPH), Debora Bossemeyer (BSN, MSED), Richard Lamporte (MURP), Melody McCoy (MSW) and Glenn R. Strachan (MA) respectively.

Along with this Jhpiego have an Expert group and Advisory Board. Expert group consists of 8 determined individuals which include Chantelle Allen (Senior Technical Advisor, Health System and Quality), Kelly Curran (Senior Director HIV/AIDS and Infectious Disease), Ricky LU (Director Reproductive Health and Family Planning), Lisa Noguchi (Director Maternal and Newborn Health) and many more. Advisory Board consists of 20 members such as Sheela Murthy (President and Founder Murthy Law Firm), Cara Moreno (COO, Fitz Frames) and many more.



(MCSP: Maternal and Child Survival Program)

OPERATIONAL ASPECTS OF ORGANISATION

Jhpiego's operational aspect is broadly classified into Technical Area and Programmatic Approach. Technical Area addresses the most widespread causes of death and disability in women and their families in developing countries and finding appropriate solutions to it. The areas covered are Adolescent, Child Health, Cervical Cancer Prevention and Treatment, Family Planning and Reproductive Health (Contraception, STDS etc.), Maternal and Newborn Health (ANC, PNC, Postpartum care, Pre-Eclampsia/Eclampsia), Non-Communicable Diseases (Cancer, Cardiovascular Diseases) and many more.

Programmatic Approach involves sustainable approach for building human capacity and strengthening health services. It includes Community Intervention and Mobilization(which involves Behavior Change, Community Health, Urban Health, Social Mobilization), Health System Development (which involves Health System Strengthening, Human Resource Development, Policy and Advocacy, Service Delivery, Supervision etc.), Competency based Education and Training, Information and Communication Technology, Innovation, Knowledge Management, Logistics(involving Procurement, Supply Chain, Essential

Medicines and Health Products), Market Shaping, Monitoring & Evaluation and Rehabilitative Medicines.

LEADERSHIP

Jhpiego, founded in 1973 was under the leadership of Dr. Theodore M.King, who was the originator, trustee and later president of Jhpiego for 14 years. Jhpiego, presently is under the leadership of Leslie D. Mancuso (PhD, RN,FAAN), Alain Damiba (MD,MPH,MBA), Manjushree M. Badlani (MA, SPHR), Abhishek Bhasin (CPA), Koki Agarwal (MD, MPH, DrPH), Debora Bossemeyer (BSN, MSED), Richard Lamporte (MURP), Melody McCoy (MSW) and Glenn R. Strachan (MA).

Jhpiego established itself **as** a Chief in reproductive health training. Jhpiego started its teaching session in USA in 1974 based on Family Planning and Reproductive Health for doctors and nurses. It started its first-in country training programs in Tunisia, Brazil, Kenya, Thailand and Philippines in 1979. It has conducted 3 Global Training in Reproductive Health Projects from 1987 to 2004 which were funded by USAID. It published its first learning materials in 1993 in the field of long acting Family Planning methods.

HR POLICIES AND PRACTICES

Human resource policies and practices of Jhpiego provides positive work environment and illustrate good governance in every operational aspect. For instance under Effective Management Practices, Jhpiego ensures equal opportunity and fair treatment, provides adequate and timely compensation adequately with education, experience and professional responsibilities and maintains effective performance management system. All the employees are encouraged for open communication, collaboration, team work and encouraging relationships. HR team practices transparency in decision making process and provide clear and comprehensive job-description/ specification and many more.

Jhpiego provides employees with direction in the form of policy to guide their behavior and aware them of their rights and benefits. Areas commonly covered in policy are as follows:

Appointment, Probation period, Non-discrimination in employment (to ensure harassment free work place), Performance Management, Raises and Promotions, Salary, House of work,

Overtime, Part-time and temporary employment, Employee Recognition Program, Leaves (such as maternal/paternal leave, emergency leave, bereavement leave, leave with or without pay), Conflicts of Interest, Discipline (including problem/grievance handling), Retirement, Resignation, Termination, Occupational health and safety program, Workplace policies such as no smoking, Treatment of Confidential Information and many more.

Benefits of HR policies and practices aids in maintaining organization culture, ensure consistency and fairness, to make the organization processes run smoothly.

COMMUNICATION CHANNELS AND STRATEGIES

Jhpiego believes Communication is an essential personal and professional skill. Above all it considers effective communication very important at all levels such as coaching, coordination, counseling, evaluation and supervision. They ensure the chain of understanding should be from top to bottom, bottom to top, and side to side. A communication policy has been developed that guides both board and staff. These policies and strategies the organization states in its Communication, including its Branding are highly important.

Jhpiego uses a number of Communication Channels. The most widely used are Emails, SMS messages and Telephonic conversations. To communicate with public, they have created Websites and for board use protected areas have been offered. For networking, the channels commonly used are Facebook, Twitter, LinkedIn and Instagram. However, regular posts and fax messaging are also used. These all channels assist in both Internal and External Communications. Board members communication skills are important when they deal with each other, staff, media and other stakeholders. Board and staff are directed to work as a team and promote regular, open, transparent and 2-way communication.

A communication plan is developed in Strategic manner such that it includes elements like Goals (which reflects the mission), Objectives (which should be measurable and outcome oriented), Key Message (which is appropriate to audience and tools used), Communication tools or vehicles (which are appropriate and affordable), Evaluation Strategies and many more.

Branding plays an important role in communication and portrays organization figure. Branding can be done in form of various publications, business cards, websites and many more.

Jhpiego is extensively involved into Advocacy be it for families, patients, community or profession. They believe in advocacy that has sound rationale for action, commonly referred to as Evidence-based-advocacy. It should be done in a process and must be set into a plan so as to obtain desired results. The process is as follows:

Issue identification and Analysis → Setting Objectives → Selecting Targets and Partners → Setting Strategy → Developing Messages → Selecting Tools → Taking Action → Monitoring and Evaluation

ROLES AND RESPONSIBILITIES OF THEIR TEAM

The team comprises of individual staff members, employees, managers, CEO, Board members. The main role and responsibility is to save lives, prevent needless death and advance the health of women and families.

Role and Responsibility of Board:

- They set the policy in places.
- They take care of the funds and other expenses.
- Monitoring the success.
- They provide a culture that supports employee development and recognizes employee value through a number of policies and programs.
- They ensure that employees are valued, listened to and supported.

Role and Responsibility of Individual Employee

- They perform duties as directed by CEO and Board, and implement the decisions given by them.
- They implement, evaluate and monitor the operations of the programs and services, also maintain all the records and protecting the data.
- They record all the minute details.

- They maintain proper books of account assets, preparing annual and supplementary estimates and financial statements.
- They are encouraged to be fully engaged, which involves assessment of their current knowledge and skills and build up their short- and long-term goals.

An organization which provides new growth experience and positive feedback is valued the most and urges individual to be associated with it. However it is only possible when the teams adheres to the roles and follow the responsibilities with extreme dedication and determination.

SERVICES AND PROGRAM

Jhpiego began working in India since 1980's in collaboration with Ministry of Health and Family Welfare and Government of India to strengthen reproductive health services. In 1992, Jhpiego was a crucial partner in 5-year project which was funded by USAID to strengthen Reproductive Health Services in Uttar Pradesh. Jhpiego's first office in India was established in 2009, since then it has been working closely with MoHFW and GOI at National and State level providing Technical Assistance in the area of:

1. Strengthening Family Planning Services which includes program such as :
    - The National Technical Support Unit- Family Planning
    - Scaling- up Postpartum IUCD in India: Leveraging the confluence of positive factors for National Impact that consist of trained doctors and nurses, developing IEC/BCC material, Counseling skills, Strengthening data management systems by training data handlers in recording and reporting quality data.
    - MCSP: The Maternal and Child Survival Program
    - EAISI: Expanding Access to Intrauterine Contraceptive Device in India
    - AFP: Advance Family Program

2. Strengthening Human Resources for Health which includes program such as :
    - SAMARTH initiative
    - Establishment and operationalization of Health and Wellness Centers

- Strength Midwifery services in high focus states of India
- Strengthening Nursing Midwifery skills for Universal Health Coverage

3. Improving Quality of Maternal and Newborn Health including programs:
    - Sustaining Quality Assurance Accreditation for Maternal Healthcare in India's private sector
    - Born Healthy: Addressing Maternal infections to improve Newborn outcomes in India

4. Addressing India's Non- Communicable Disease burden:
    - HPV Vaccine Program in India- Advocacy and Roadmap
    - Improving access to early detection and treatment to Breast health care in India
5. Other Programs:
    - TSU-AH: The technical support unit- Adolescent Health
    - Technical Assistance to National Vector Borne Disease Control Program-MoHFW, towards Malaria Elimination

INNOVATIONS OR PATH BREAKING INITIATIVES

Innovation in Training Methods and Technologies:

- In 1986, Jhpiego pioneered Competency based Training that emphasized learning by doing. They introduced Anatomic model for "humanistic training", such that learners used to first practice on models until they achieved competency so that the risk to client is minimized.
- In 1987, Jhpiego introduced computer-assisted instruction to imitate clinical situations and sponsored Global Meeting on Reproductive Health Education and Technology with World Health Organization.
- In 1995, a manual on clinical training skills was published, the foundation of Jhpiego's training approach, by which it created a global network of qualified

physicians, nurses and midwife trainers. Also, they launched ReproLine, an online source for Reproductive Health Information.

Innovation in Action:

Jhpiego"s innovative Cryotherapy Device known as CryoPop is developed to treat cervical lesions easily and at lower cost. It is being produced by Indian manufacturer, Pregna International Limited. Jhpiego in collaboration with John Hopkins centre for Bioengineering Innovation and Design developed CryoPop. The CryoPop's modular design uses Carbon Dioxide, which gets converted to dry ice to freeze and destroy pre-cancerous lesions and also aids in single visit approach for Cervical Cancer prevention to even in the most remote areas. The second part of the study is yet to start in April 2020, which will focus on effectiveness in treating women with precancerous cervical lesion. World Health Organization recommends Cryotherapy as secondary prevention of Cervical Cancer. Today, Jhpiego is organizing computer-based learning in Ethiopia and Ghana along with this a distance learning program in Zambia and learning through mobile phones in Afghanistan.

LOCAL AND GLOBAL REACH

Local Reach

Jhpiego's first office in India was established in 2009, since then it has been working closely with MoHFW and GOI at National and State level providing Technical Assistance in the area of strengthening Family Planning services, strengthening Human resource for health and Improving the quality of Maternal and Newborn Health care. It has supported establishment of 70 study centers in India which resulted in training of more than 2200 mid level health care providers.

Global Reach

1. Family Planning services (2014-2018);
    - 2,787,655 women voluntarily initiated post pregnancy family planning. In 2018, Jhpiego averted 7 million unintended pregnancies and 2.2 million unsafe abortions. It saved approximately 81,000 children and 9,000 women across 12 countries.

2. Maternal Health(2014-2018):
    - Around 15,178,822 women delivered in a health facility and 211,109 babies not breathing/crying at birth successfully resuscitated at a health facility.
3. Cervical Cancer Prevention and Treatment (2014-2018):
    - Around 495,394 women screened for cervical cancer out of which 74.8% were found with pre-cancerous lesions were treated on same day with cryotherapy.
4. More than 900,000 health care providers, community volunteers and other supporting health systems were trained from 2014 to March 2019.

Task: 2

JHPIEGO'S ROLE IN COMMUNICABLE AND NON-COMMUNICABLE DISEASES

Jhpiego has been working solemnly in the area of Non-Communicable Diseases in India, Guyana, Indonesia, Tanzania, Cote d'lvoire and many other countries across the globe. They have published various research papers and initiated innovative therapies in the field of Cancer and Cardiovascular Diseases.

CANCER

- CERVICAL CANCER: As per Lancet 2010, Cervical Cancer ranks 3rd most common cancer in women worldwide and 4th leading cause of cancer deaths in women with estimated 270,000 deaths annually. Cervical Cancer when associated with Human Papillomavirus Infection and HIV can increase the burden of disease. Screening for cervical Cancer cases in developed countries is very effective, such as in U.S there is marked reduction in Cervical Cancer incidence and mortality, whereas in Low-Resource Countries it continues to be a burden. However, Jhpiego is working to overcome the barriers by introducing innovative therapy such as cryotherapy. Jhpiego's innovative Cryotherapy Device known as CryoPop is developed to treat cervical lesions easily and at lower cost. It is being produced by Indian manufacturer, Pregna International Limited. Jhpiego in collaboration with John Hopkins centre for Bioengineering Innovation and Design developed CryoPop. The CryoPop's modular design uses Carbon Dioxide, which gets converted to dry ice to freeze and destroy pre-cancerous lesions and also aids in single visit approach for Cervical Cancer prevention in the most remote areas. The second part of the study is yet to start in April 2020, which will focus on effectiveness in treating women with precancerous cervical lesion. World Health Organization recommends Cryotherapy as secondary prevention of Cervical Cancer. CryoPop is very useful technique for screening in Low and Middle Income Countries, as about 88% of cervical cancers occurs here. It is less expensive, more durable under harsh working conditions and ten times more

efficient in using Carbon Dioxide than other standard devices of cytology that are used to detect cervical cancer. Jhpiego in collaboration with Jwaharlal Nehru Medical College in Belgaum, India has been studying the functioning and effectiveness of CryoPop.

CARDIVASCULAR DISEASES

- PRE- ECLAMPSIA & ECLAMPSIA: It is a life threatening disorder recognized by high blood pressure and presence of albumin in urine which affects 2-8% of all pregnancies worldwide and is one of the ordinary causes of maternal and perinatal morbidity and mortality in low and middle income countries. Jhpiego did an Integrative review of the side effects related to the use of Magnesium Sulfate for Pre-eclampsia and Eclampsia Management. The study concluded that there is little occurrence of most several repercussion of Magnesium Sulfate. The study suggested early screening and diagnosis of Pre-eclampsia and Eclampsia, responsive treatment with proven drugs and surveillance for women under treatment should be done as per policies and practices followed globally.

JHPIEGO WORK IN INDIA REGARDING NON-COMMUNICABLE DISEASES:

$3/5^{th}$ of the morbidity and mortality in India is due to Non-Communicable Diseases. Jhpiego is working on three Non-Communicable Diseases areas which are Gestational Diabetes Mellitus, advocating and providing Technical Assistance to Government of India developing HPV vaccine Program and improving access to early detection and treatment to Breast health care.

1. DEFINING AN OPERATIONAL MODEL FOR ANC BASED GDM SCREENING AND MANAGEMENT IN INDIA : The program aims to develop a model that would screen all pregnant women for Gestational Diabetes Mellitus using Oral Glucose Tolerance Test and management of diagnosed cases with Medical Nutrition Therapy and Insulin Therapy. The program is done in collaboration with GOI and MoHFW. It has been launched in Madhya Pradesh as a 2-year program to demonstrate the operationalization of ANC based service delivery model for GDM

Screening and Management. The program is funded by Educational Grant from Novo Nordisk.

2. HPV VACCINE PROGRAME IN INDIA- ADVOCACY AND ROADMAP: Jhpiego with Government of India plans to develop roadmap to prevent Cervical Cancer by developing HPV vaccine as Primary Prevention in India. It aims to involve relevant stakeholders including Expanded Program on Immunization and others at National Level to prevent Cervical Cancer through screening and HPV vaccine Program. This program was funded by GAVI.
3. IMPROVING ACCESS TO EARLY DETECTION AND TREATMENT TO BREAST HEALTH CARE IN INDIA: Breast Cancer is the most frequently occurring cancer amongst women with prevalence rate of 25.8 per 100,000 women. Jhpiego in support to Government of India proposed a systematic strategy based on Evidence-Based-Intervention to improve access to quality Breast healthcare for women. The program includes strong learning and advocacy agenda, creating awareness about Breast healthcare among providers and communities and early detection of breast cancer at primary health care level which would provide timely diagnosis and treatment at referral hospitals.

COMMUNICABLE DISEASES

Jhpiego's role in Communicable diseases is commendable. It pays attention to the most prevalent causes of death and disability worldwide especially in women and their families and provides impactful clinical interventions. It deals with various infectious diseases like Tuberculosis, HIV/AIDS, Ebloa, Avian Influenza, Malaria including their prevention and treatment. It provides guidelines for Infection, Prevention and Control (IPC).

- MALARIA: Africa reports about 90% of deaths due to Malaria and it affects pregnant women and young children. Malaria in pregnancy results in various medical conditions such as maternal anemia, maternal death, still-birth, spontaneous abortion and low birth weight. In the endemic regions of Africa, 1/3rd of neonatal deaths are due to Low Birth Weight, which are associated with *P.falciparum* infection during pregnancy. In the area of unstable Malaria Transmission babies are born pre-term. Jhpiego states certain key intervention methods to subside the burden of malaria in

pregnant women, their newborns and young children such as intermittent preventive treatment of pregnant women especially in the area of stables transmission of malaria and use of long lasting insecticides treated bed nets, effective case management that includes diagnosis, counseling and treatment.

In India, Jhpiego provides Technical Assistance to National Vector Borne Disease Control Program (NVBDCP) launched by Ministry of Health and Family Welfare towards Malaria Elimination. The program is funded by USAID and Global fund to fight AIDS, Tuberculosis and Malaria (GPATM). Maternal Child Survival Program (MCSP) program which is launched by Jhpiego as USAID flagship program supports NVBDCP and two active malaria grants from Global fund to fight AIDS, Tuberculosis and Malaria (GPATM) and provide technical assistance for surveillance and reporting of Malaria. The program aims to enhance national capacity to gather, analyze and act on the information regarding malaria prevalence and outbreaks. It ensures to monitor malaria prevention and control activities.

Jhpiego 2018 annual report states that about 8,556,923 individuals received medicine to prevent malaria, 5,609,926 pregnant women received 2 doses of intermittent preventive treatment resulting in averting 3,768 deaths and about 5,201,440 pregnant women received insecticide treated bed nets resulting in averting 12,709 deaths from 2014 to 2018.

JHPIEGO'S ROLE AND RESPONSIBILITY WITH RESPECT TO NATIONAL HEALTH PROGRAM

National Health Mission (NHM) in India was launches in 2013 after combining National Rural Health Mission and National Urban Health Mission NHM has various components such as RMNCH+A, NCDCP, CDCP, Infrastructure maintenance and Health System Strengthening. RMNCH+A Programme was launched in February 2013 by MoHFW as an intervention for reducing maternal and child morbidity and mortality. The program deals in Adolescent health, Child health, Maternal Health, Family Planning, Immunization and many more. Maternal health has components such as Janani Shishu Surakshana Karyakaram, Janani Surakshana Yojana, DAKSHATAImplementation Package, Labour Room and Quality Improvement Initiative and many more.

Jhpiego launched an initiative in support of Government of India to be the lead technical partner in developing DAKSHATA. It is named as DAKSHATA- GOI's STRATEGIC INITIATIVE FOR QUALITYIMPROVEMENT IN LABOUR ROOM. This initiative has been funded by Children's Investment Fund Foundation and Norway India Partnership Initiative (NIPI). Jhpiego also assist Government of India in developing national Management Information System (MIS) for the labour room and also an app for Mentoring DAKSHATA Program to ensure that components of data recording, reporting and reviews are strengthened.

DAKSHATA IMPLEMENTATION PACKAGE (as per NHM): It is a planned initiative to reinforce quality of Intra and Immediate Postpartum care through providers who are competent and confident. The initiative follows planned approach to deal with the major determinants of quality of care provided to the women during the process of child birth, which includes careful interventions at every step such as care at the time of admission of pregnant women, care just before and at the time of delivery, care soon after delivery and care at the time of discharge. The initiative tries to encourage providers to prevent and manage complication due to solemn causes of maternal and newborn mortality during and after childbirth.

JHPIEGO'S ROLE AND RESPONSIBILITY IN DAKSHATA INITIATIVE BY NATIONAL HEALTH MISSION

OBJECTIVE: To strengthen the quality of care during and immediately after childbirth through competent, skilled and confident providers.

APPROACH & METHODOLOGY ADOPTED: It includes Training, Capacity Building and Advocacy Actions. Training package encourages skill and knowledge building of health workers along with Safe Childbirth Checklist (SCC) use. Capacity Building provides in-facility support to health workers to apply the learned skills through structured mentorship package wherein emergency obstetrics drill on maternal and neonatal complications are conducted. Advocacy actions ensure the availability of essential supplies at each target facilities undertaken by program team as per the SCC. Standardized client case records, birth

registers and other standard reporting tools are initiated at various administrative levels for advocacy and use of data for action.

SPECIFIC ACTIONS UNDERTAKEN: Jhpiego has prioritized 19 key practices from Safe Childbirth Checklist (SCC) by World Health Organization for action under DAKSHATA, which are

- BEFORE BIRTH:
    - ON ADMISSION: It includes questions such as starting of partograph, does mother need referral, when the mother needs to start antibiotics. SCC also states to promote birth attendant to be nearby at birth and ensures enough supplies of gloves for each vaginal examination.
    - JUST BEFORE PUSHING (OR BEFORE CAESAREAN): It includes questions regarding essential supplies at bedside and preparation for deliver, information regarding starting of antibiotics and many more.
- AFTER BIRTH:
    - SOON AFTER BIRTH (WITHIN 1 HOUR): It includes information regarding any abnormal bleeding, when to start antibiotics or anti-hypertensive, questions regarding newborn and many more
    - BEFORE DISCHARGE: It includes questions regarding blood pressure, any abnormal bleeding, the need of antibiotics, discussion on family planning options to mother, feeding of the baby. The checklist ensures absence of danger signs such as abdominal pain, fever or chills, headache, breathing difficulty and many more for both mother and newborn.

IMPLEMENTATION: Jhpiego with support from Government of India's DAKSHATA initiative has implemented it in 1200 facilities across more than 120 districts in states such as Rajasthan, Madhya Pradesh, Odisha, Andhra Pradesh, Telangana, Maharashtra and Jharkhand. The initiative is recently initiated in 60 districts in states such as Kerala, Assam, Nagaland, Meghalaya, and Jammu & Kashmir with the help of Technical Assistance from Jhpiego.

DELIVERABLES/OUTCOMES: DAKSHATA initiative together from the support of Government of India and Jhpiego eventually resulted in overall improvement in Maternal Mortality Rate to 130 (SRS 2014-2016) from 167 (SRS 2011-2013), also encouragement for increased Institutional Deliveries. As per National Family Health Survey 4 (NFHS4 2015-2016), institutional deliveries increased to 78.9% from 38.7% (NFHS3 2005-2006).

REFERENCES

1. *Jhpiego*. (n.d.). Retrieved April 6th, 2020, from Wikipedia: https://en.wikipedia.org/wiki/Jhpiego

2. *2.Jhpiego History*. (n.d.). Retrieved April 6th, 2020, from Web Archive: https://web.archive.org/web/20150429062114/http://www.jhpiego.org/content/jhpiego-history

3. *Jhpiego History*. (n.d.). Retrieved April 6th, 2020, from Jhpiego: https://web.archive.org/web/20150429062114/http://www.jhpiego.org/content/jhpiego-history

4. *Jhpiego India Factsheet April 2018*. (n.d.). Retrieved April 9th, 2020, from Jhpiego: https://www.jhpiego.org/wp-content/uploads/2018/05/Jhpiego-India-Factsheet-April-2018.pdf

5. *Annual Report 2018*. (n.d.). Retrieved April 9th, 2020, from Jhpiego: https://www.jhpiego.org/wp-content/uploads/2019/07/2018-Annual-Report-web-2.pdf

6. *Jhpiego* . (n.d.). Retrieved April 10th, 2020, from Jhpiego: https://www.jhpiego.org/

7. *Resources*. (n.d.). Retrieved April 17th, 2020, from Jhpiego: http://resources.jhpiego.org/system/files/resources/ripc_summaryguidance_0.pdf

8. *Malaria Prevention Treatment*. (n.d.). Retrieved April 17th, 2020, from Jhpiego Sources: http://resources.jhpiego.org/resources/technical/malaria-prevention-treatment?f%5B0%5D=field_region%3A40

9. *Pre-Eclampsia*. (n.d.). Retrieved April 19th, 2020, from Jhpiego: http://resources.jhpiego.org/system/files/resources/Smith%20An%20integrative%20review%20of%20the%20side%20effects%20realted%20to%20the%20use%20of%20magnesium%20sulfate%20for%20pre-eclampsia%20MBCPreg%26Childbirth%202013.pdf

10. *Dakshata Implementation Package*. (n.d.). Retrieved April 19th, 2020, from National Health Mission: https://nhm.gov.in/index1.php?lang=1&level=3&sublinkid=838&lid=449

11. *Cervical Cancer Screening Prevention*. (n.d.). Retrieved April 19th, 2020, from Jhpiego: http://resources.jhpiego.org/system/files/resources/Anderson%202012%20Cervical%20cancer%20screening%20and%20prevention%20for%20HIV-infected%20women%20in

Task-3

COMPARATIVE STUDY

COMPARITIVE ANALYSIS OF INSTITUTIONAL DELIVERIES IN EASTERN AND NORTHERN INDIA

OBJECTIVE: To compare and study the factors determining Institutional Deliveries in Eastern and Northern India.

METHODOLOGY: This is a pure Literature Review Based Study. The study focuses on identifying factors determining Institutional Deliveries and their variation in Eastern and Northern India. Recent articles from period of 2011-2019 were searched from PubMed, Google Search and other Journals. The articles focused on women of age group 15-49 years, belonging to different region of origin such as rural and urban, their socio-economic condition, their literacy rate and various other independent variables.

Keywords: Institutional Deliveries, Janani Suraksha Yojna, Maternal Mortality Ratio, Maternal Health, National Family Health Survey (NFHS), District Level Household Survey (DLHS), Antenatal Care (ANC).

RESULT: The study found various similarities in independent variables such as Female Literacy, Early Marriage, Teenage Pregnancy, Four or more ANC visits, Early ANC registration and Consumption of 100 Iron Folic Acid tablets during pregnancy in determining the utilization of Institutional Deliveries in Eastern and Northern India. However, few articles studied all parts of India with which data was compared and analyzed. It was observed on dividing women in two groups- Deprived/Unprivileged group consisting of rural illiterate women belonging to backward social-economic group and lowest wealth quintiles and Privileged/ Advantaged group consisting of urban literate women belonging to upper socio-economic and higher wealth quintiles, that the share of Institutional Deliveries was exceptionally low in case of rural women, illiterate women in almost all states of India, women belonging to less advantaged groups such as Scheduled Castes and Scheduled Tribes especially in states of Eastern India such as Bihar (20%), Jharkhand (10%) whereas no state

from Northern India reported such low share in Institutional Deliveries and among women belonging to lower wealth quintiles class.

- Similarities:
    1. The units of analysis for all five articles were districts.
    2. It was found that Female Literacy has strong influence on Institutional Deliveries, which was statistically significant. In Eastern India, the share in utilization of Institutional Deliveries was 67.8% with Female Literacy of 56.2% (as per NFHS4) and in Northern India, 80% women utilized Institutional Deliveries with Female Literacy of 80.8% (as per DLHS4). Thus, the overall utilization of Institutional Deliveries was more in Northern part of India than Eastern part.
    3. All the articles implied that Institutional Deliveries is one of the most important factors in reducing Maternal Mortality Ratio (MMR). It is evident from the facts that, MMR in 2004-2006 was 254 (as per Sample Registration Survey) while Institutional Deliveries in 2005-2006 was 38.7% (as per National Family Health Survey 3) whereas MMR in 2015-2017 was 122 (as per Sample Registration Survey) and Institutional Deliveries in 2015-2016 was 78.9% (as per National Family Health Survey 4).
- Differences :
    1. It is equally important to consider Partner's education in choosing Institutional Delivery over Home Delivery. However, only one study justified statistically that it is an important factor. It was found that the share of Institutional Delivery of about 62.9 % was by literate partner and illiterate partner's share of Institutional Delivery was about 19.52%.
    2. Parameters such as religion and caste of head of household, wealth index for the household, sex composition of children and most importantly behavior of the women should also be considered. However, these factors were used in one article. The factors should not be limited but every aspect of society should be considered.
    3. Bihar, a state in Eastern part of India, has about 36 Districts Hospitals and 189 Primary Health Centers. Structural capacity, Staffing and Quality of care

provided are three main factors which equally ensure usage of Institutional Delivery over Home Delivery. Perhaps in Bihar, the readiness of Primary Health Centers in providing Quality Maternal Care was not up to the mark and that negatively affects Antenatal Care visits. Contrary to this, Northern India focused more on Antenatal Care (ANC) visits, 77.1% (as per DLHS4) women had at least 3 ANC visits, which signifies that positive counseling during each ANC visits results in gaining confidence of patients and thus, making ANC a powerful predictor for Institutional Delivery.

AUTHORS	**COUNTRY**	**OBJECTIVES**	**METHODOLOGY**	**TIME HORIZON**
Priyanka Dixit and Laxmi Kant Dwivedi	India	-To address the issue of whether women were consistent in delivering births in an institution over successive pregnancies -To examine the factors associated with the consistent utilization of Institutional delivery in India	Literature Review	2016

Japneet Kaur, Samuel Richard Piers Franzon, Torn Newton-Lewis and Georgina Murphy	India	-To assess and highlight structural and staffing gaps in PHCs, DHs in Bihar to deliver Quality maternal and newborn health services -To understand the relationship between structure and process quality metrics for maternal and newborn health services	Cross-sectional Study	2018
Pinak Sarkar and Nutan Shashi Tigga	India	-To analyze the use of public healthcare among Indian women belonging to various socio-economic group -To measure the extent of deprivation faced by disadvantaged groups in assessing Institutional Deliveries through Relative Deprivation Index.	Retrospective analysis of DLHS (2007-2008)	2018

Manas P Roy	Northern part of India	-To find out determinants of Institutional Deliveries in North India	Retrospective analysis of DLHS 4 (2012-2013)	2018
Madhumita Mukherjee and Manas Pratin ROY	Eastern part of India	-To find out the correlates of Institutional Deliveries from Eastern part of India	Literature Review	2019

DISCUSSION:

- India is a land of cultural, demographic, socio-economic, literacy diversity where at every 8 miles these beliefs changes. It is hard to keep a country together which has different beliefs. However, the policy makers extensively studied and proposed initiatives like Janani Suraksha Yojna (JSY), Laqshya Guidelines, Dakshata Implementation Package under National Health Mission.
- JSY initiative provides monetary benefits to the beneficiaries for delivering in public health facility to promote Institutional delivery and provide adequate maternal and newborn care to reduce MMR and Infant Mortality Rate. But, monetary benefit solely cannot be responsible however others factors are also necessary such as Female Literacy, ANC visits, Birth Order and many more.
- Institutional delivery, an intervention to encourage women to give birth at public/private hospitals or NGO trust. It gives women a chance of safe delivery of their child and quality of care is provided to both mother and newborn. As per the initiatives under National Health Mission, such as Laqshya Guidelines which ensure respectful and safe delivery and care to the mother and newborn. Along with this, DAKSHATA implementation package also ensures quality of intra and immediate

postpartum care. Institutional Delivery becomes much more effective when coupled with these initiatives and thus, is very crucial in reducing MMR and IMR.

- It is also the duty of policy makers, NGO'S and other stakeholders that there should be equity in utilization of these services among Deprived/Unprivileged group of women in comparison with Privileged/Advantaged group of women.
- Lastly, it is very crucial to encourage Female Literacy. Literacy is not only limited in becoming educated but it makes women more opinionated and visionary. It makes women more empowered and encourages them to take decision. Thus, Female Literacy plays a crucial role in ensuring women deliver at public health facility.

REFERENCES

1. Priyanka Dixit, L. K. (2016). Utilisation of Institutional Delivery services across successive births in India. *International Journal of Population Studies, 2* (2), 123-138.

2. Kaur J, Franzen SRP, Newton-Lewis T, *et al* Readiness of public health facilities to provide quality maternal and newborn care across the state of Bihar, India: a cross-sectional study of district hospitals and primary health centres *BMJ Open* 2019;**9:**e028370. doi: 10.1136/bmjopen-2018-028370

3. Pinak Sarkar, N. S. (2018). Social Inequality and Institutional Deliveries. *SAGE Journals, 48* (1), 85-103.

4. Roy, M. P. (2018). Determinants of Institutional delivey in three North Indian states: Evidence from DLHS4. *Journal of Dr.NTR University of Health Sciences, 7* (1), 8-12.

5. Madhumita Mukherjee, M. P. (2020). Factors Determining Institutional Delivery in Eastern Part of India. *Tzu Chi Medical Journal, 32* (2), 171-174.

Task-4

CONSEQUENCES OF MANUAL SCAVENGING ON HEALTH AND WORKING CONDITIONS OF MANUAL SCAVENGERS

INTRODUCTION: Manual scavenging and Manual Scavenger intersects each other at a plane where the caste discrimination begins. The former activity is not considered as a mere job rather how it is linked to a person. The latter is a person, who happens to belong to a low-caste usually a Dalit (untouchables) and following a hereditary is forced into this job. Manual Scavenging is an activity of manually cleaning, removing and disposing of human or animal excreta from dry toilets with the help of brooms and tin plates. The International Labour Organization defines Manual Scavenging in three different categories which include removal of human excrement from public streets and dry latrines, cleaning septic tanks and cleaning gutters and sewers. This activity is performed by people collectively called as Manual Scavengers who are engaged or employed for manually cleaning, carrying, disposing of or otherwise handling in any manner, human excreta in an insanitary latrine or in an open drainwhich is then disposed of or on a railway track or in other spaces. The job of Manual Scavenging has various impacts on the lives of Manual Scavengers such as their living standards, access to food intake, education, living conditions at their residence and workplace, and most importantly physical and mental health. Post-Independence there has been a smorgasbord of committees, policies, laws, schemes and commissions to deal with Manual Scavenging. Beginning from the B.N.Barve Committee (1949-1952) which suggested eliminating the practice of head loading of night soil and supply of wheel barrows and improved implements to scavengers, after this many committees suggested various solutions and rehabilitation of scavengers. It was the S.K.Basu committee which addressed the core problem and suggested conversion of dry latrines into pour-flush latrines. The recent Manual Scavenging Act 2013 known as Prohibition of Employment as Manual Scavengers and their Rehabilitation Act (2013) has played a significant role in addressing various issues of Manual Scavengers along with this Swachh Bharat Mission which has made momentous improvements too.

RATIONALE: During 2017-18, one person has died every five days while cleaning sewers and septic tanks in India, as per National Commission for Safai Karamchari. About 2.5 million of total sanitation workers face occupational hazards. There are 7,94,390 dry latrines in India from which night soil is manually removed according to Census 2011. Manual Scavengers when manually cleans the human excreta regularly, they suffer from persistent nausea and loss of appetite. When they enter a septic tank or sewage, they become prone to various dermatological conditions such as Scabies, Tinea versicolor, Pruritis and many others. Along with this, they suffer from ear and eye infections, injuries mostly on their head, legs and hands. Unsanitary disposal of human excreta leads to Asthma, Bronchitis, Pneumonia, Hepatitis, Parasitosis, Malnutrition, Helminthic infection and other innumerable medical conditions. There are various provisions mention in Constitution of India such as Article 17: Abolition of Untouchability, Article 21: Protection of life and personal liberty, Article 42: Just and Humane condition of work and lastly Article 47: Duty of the state to raise the level of Nutrition and Standard of Living and to improve Public Health. However this section of society continues to face such atrocities. The study thus focuses on addressing these issues and finding solutions, interventions and rehabilitation of Manual Scavengers in light of Manual Scavenging Act (2013), Swachh Bharat Abhiyan (2014) and various other schemes.

LITERATURE REVIEW:

STUDY	METHODOLOGY	RESULT	STRENGTH	WEAKNESSES

Omesh Kumar Bharta, Vibhor Sood, Archana Phull and Vinod Kumar 2016	A Qualitative Study was conducted. Sample Size-380 Manual Scavengers selected through convenient sampling. Study site: Himachal Pradesh Research tool: Questionnaire and in-depth interviews were held.	The study found mortality trends and disease burden among Manual Scavengers and the need of Personal Protective Equipments (PPE). About 18.5% of Manual Scavengers were found Hypertensive. 2 out of 6 Sanitation Workers were found to have rabies antibodies in their blood.	The study addressed the availability of PPE as safety equipment at work place. Shift from Communicable Diseases to Non-Communicable Diseases were thoroughly studied.	The study was conducted in Himachal Pradesh where the sanitation management system is poor, resulted in hiring more of Manual Scavengers.
Rajneesh Kumar Gautam, Islamuddin, Nandkishor Mor, Mohammad Usama 2017	Literature Review Based Study	The study showed how caste predomination affects Manual Scavenging.	This paper highlighted handling and disposal of E-Waste for Sanitation Workers.	The study consisted of limited data. The study didn't mention recent rehabilitation of Manual Scavengers, but the data of 2006 was mentioned.

Sathish Kumar K 2018	A Quantitative study was conducted. Sampling technique was Non-Probability Sampling Snowball Sampling Technique. Sampling size of the study was 30 Manual Scavengers from Chennai.	The study identified 4 issues- Social hazards and Demographic, Physical Health including the working conditions, Psychological well being and Social work Intervention of Manual Scavengers. The researcher was able to rehabilitate 5 Manual Scavenger and 15 under process.	The social work intervention plan given in the study is very effective. The study covered broad issues extensively.	The burdens of Non-Communicable Disease among Manual Scavengers were not explored.
Aparna U.K, E.K.Jaisal 2018	Literature Review Based Study	The study found various factors such as caste factor, feudal customs rooted in caste, economic pressure, persistent discrimination in access to resources and public places, threats and harassment from community employers, difficulty in accessing legal services and law enforcement agencies which determines the living	The study highlighted most important factors and provided detailed information on it. The study focuses on health issues of Manual Scavengers and stressed on civil	The study didn't focus on specific issues of health such as burden of Non-Communicable Diseases.

		and working conditions of Manual Scavengers in India.	society initiatives towards ending Manual Scavenging.	
Kimberly M. Noronha, Tripti Singh, Mahima Malik 2018	Literature Review Based Study	The study found how Manual Scavenging and Manual Scavengers were studied from Post-Independence. It featured various committees and existing laws in rehabilitation of Manual Scavengers.	The study draw a proper pattern from Post-Independence till now and how policy makers, Governments and various commission are involved in eradicating and rehabilitating Manual Scavengers. It is an in-depth study which answered many hypotheses.	The study was time consuming.

Rajesh Bose Kamolth 2019	Literature Review Based Study	The study revealed health issues due to improper segregation of waste material at the source. The study underlined the need for conduction of regular survey of Manual Scavengers.	The study consists of data collected from various states which were helpful in understanding the variations in health conditions among Manual Scavengers.	The study failed to provide to provide the recent number of Manual Scavengers.
Dr. S. Saravanakumar 2019	Literature Review Based Study	The study mentioned the history of evolution of Manual Scavenging and various existing laws to eradicate Manual Scavenging. The study called attention on various Articles mentioned in Constitution of India yet increased prevalence of Manual Scavengers.	Recent laws, facts and missions were mentioned in the study. The study firmly adhered to eradicate Manual Scavenging with existing strict laws.	Health issues were not highlighted in the study.

Sumeet Mhaskar 2019	Literature Review Based Study	The study found and focused on ground realities after Swachh Bharat Mission came into existence. The study covered stigmatized employment such as Manual Scavenging, Scrap Collectors and Leather Industry. The study provided data on health issues and working conditions of the workers employed in stigmatized employment.	In-depth study has been conducted. The study provided recent facts. Health issues and working conditions were explained in detail.	The study was time consuming.

OBJECTIVES:

1. To understand the impact of Manual Scavenging on the Physical and Mental Health of Manual Scavengersand their working conditions.
2. To assess the impact of Prohibition of Employment as Manual Scavengers and their Rehabilitation Act (2013).

RESEARCH QUESTIONS:

1. What are the consequences of Manual Scavenging on the Physical and Mental health conditions of Manual Scavengers and their working conditions?

2. How laws and missions can intervene in eradicating Manual Scavenging and rehabilitation of Manual Scavengers?

RESEARCH METHODOLOGY:

STUDY TYPE: Quantitative study.

STUDY DESIGN: This study is Descriptive with the primary objective of understanding the consequences of Manual Scavenging on the health of Manual Scavengers based in South-East District of New Delhi. The literature was searched through Google Scholar and PubMed to obtain relevant studies using combination of following search terms, "Manual Scavenging, Health Hazards, Sanitation Work, Occupational Hazards, Stigmatized Employment and Manual Scavenging Act 2013"

STUDY SITE: The data was collected from Manual Scavengers based in South-East District in Delhi.

SAMPLING TECHNIQUE: Convenient Sampling was carried out for the study on the basis of feasibility, accessibility and manpower in order to collect maximum information from interviewees.

SAMPLE SIZE: For the study a total of 20 respondents were interviewed on the basis of availability of the manpower at the study site.

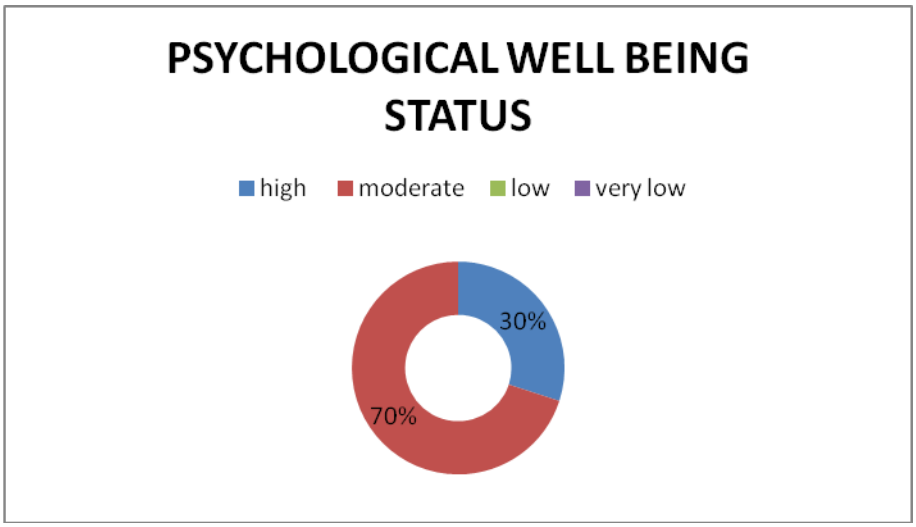
RESEARCH METHOD AND TOOL: Primary data was collected by conducting face to face interviews with respondents using a structured interview schedule. The respondents were informed about the study; consent forms were signed by them and they were then interviewed.

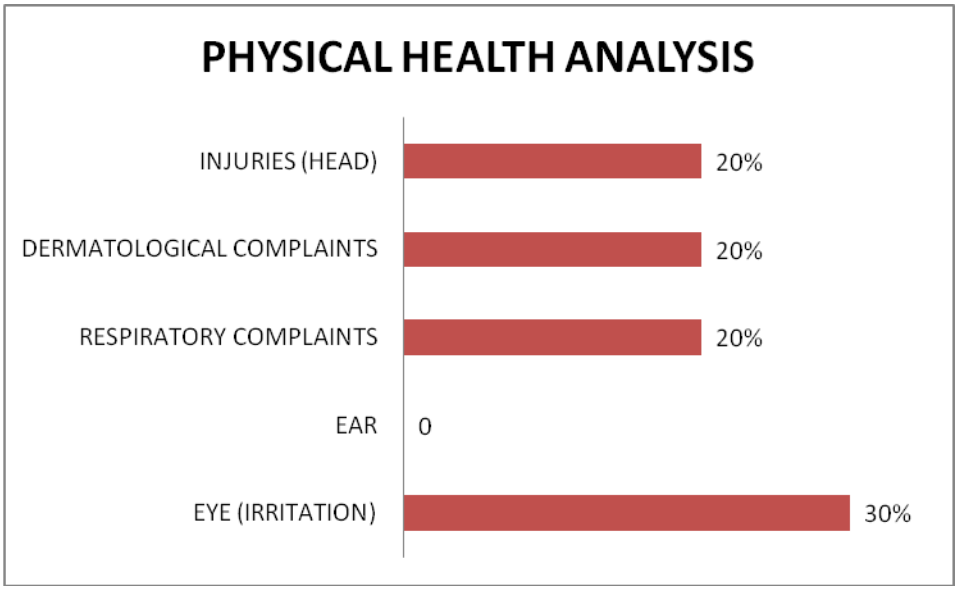
DATA ANALYSIS: The results obtained from primary data were analyzed through Microsoft Excel.

FINDINGS:

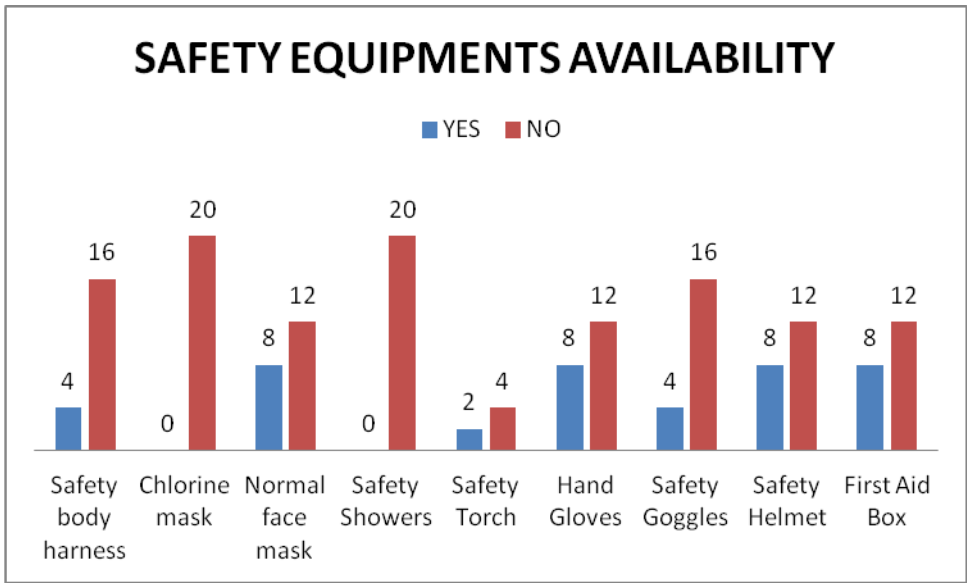
HEALTH ISSUES: The study found that 30 % of respondent suffered from irritation in the eye, 20% suffered from Respiratory complaints such as Breathlessness, Cough and Tuberculosis, 20% from Dermatological complaints such as Pruritis and Pustules and 20% suffered from Injuries mostly on Head and Hands. The study also found that 70% of respondents had High Psychological Well Being Status whereas 30% had Moderate

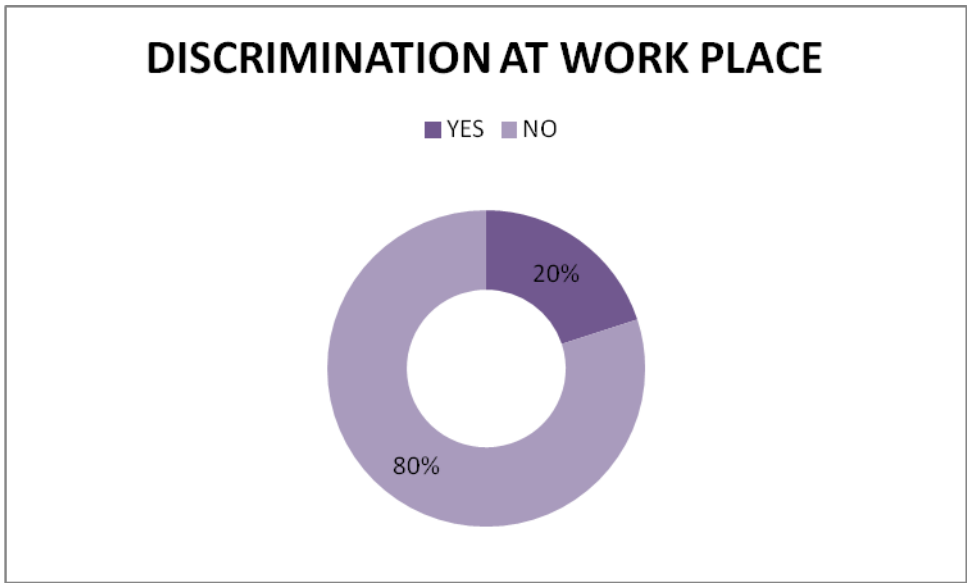
Psychological Well Being Status and none of respondents had low or very low Psychological Well Being Status.





WORKING CONDITIONS:The study found that the safety equipment available to them were a normal face mask, hand gloves, safety helmet, first aid box and safety body harness. The study also found that only 20% of respondents faced discrimination at work place and 80% never faced discrimination at work place.





- PROHIBITION OF EMPLOYMENT AS MANUAL SCAVENGERS AND THEIR REHABILITATION (2013): The study found that since 2005 none of the respondents entered sewage tanks, manhole or septic tanks. However, their health checkup which includes Blood Test, Sputum Test and Urine Test were held once a year and reports were not shared with them.

- **DISCUSSION:**

1. Manual Scavengers manually clean septic tanks, sewerage and gutters are vulnerable to innumerable medical conditions. They develop irritation and loss of vision in their eyes, infection and bleeding in their ears. The unsegregated waste such as dirt, human and animal excreta, infective organisms, chemicals and sharp objects in the gutters, sewage and septic tanks make their skin prone to fungal infections, boils, pustules, discoloration of skin, callosity, pruritis and dermatophytosis. The insanitary disposal of human excreta results in causing Asthma, Bronchitis, Typhoid, Pneumonia, recurrent fever, suffocation and Musculoskeletal disorders such as osteoarthritis, intervertebral disc herniation. In cases of cleaning a septic tank the chances of sudden death increases due to the release of toxic gases such as methane, carbon monoxide and sulphurated hydrogen instead of oxygen whose action is similar to that of cyanide with reversible inhibition of respiratory enzyme cytochrome oxidase Lastly it is a high risk profession that chances of injuries are unavoidable, thus Manual Scavengers report maximum head injuries followed by legs and hands. The result from Primary Data however portrayed that maximum respondents suffered from eye irritation and few suffered from dermatological complaints such as itching and pustules and respiratory complaints such as breathlessness and cough. The respondents reported injuries on head and hands.
2. Manual Scavengers used to live in rural areas, urban-slums or settlements outside the residential areas. They have faced place discrimination along with caste discrimination. Their children were too discriminated which resulted in them leaving schools.
3. Manual Scavengers were only given a broom or tin plates. Even to the workers entering sewage or septic tanks no proper safety equipment were given. They were forced to enter a manhole and they were not in a position to deny it. Perhaps with time this has changed, even the primary data revealed that the employees are now given safety equipments such as normal face mask, hand gloves, safety helmet, first aid box and safety body harness. Also, none of the respondents were asked to enter the manhole. Discrimination at work place has reduced but it’s still a long way to eradicate it.
4. Manual Scavenging Act (2013) has laid down various strategies, solutions and interventions for rehabilitation of Manual Scavengers and also prohibits manual cleaning of septic and sewage tanks. However, it has made significant improvement in providing

safety equipment and compensation of 10 lakh rupees to the family after the death of the worker but at many places its implementation is still poor. As per Safai Karamchari Andolan, 1800 workers have died while cleaning sewers in the last decade. Since January 2019 more than 25 sewer workers have died of asphyxiation across the country. However, the study found that none of the respondents entered in the sewage tank after 2005. But still there's a long way to go for complete eradication of Manual Scavenging across India.

5. Lastly, Swachh Bharat Mission which began in 2014 under the flagship of Government of India has two parts SBM- GRAMIN and SBM-URBAN. The key objectives of SBM-Gramin include improvement in general quality of life in rural areas and promotion of cleanliness, hygiene and eliminating open defecation. SBM-Urban aims to eliminate open defecation, eradication of Manual Scavenging, initiate effective Behavior Change regarding healthy sanitation practices and modern and scientific municipal solid waste management. As per Swachh Bharat Mission, 89 million toilets have been built from 2014 to 2018.

CONCLUSION: The study found that the health conditions of the respondents were not much severe also the mental health of the respondents was excellent. The working conditions started to improve by availability of safety equipments and less incidents of discrimination taking place at the work place. . Although Manual Scavenging Act has laid down many benefits, however the study found only few benefits provided to the respondents, such as availability of safety equipments and the entry into sewage tank or gutter has been forbidden. Perhaps, the study showed that respondents were not given adequate health related benefits.

RECOMMENDATIONS: The study recommends that Government must develop proper underground drainage systems, built infrastructure in regards to the waste management and provide proper safety equipments and machinery to the people involved in Manual Scavenging. . The Law and Initiatives for Manual Scavenging must be implemented with rigorous surveillance and more benefits must be provided to the Manual Scavengers such as health checkups twice a month for which the reports must be shared with them and there must be proper training for this profession and license must be given to the employees. The

studies further recommends to the Public Health Department to encourage people to segregate waste into dry and wet waste, never defecate in open places and built more of toilets in the rural and urban-slum areas.

LIMITATIONS:

1. The sample size is less.
2. Owing to the time constraints, the study included only certain aspects of life of Manual Scavengers.

REFERENCES:

1. Omesh Kumar Bharti, V. S. (2016). High Disease Burden among Sanitation Workers of Shimla Municipality in Himachal Pradesh, India-A leading cause of adult mortality. *International Journal of TROPICAL DISEASE, Volume 14, Issue 3, Page no. 1-7*
2. Rajneesh Kumar Gautam, I. N. (2017). MANUAL SCAVENGING IN INDIA- A REVIEW. *International Journal of Novel Research and Development, Volume 2, Issue 4,Page no. 129-131*
3. K, S. K. (2018). A study on occupational hazards faced by manual scavengers: with special reference to social work intervention. *National Journal of Multidisciplinary Research and Development. Volume 3,Issue2, Page no. 41-44*
4. E.K.Jaiswal, A. U. (2018). Manual Scavengers in India: Living and Working Conditions; with Special Emphasis on the Determining Factors.
5. Kimberly M.Noronha, T. S. (2018). Manual Scavenging in India: A Literature Review & Annotated Bibliography, DOI: 10.13140/RG.2.2.30605.64480, Page no 1-28.
6. Saravanakumar, D. S. (2019). Manual Scavenging in India: Issues & Challenges. *International Journal of Trend in Scientific Research and Development, Volume 3, Issue5, Page no. 800-803*

7. Kannolath, R. B. (2019). A Lens to Understand Sanitation Workers and their Health Status in India. *Journal of Pharmacy Practice and Community Medicine, Volume 5,Issue 2, Page no. 36-37*

8. Mhaskar, S. (2019). The State of Stigmatized Employment in India: Historical Injustices of Labouring. In *MIND THE GAP* (pp. 180-199). Oxfam India.

DECLARATION

I, ***Dr. Tavleen Kaur Malik***, hereby declare that this InternshipAssignments entitled a) Case Study onJHPIEGO , b) Case Study on JHPIEGO'S role in Communicable and Non-Communicable diseases, c) Comparative study on Comparative analysis of Institutional Deliveries in Eastern and Northern India , d) Narrative Report on Consequences of Manual Scavenging on the Health and Working Conditions of Manual Scavengers is the outcome of my own study undertaken under the guidance of Dr. Sumant Swain, IIHMR-New Delhi. It has not previously formed the basis for the award of any degree, diploma, or certificate of this Instituteor of any other institute or university. I have duly acknowledged all thesources used by me in the preparation of this field internship report.

Date: 4/ July/ 2020

Sign: Tavleen Kaur

Postgraduate Diploma in Hospital and Health Management

International Institute of Health Management Research

New Delhi

CERTIFICATE OF COMPLETION

The certificate is awarded to

Name – Dr. Tavleen Kaur Malik (PG/ 19/095)

In recognition of having successfully completed her Internship at IIHMR, Delhi.

She has successfully completed her Project on

Consequences of Manual Scavenging on Health and Working Conditions of Manual Scavengers

Date 1 APRIL TO 31 MAY 2020

Organization IIHMR NEW DELHI

She has found to be a committed, sincere and diligent student who has a strong drive & zeal for learning.

We wish her all the best for future endeavours.

Prof. Pradeep Panda **Dr Sumant Swain**

Dean- Academics & Student Affairs **Mentor Name & Signature**

Certificate of Approval

The following Summer Internship Project titled **"Consequences of Manual Scavenging on Health and Working Conditions of Manual Scavengers"** at **IIHMR, NEW DELHI** is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **Post Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the report only for the purpose it is submitted.

Name of the Mentor: DR SUMANT SWAIN

Designation: ASSISTANT PROFESSOR

IIHMR, Delhi

FEEDBACK FORM

Name of the Student: Dr. Tavleen Kaur Malik

Summer Internship Institution: International Institute of Health Management Research, New Delhi

Area of Summer Internship:

Attendance:

Objectives met: Yes

Deliverables:

Strengths:

Suggestions for Improvement:

Signature of the Officer-in-Charge (Internship)

Date:

Place: