

**Internship
at
Indian Health Action Trust**

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Table of Contents

S. No.	Contents	Page No.
1.1	Introduction	4
1.2	Objective of Internship	44
1.3	Bareilly District	6
1.4	About the Organization	7
1.5	Services Provided by the Organization	9
1.6	Project worked on	10
1.7	Organizational Structure of Pneumonia and Diarrhoea Project	12
1.8	Field Visits Undertaken with District Staff	13
1.9	Observation of field visit	13

List of Abbreviations:

AIDS- ACQUIRED IMMUNO DEFICIENCY SYNDROME

ANM - AUXILIARY NURSING MIDWIFE

ASHA - ACCREDITED SOCIAL HEALTH ACTIVIST

AWC - ANGANWADI CENTRE

AWW - ANGANWADI WORKER

DH -DISTRICT HOSPITAL

DPO - DISTRICT PROGRAM OFFICER

GOI - GOVERNMENT OF INDIA

SHC – SUB HEALTH CENTRE

FLW- FRONT LINE WORKER

MOIC - MEDICAL OFFICER IN CHARGE

MOU - MEMORANDUM OF UNDERSTANDING

UP- UTTAR PRADESH

PHC - PRIMARY HEALTH CENTRE

CHC- COMMUNITY HEALTH CENTER

RMNCH+A - REPRODUCTIVE MATERNAL NEW BORN CHILD HEALTH + ADOLESCENTS

UOM- UNIVERSITY OF MANITOBA

IHAT- INDIA HEALTH ACTION TRUST

TSU- TECHNICAL SUPPORT UNIT

P & D- PNEUMONIA AND DIARRHOEA

GOUP- GOVERNMENT OF UTTAR PRADESH

BMGF- BILL AND MELINDA GATES FOUNDATION

HIV- HUMAN IMMUNODEFICIENCY VIRUS

ORS- ORAL REHYDRATION SOLUTION

UNICEF- UNITED NATIONS CHILDREN'S FUND

TOT- TRAINING OF TRAINER

NACP- NATIONAL AIDS CONTROL PROGRAMME

NACO-NATIONAL AIDS CONTROL ORGANISATION

1.1 Introduction-

Internship training is an integral part of the second year program, where we have to observe and learn the work culture of organization. Also it will be necessary to participate in various department/activities so that we get first hand exposure of the different departments and work done in the organisation and through which we can understand process of work and thereafter be able to involve in decision making.

I am appointed as District Pneumonia and Diarrhoea Specialist, by India Health Action Trust at Bareilly District, Uttar Pradesh. The focus of the project is on reducing child mortality by ending preventable death due to pneumonia and diarrhoea.

1.2 Objective of Internship

- (a) Understand the work pattern of India Health Action Trust, and its organizational structure
- (b) Learn various managerial and administrative skills needed to work with a government system and to help in effectively implementation of the assigned program (Pneumonia & Diarrhoea Project) in the government setup to ensure the overall benefit of the community.
- (c) Identify existing gaps in human resource, service delivery quality, logistics availability, data collection, analysis and implementation of assigned project (Pneumonia and Diarrhoea Project) in the district and to propose probable solutions to them.
- (d) Coordinate proper functioning of the assigned program (Pneumonia and Diarrhoea)

The key responsibilities assigned by the organisation are:

- Understand current mechanism of referral and treatment for childhood pneumonia and diarrhea at community and facility level.
- Preparation of annual work plan for the project implementation, monitoring and evaluation with the consultation of state officials.
- Write down all activities and sub- activities expected to achieve desired objectives with the consultation of state officials.
- Assigning responsibilities to different cadre at block and district level to be perform within a framed timeline.
- Identification and the listing of potential stakeholder for the better implementation of project.
- Supervised block community specialist in various project related activities.
- Preparation of master trainers' database for conducting training of trainers (TOT) with consultation of medical officer in-charge of the block hospitals.
- Establishing reputation with health officials at district for smooth functioning of the project activities.
- Working in coordination with other TSU staff at district.
- Built Capacity and Strengthen knowledge base of ASHA and ANM through training and Mentorship.
- Developed training roster for the pneumonia and diarrhea training at block level.

1.3 Bareilly District

Bareilly is situated at the northern part of the Uttar Pradesh. A sound historical background denotes Bareilly's presence in the era of Mahabharata. Bareilly. The district has its own identification for the trade of furniture, cotton and sugar. The district is also identified by the Ministry of Urban Development as a counter magnet area for the NCR region.

1.3.1 Geographical Location

The geographical location of Bareilly stands at 28°20'49" N North latitude and 75°25'18"E longitude with altitude 179m from sea level. The District is surrounded by Pilibhit and Shajhanpur on east and Rampur on west. Udham Singh Nagar (Uttarakhand) in north and Badaun in South.

1.3.2 Administrative Setup

Bareilly district has six Sub Divisions and a total of Fifteen Blocks. There are about 1007 Gram Panchayats and a total of 1865 Villages.

1.3.3 Health Care Setup

A 439 bedded District Hospital caters health services to the district population along with Six CHC, 11 PHCs, 48 Additional PHCs, and 327 Sub Health Centres.

1.3.4 Demographic profile

Highlights of Census 2011

- The population of Bareilly District according to the Census 2011 is 4448359 as compared to the 2001 figure of 3618589. The current population consists of males 2357665 and 2090694 females. 829770/ 36185890
- An increase of about 22.34 percent of population has been seen from the previous census.
- The population density is about 1080 per sq km.
- Sex ratio showed slight increase from 871 in 2001 to 887 in 2011.

- Literacy also showed an increase from about 47 percent to 58 percent in 2011. About 67 percent males and 48 percent females respectively are literate in Bareilly.
- About 65 percent of population of Bareilly lives in rural areas.

1.4 About the Organization

The India Health Action Trust (IHAT) was established in 2003 to improve public health in India and abroad by extending proven techniques, insights and principles pivotal to the success of the University of Manitoba's and Karnataka Health Promotion Trust's projects. IHAT specializes in providing comprehensive technical assistance and training in programme planning and management. With emphasis on incorporating science in programme design and monitoring, it aims to maximize both efficacy and efficiency of interventions.

With the University of Manitoba's (UoM) Centre for Global Public Health, IHAT has assisted the national governments of Bhutan and Sri Lanka to initiate and scale up HIV prevention. IHAT manages the designated Technical Support Unit (TSU) for the Karnataka State AIDS Prevention Society. It has provided technical assistance to government agencies in Maharashtra, Bihar, Rajasthan, Andhra Pradesh, Tamil Nadu, Uttar Pradesh and Goa. IHAT has also received support from UNICEF and Save the Children India, for projects in Rajasthan to protect infants from HIV, to provide life skill education for adolescents, and to provide community outreach services to rural children.

The Government of Uttar Pradesh (GoUP) and Bill & Melinda Gates Foundation (BMGF) have signed a Memorandum of Cooperation on December 13th 2012, the objectives of which are:

- To reduce maternal, neonatal and child morbidity and mortality, total fertility and improve key nutrition and health outcomes by scaling up existing and new innovative solutions through public and private sectors through techno-managerial support to the public health system to improve the reach, coverage and quality of essential primary health, immunization and nutrition services for children under five years and women of reproductive age especially pregnant women, newborns and children under five years – as per targets in the State Program Implementation Plan in the areas mentioned above;
- To improve agricultural productivity by improving indigenous state capacity to conduct research into critical areas and supportive innovations in extension;
- To enhance financial inclusion (e.g., by improving government to person payments through digitization); and
- To document and disseminate results and lessons to influence related health and nutrition programs within India and other developing countries.

1.5 Services provided by the Organization:

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.
- In pursuance of the MOC, BMGF has contracted the University of Manitoba (UoM)/India Health Action Trust (IHAT) to set up a Technical Support Unit (TSU) that will report to the Principal Secretary Health, Government of Uttar Pradesh in Lucknow. The TSU will have the support structures in select divisions, districts, and blocks to advice and support government structures (state/district/divisional level machinery, PHCs, sub-centers, and ICDS centers, etc.), frontline workers (FLW) and other service delivery points. The TSU's goal is to support the government to increase the efficiency, effectiveness and equity of the delivery of key RMNCH+A services to improve RMNCH+A outcomes in UP.
- 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.

1.6 Project worked on:

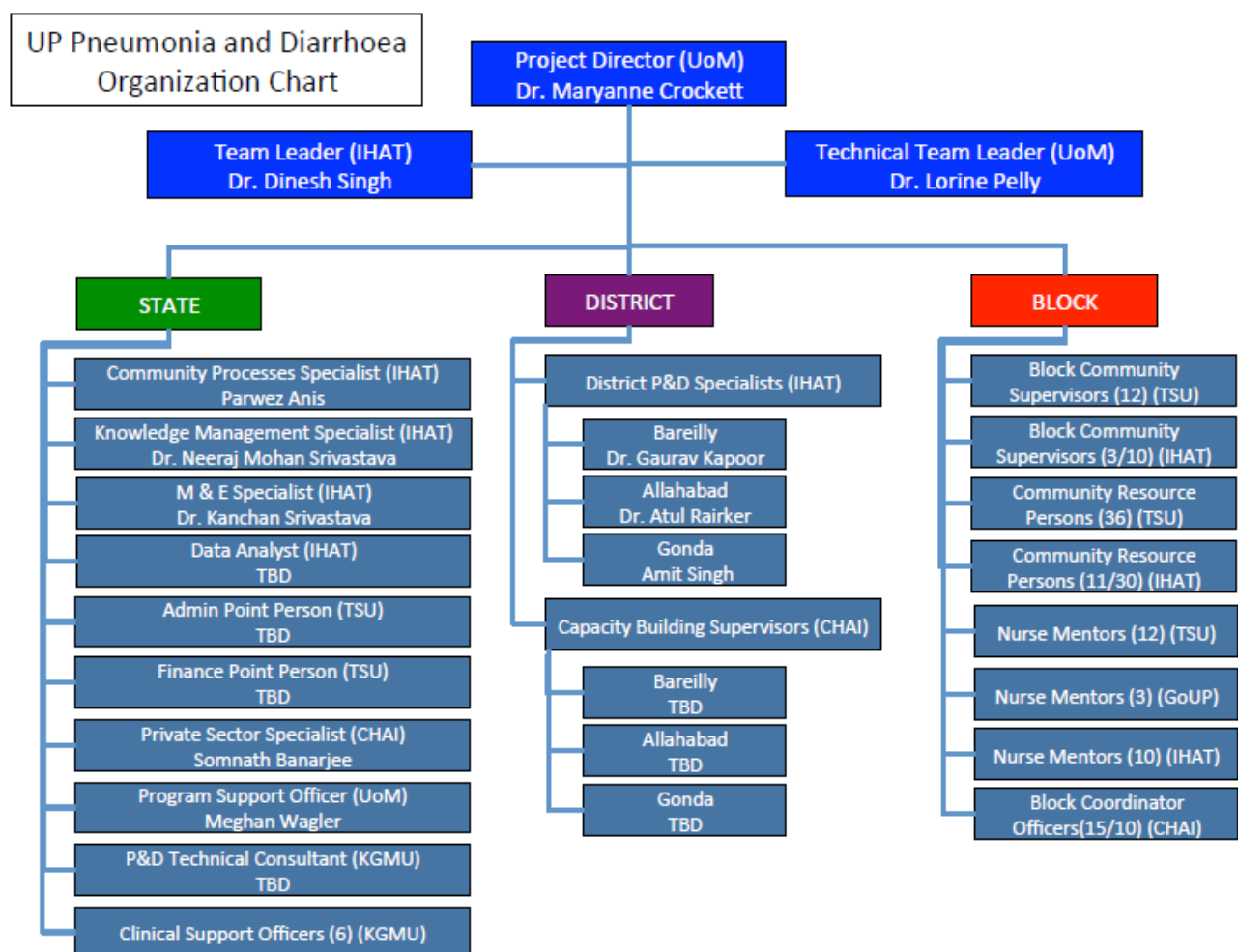
Pneumonia and diarrhoea are two of the leading causes of mortality among children under 5 in India accounting for 24% and 13% of deaths, respectively. In Uttar Pradesh with the highest under five mortality rate, this likely represents a large number of deaths which could be prevented with implementation of known interventions for the treatment of pneumonia and diarrhea. Although strategies for the protection from and prevention of pneumonia and diarrhoea are key components of the Global Action Plan for Pneumonia and Diarrhoea, this project intends to reduce mortality through improving the quality of community and low level facility management of childhood pneumonia and diarrhoea in Uttar Pradesh (UP).

Uttar Pradesh is the largest state in India with a population of greater than 200 million. The University of Manitoba and the India Health Action Trust are supporting the Government of Uttar Pradesh (GoUP) through a Technical Support Unit (TSU) for Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition which is focusing on 25 high priority districts in UP. The project is implementing in 15 Blocks of 3 districts (5 blocks/district including 4 TSU Focus Blocks). The coverage of the interventions will vary with the development of one “Centre for the Treatment of Pneumonia and Diarrhoea” per block plus strengthening of all Block level facilities in the treatment of childhood pneumonia and diarrhoea, the identification of high volume private frontline workers to be targeted by the interventions and the inclusion of all public frontline workers in the project blocks.

The primary outcomes are the improved treatment and referral of childhood pneumonia and diarrhoea by public and targeted private frontline workers (FLWs) as well as Block level facility staff resulting in decreased case fatality rates. It is expected that the proportion of children with suspected pneumonia or diarrhoea who receive appropriate antibiotics or ORS and zinc will increase at the community level through public and private FLWs as well as at the Block facility level. It is also expected that the proportion of children with suspected pneumonia or diarrhoea requiring referral who are stabilized and complete referral to an appropriate facility will increase at each of these levels.

A number of strategies and activities will be utilized at the community and facility levels to improve the treatment of childhood pneumonia and diarrhoea. Development of Guidelines and job-aids to enhance performance and work planning is in progress. Effective referral processes will be formalized and implemented to improve from the community providers to Block level facilities and from these facilities to tertiary care facilities as appropriate. This will also include a mechanism for providing feedback on the outcome of the referral to the referring individual. Training curricula is developing and have plan to deliver to each type of provider on the identification and treatment of children with pneumonia and diarrhoea. Ongoing supportive supervision will be provided throughout the project to ensure quality care is delivered throughout the project and with a strong emphasis on sustainability, hopefully, after the project ends as well. The facilities will also be supported to improve the supply chain of essential equipment and medications required for the diagnosis and treatment of pneumonia and diarrhoea. In the final year of the project, lessons learned from the initial phase will be applied at scale within all blocks of one of the project districts. It is hoped that the use of these strategies with the support of the U of M/IHAT TSU will result in significant improvements in the management of childhood pneumonia and diarrhoea in the community and lower level facilities in the targeted project Blocks in Uttar Pradesh. Currently project is in early implementation phase the planning against outcome has already been accomplished the liaisoning with government officials has been continuing.

1.7 Organizational Structure of Pneumonia and Diarrhoea Project:



Updated 26-02-15

Figure 1.1 - Organogram of Pneumonia & Diarrhoea Project

1.8 Field Visits undertaken -

- Initially Community Health Centre and Primary Health Centre visits for the Monitoring Visit to accompany district team
- Visits to facility to find existing practice for addressing Childhood Pneumonia and Diarrhoea.
- Visit to cluster meeting of ASHA for discussing their current knowledge and practice to deal childhood pneumonia and diarrhea.
- A visit to state headquarter to participate in induction training and participated in planning activities for the project implementation.
- Field visits to the block to meet ASHA for taking self-administered interview to assess their current knowledge attitude and practice regarding childhood pneumonia and diarrhea.

1.9 Observations

- Diarrhoea is considered as a very common and minor ailment in the community. Hence initially people do not consider Diarrhoea as a serious health issue due to this, the community delaying treatment through health facility.
- Household pollution due to smoke from chulha (stove) is a common practice in district.
- There is no feasible record maintenance at all facility for screening of Pneumonia and Diarrhoea.
- Out of 5 Block Hospital only one hospital has paediatrician, rest all block hospitals has untrained medical staff, there is no formal training of Staff Nurse and Medical Officer has conducted to deal child emergency related to pneumonia and diarrhoea. (Till now no staff have trained in F-IMNCI).
- ORS and Tab. Zinc is available at all facility but still not available at ground level.
- Injectable antibiotic is unavailable at almost all Block Hospitals.
- ASHA and ANM are well aware to deal Childhood Diarrhoea but there is no ASHA/ANM has trained to deal with Childhood Pneumonia.