Internship

at

Care India, Bihar

By

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MBA Health and Hospital Management

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Introduction:

Internship is a part of second year academic curriculum, where we must observe and learn the work culture of organization. Also, it will be necessary to participate in various departmental activities, so we could orient ourselves with different departments that gives us first had exposure. Internship is the process through which we can understand process of work and thereafter be able to get involved in decision making

I am appointed as District Technical officer Facility -at Supaul in Bihar Technical Support Programme. It deals with preventive and curative health service provided at health facilities through the chain of district health society and integrated child development scheme.

Goals of Internship:

1. To understand the work process of District Health Society and its Organizational Structure.
2. To understand the work process in health facilities and hoe the beneficiaries get services through the chain of system
3. The next objective of internship was to learn various managerial and administrative skills which will require to work with the government system and to effectively implement all the health and nutrition related programmes in the government set up and to ensure the overall benefit of the community
4. To coordinate with government human resources for proper functioning of various programmes running in the district.

Brief Profile of Care India:

CARE is the world's largest private, non-profit, non-sectarian international voluntary relief and development organization. It was constituted in 1946 to aid those affected by World War II. CARE has been working in India for over 65 years, focusing on alleviating poverty and social exclusion. They do this through well-planned and comprehensive programmes in health, education,

livelihoods and disaster preparedness and response. They also focus on generating and sharing knowledge with diverse stakeholders to influence sustainable impact at scale.

Their overall goal is the empowerment of women and girls from poor and marginalized communities, leading to improvement in their lives and livelihoods. We are part of the CARE International Confederation working in over 90 countries for a world where all people live with dignity and security

CARE has been active in India since 1950.CARE's operations in India are governed by the Indo-CARE Agreement, signed between the Government of India and CARE on March 6,1950.
CARE-India presently operates in ten states: Andhra Pradesh, Bihar, Chhattisgarh, Gujarat, Jharkhand, Madhya Pradesh, Orissa, Uttar Pradesh, Tamil Nadu and West Bengal with headquarters in New Delhi.

Since CARE began its operations in India in March, the mission has hired a mix of employees ranging from professional, career to support staff.
The mission of CARE India: Strives for lasting transformation in the lives of women, girls and the most marginalized, by fostering inclusion and collective action, enhancing community resilience and breaking systemic barriers.

There are many projects which have been successfully completed by CARE India in various sectors like Health, Education, Women Empowerment and Economic Sustainability in many parts of Bihar. Five million women, girls and the most marginalized community in India have the power to realize choices in personal and public spheres to advance their positions

Integrated Family Health Initiative:

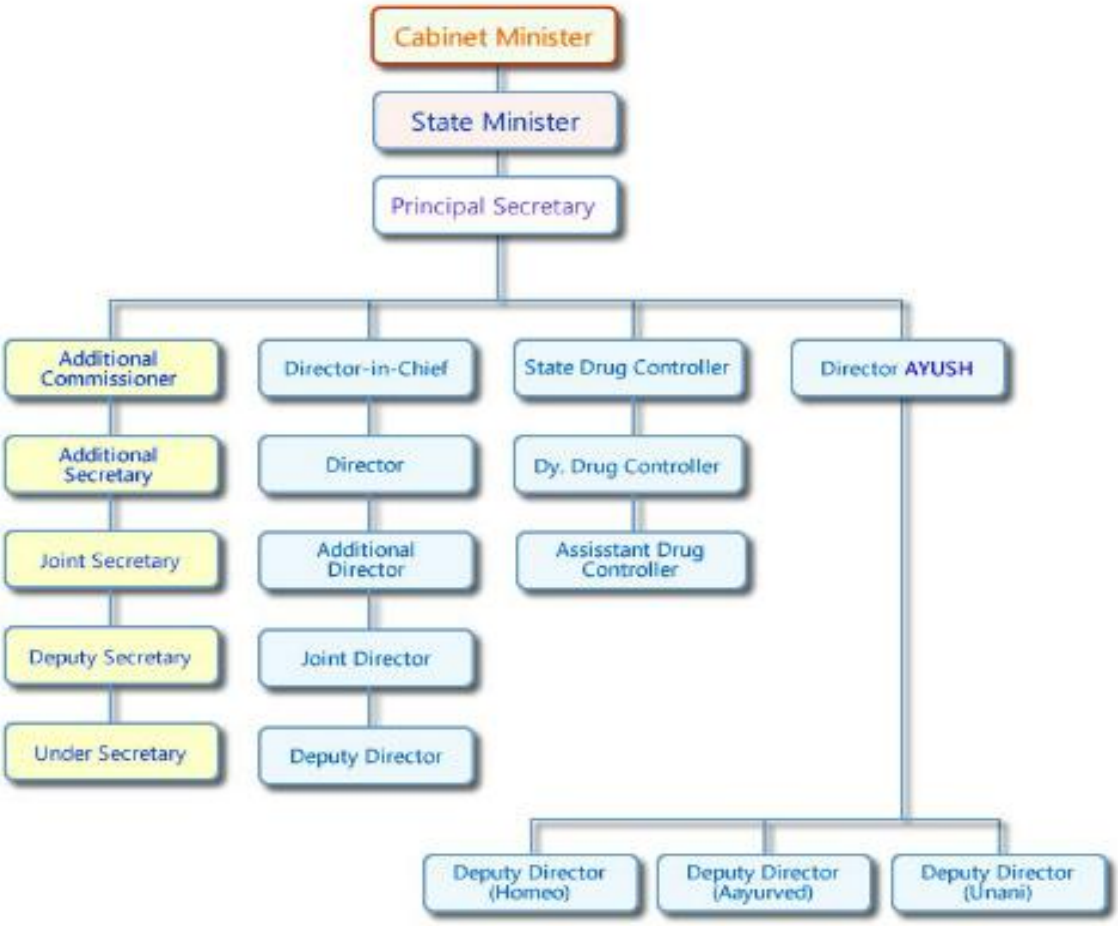
Bihar is one of India's largest and poorest states with over 100 million people. Poor nutrition and poor health, particularly for women and children, lead to early deaths and intergenerational cycle of lost potential. The state has one of the country's rate of maternal, neonatal and infant mortality. Underlying factors that contribute to these negative health outcomes primarily include extreme poverty, gender and social inequality among many others.

With support from Bill and Melinda Gates Foundation the Integrated Family Health Initiative program was launched in the year 2011, as part of the Ananya program to support the Government of Bihar to improve family health outcomes state-wide as well as to build their leadership and ownership towards these serviced. Despite recent gains and commitments barriers including poor quality, availability of primary health care services, limited access, lack of accurate data, lack of week training and program management still are persistent. IFHI was a 5-year initiative led by CARE India with initial focus on all 137 blocks of eight districts within Bihar (Gopalganj, WestChamparan, East Champaran, Begusarai, Patna, Samastipur, Saharsa, Khagaria). CARE India interventions focused on better counselling and emergency preparedness for the mother and new born, building Basic Emergency Obstetric and New-born Care (BEmONC) capabilities, improved management of neonatal infections, early initiation and exclusive breastfeeding, complimentary feeding, increased immunization, and expanded access to quality family planning services and

birth spacing methods. These solutions were implemented universally across 137 blocks of eight focus districts over 3 years to potentially reach a population of over 25 million. This was followed by scaling up activities starting in 2013 to the remaining 30 districts of Bihar. The overall objective of IFHI was to support GoB's in its goal to improve the health and survival of families with pregnant women and women with children less than 2 years across the continuum of care. Their effort involved the engagement of 40.000 frontline workers in nearly 2,300 health sub centers, along with the nursing, administrative and medical staff of about 119 Public, State and District Health Centres.In addition, about 50 private sector providers at district levels were engaged for improved quality of clinical care for deliveries. The work in these eight districts resulted in significant improvements in the intervention areas.

1. Three home visits by the Frontline Workers (FLWs) in the first week after delivery going up from 6 to 29 %.
2. Mothers with preterm/Low Birth Weight babies receiving advice for extra care increased from 37% to 82%.
3. Early Initiation of Breastfeeding improving from 39% to 59%.
4. Complementary feeding practices increasing from 30 %to 77%
5. Oxytocin correctly administered for Active Management of Third Stage of Labor, rising from 9 % to 78%
6. Counselling for Family Planning services increased from 10 %to 29%

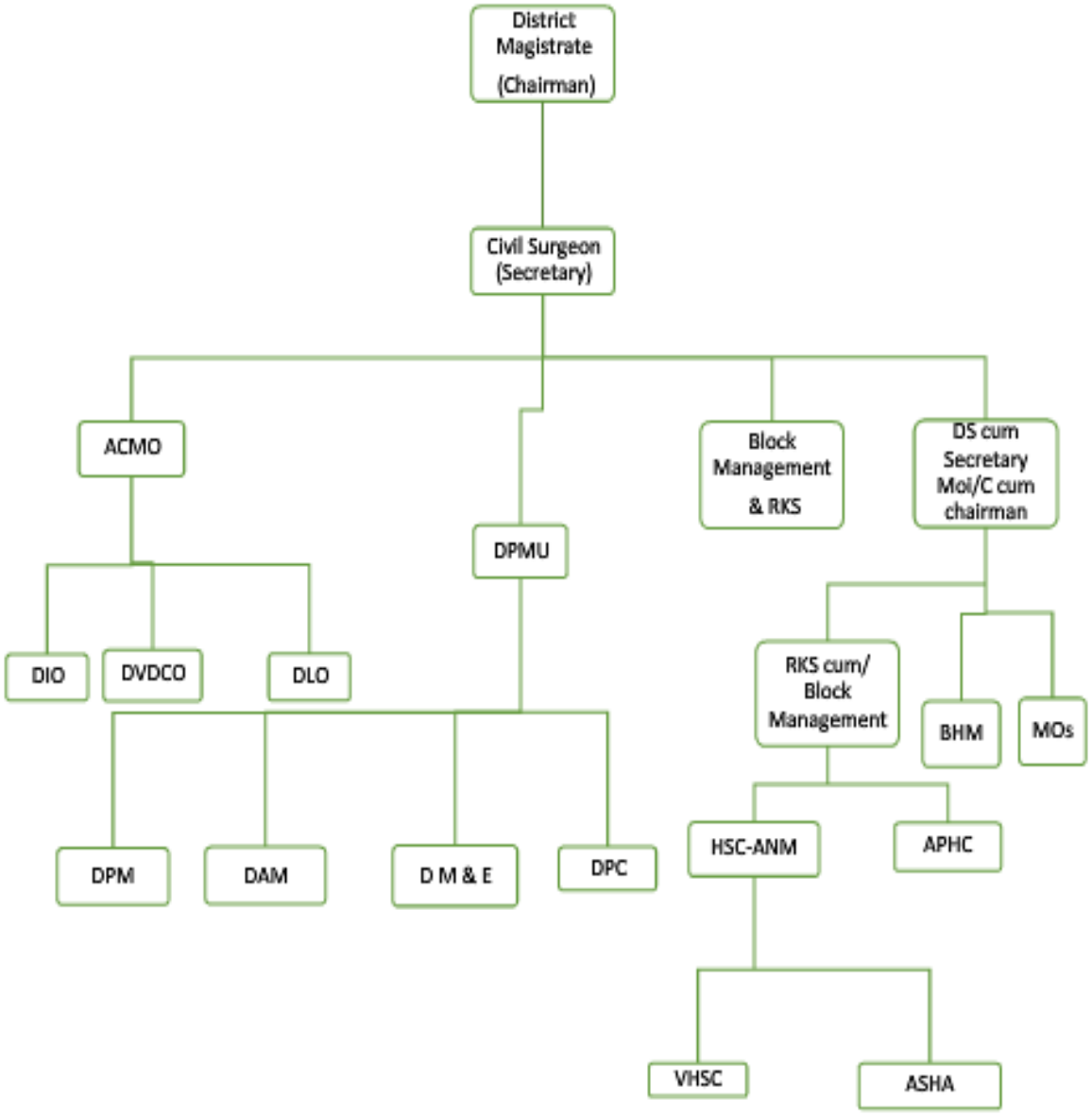
Organogram of State Health Department:



Although the state has extensive network of public health facilities, it remains grossly inadequate compared to the government of India (GOI). According to rural health stastics 2015 there are 9729 Health Sub Centers, 1883 Primary Health Centers and 70 community health centers in Bihar. There are additional PHCs that work under Block Primary Health Centre provide only weekly consultation and immunization. Maternal and Child healthcare which also includes family planning, has emerged as the main function of PHCs as no deliveries are carried out at the APHC and SCs.

As per 31st March,2015 almost 50.1% of sub centers are running without regular water supply whereas 65.4% without electric supply.

Organogram at District Health Society Supaul:


District Magistrate (Chairman)
Civil Surgeon (Secretary)
ACMO
DPMU
Block Management & RKS
DS cum Secretary Moi/C cum chairman
DIO
DVDCO
DLO
RKS cum/ Block Management
BHM
MOs
DPM
DAM
D M & E
DPC
HSC-ANM
APHC
VHSC
ASHA

Observation of the Field visits:

Strength:

- Good infrastructural resources are available, many PHCs has been sanctioned to be developed as CHCs. Except a few buildings for some PHCs and Health sub centers which still have a very old building structure.
- Facilities have been provided resources to be well connected to the district headquarters.
- Monitoring through digital technology like Darpan app are effective initiative
- Decentralized implementation process of entire program.
- Supportive District Health Society for programmatic interventions.
- All the facilities have electricity with backup power supply.
- The referral hospitals and a District Hospital have proper ambulance services.
- Well-connected roads are available in most of the areas.
- Regular training program of doctors and other medical staffs for skill upgradation.
- Intersectoral convergence of Health services and ICDS services.

Weakness:

- Extensive Shortage of Human resource which needs attention from the district as well as the state authorities. The sanctioned posts nearly in all the facilities are not filled.
- Process flow for any activity in the field with the government authorities is very slow.
- Poor record keeping in the government health facilities. Poor motivation of the government staff to perform better despite of regular trainings.
- Insufficient manpower to cater to OPD needs and delivery load at the facilities.
- Grossly insufficient number of ANMs to provide services both at the outreach and facility level in an effective way.
- ANC which is a very crucial part of maternal health is not proper.
- In almost all the facilities woman after delivery are discharged within a few hours.
- Poor birth preparedness counselling, poor antenatal and postnatal counselling at the VHSND site and other community reach programmes.

Opportunities:

- Strengthening of ANC, PNC, Immunization, Breastfeeding, Family Planning related counselling can be given.
- Implementation of disease control practices at every facility level.
- Enough funds are available for proper implementation of the programmes.
- Manpower betterment for better service delivery.
- Improvement of hygiene and sanitation practices at health and facility level.
- Refresher training of the frontline workers to improve their practices.
- Strengthening of First Referral Units to manage the delivery load and timely refer to higher centers at times of in availability of required services

Threats:

- Poor motivation of the government official to properly do any activity.
- Poor monitoring of the service provided.
- Less number of human resources available to provide services
- In places which require infrastructural change first will work inefficiently for time till the necessary changes are made. As sanctioning for any infrastructural takes a lot of time.
- Timely identification of all ailments may not be possible due to unavailability of lab services and equipment's
- Poor implementation of the outreach services like services provided at the Aganwadi.
- No proper home visits by the health workers. Poor counselling of the population by the health workers.
- Just incentive collection attitude of ASHA, ANM workers without effective work.
- Poor follow up of rules, regulations and compliances.
- Timely and effective counselling is the most neglected part of all the field level programs.