Internship
at
India Health Action Trust,
Lucknow

By

Biswajit Patra

MBA Hospital and Health Management
2014-2016

The IIHMR University, Jaipur
2016

Objectives of Internship

To identify existing gaps in, service delivery equality, data collection, analysis and implementation of health programs in the district and to propose probable solutions to them.

Organization Profile

About India Health Action Trust (IHAT)

- IHAT was established in 2003 to improve public health in India and abroad
- Supported by UoM's Centre for Global Public Health to extend Karnataka Health Promotion Trust's success
- IHAT and UM have successfully designed and implemented several large, complex HIV/AIDS projects in Rajasthan and Karnataka
- Extensive experience in building the capacity of NGOs and other civil society organizations
- Developed advocacy programs from the grassroots to the senior political level through media advocacy workshops, large-scale police sensitization programs, and the establishment of crisis response programs

About Uttar Pradesh Technical Support Unit (UP TSU)

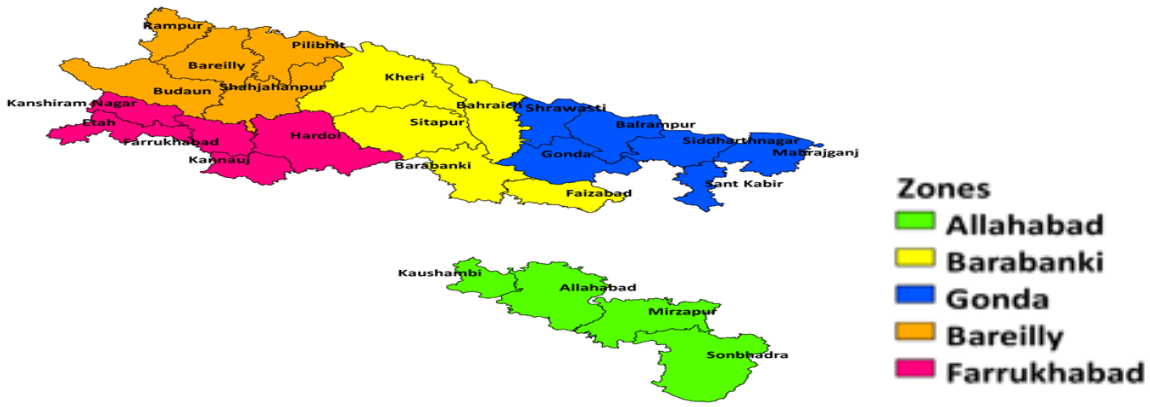
Established by the University of Manitoba and the **India Health Action Trust (IHAT)** with support of the Bill and Melinda Gates Foundation, UP TSU was created to support GoUP in enhancing its capacity to plan and implement RMNCH+A programs with increased efficiency, effectiveness and equity, in line with the Memorandum of Cooperation signed between the Foundation and GoUP in December 2012.

What is UP TSU?

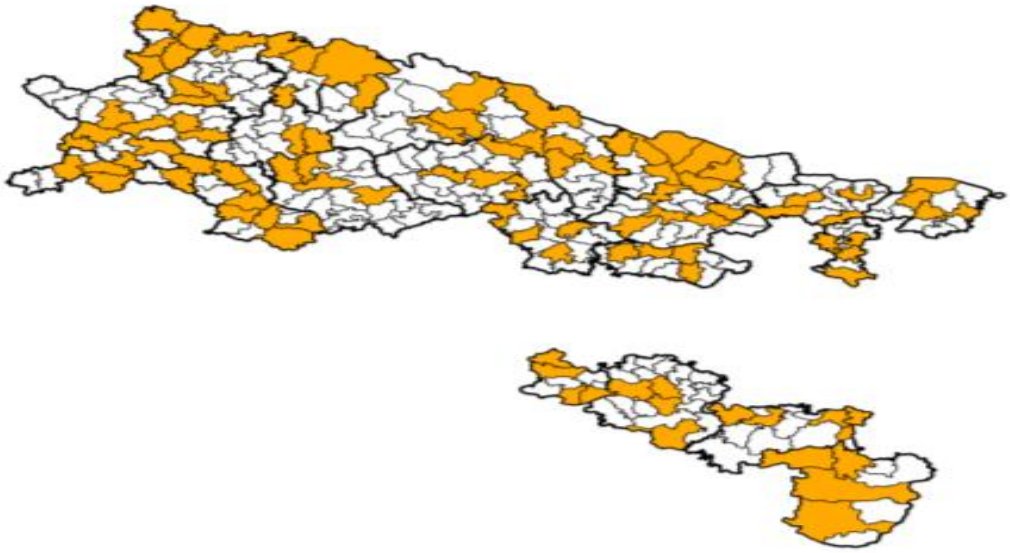
We are a consortium of global health organizations who work together to support GoUP and NHM in improving the lives of women, children and their communities by improving state's planning and execution capacity to enhance the efficiency, effectiveness and equity in health and development.

UP TSU focus areas for RMNCH+A interventions High Priority Districts (HPDs) divided into 5 zones

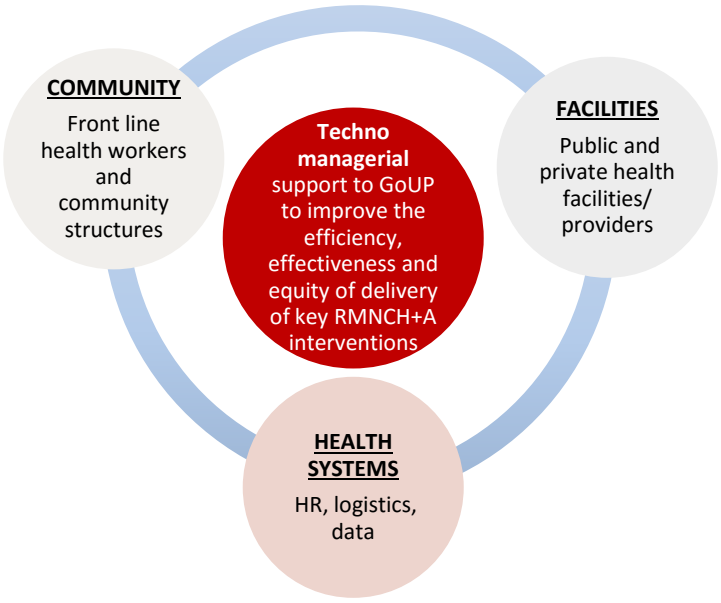
Map1:



UP TSU support across all 25 districts of Uttar Pradesh Map2:



UP TSU Framework



IHAT provides technical support through various mechanisms

- At the National level, IHAT has been involved in Data Triangulation Project under the leadership of NACO. In this project, IHAT was primarily responsible for HIV data triangulation in the states of Karnataka and Maharashtra and provided technical support to Indian Institute of Public Health (IIPH), Hyderabad, and Andhra Pradesh. The project was undertaken to enhance evidence-based programming and policy in dealing with the HIV epidemic. The project was initially implemented in selected states as a pilot. Learning's from these pilots have guided NACO to scale up the process in other states and encouraged an environment of evidence based planning.
- Additionally in Karnataka, IHAT has continued to extend technical assistance to Karnataka State AIDS Prevention Society through the Technical Support Unit (TSU) to support the scale up of quality Targeted Interventions(TIs) in the State and help it achieve the goals and objectives of NACP III.

IHAT in collaboration with UoM and SIHFW initiated the State Training Resource Centre which was successful in ensuring standardized and high quality training of TIs as per NACP III operational guidelines. Besides this, IHAT, along with Centre for Global Health, University of Manitoba provided technical support to South Asian Association for Regional Cooperation (SAARC) countries like Bhutan and Sri Lanka to help them initiate and scale up the HIV prevention programmes.

Policy analysis, advocacy and communication

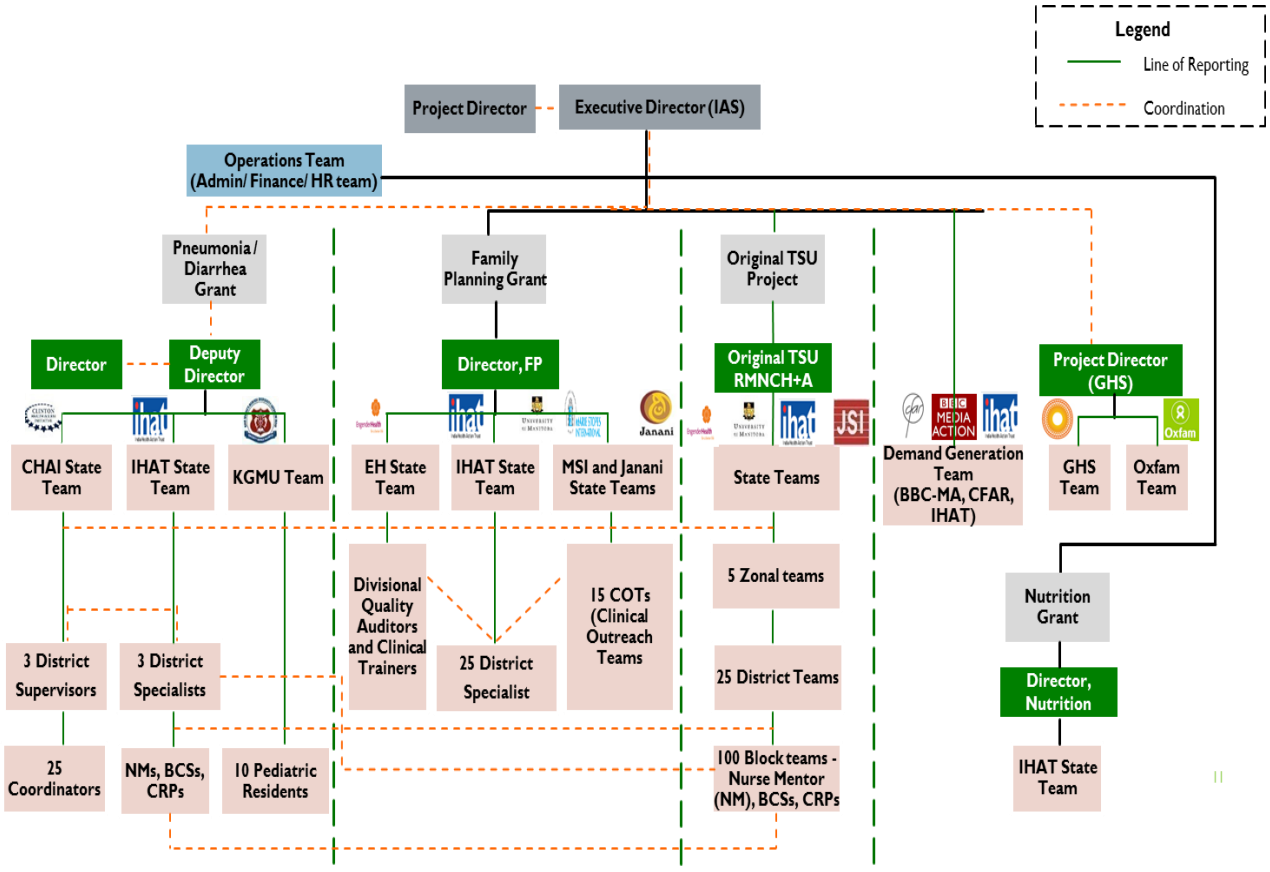
IHAT worked closely with RSACS and KSAPS to develop advocacy programmes that are effective at different levels, ranging from the grassroots, to the senior political level. We have a well-defined advocacy strategy for marginalized groups that includes three main elements:

- Reducing stigma and discrimination;
- Reducing violence and responding effectively to violence;
- Improving access to social entitlements.

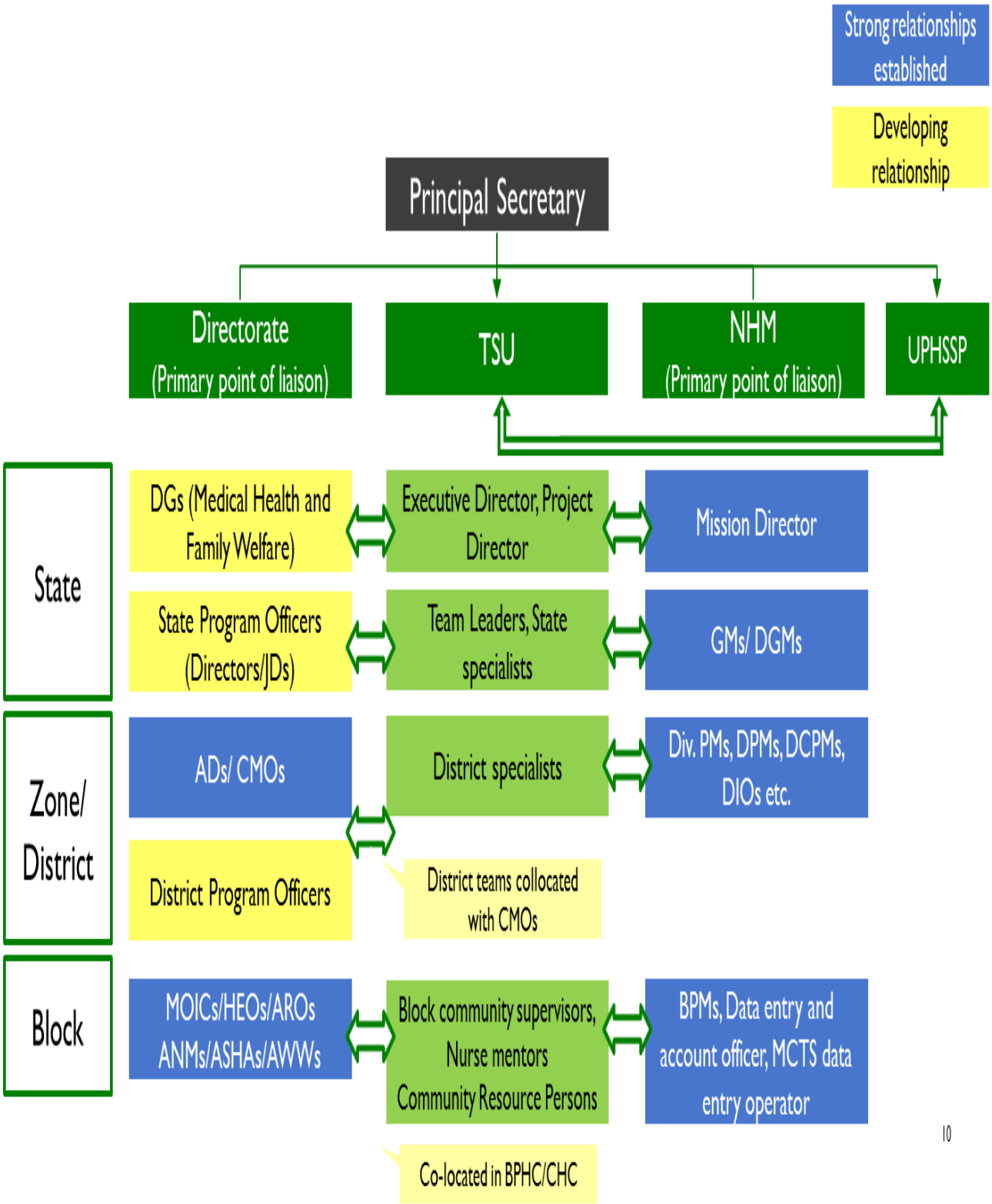
To achieve these objectives, we have developed strategies such as media advocacy workshops, large-scale police sensitization programmes and the establishment of crisis response programmes in each district.

For communication, we have employed unique strategies, such as a systematic awareness and education programmes with RSACS at all major fairs and festivals and the use of folk media to mobilize rural populations. We emphasised dialogue-based interpersonal communication techniques with sex workers and MSM.

UP TSU Organogram



TSU's engagement with Government



Learnings during field Visits-

a) During my visits to SC, PHC, CHC OR FRU in general all of them were maintained properly. When TSU come into action and starts providing technical support the quality of service is much improved.
b) Role of AWW & ASHA is not visible & they needs to be oriented on health & nutrition issues in various sites.
c) Expired medicines were found in the medicine stock and sometime medicines with short expiry are given to FLW.
d) Toilet facility was not available at VHND sites.
e) Hardly any issues are discussed as per guidelines.
f) Most of the VHND sites all the vaccines were available.
g) Height of the children is not measured.
h) Banner /poster was not displayed in various sites.
i) Counselling is not observed.