Internship
At
FHI360
Jhabua district of Madhya Pradesh

Submitted By
Meena Chavan

Post Graduate Diploma in Hospital & Health Management
2012-2014

Institute of Health Management Research,
Jaipur
2014

CONTENTS

1. INTRODUCTION

The key aspects of our lives are inextricably linked. Improving lives in sustainable, measurable ways is possible only when we connect ideas, resources and people who have a stake in the issues affecting their communities. Through customized responses that address multiple aspects of people's lives, we can exponentially increase the impact of our work.

Our 360 degree perspective includes:

360° RESPONSE

We deliver expert, thoughtful responses to these challenges. Our staff regularly contributes to national policies and guidelines publish in leading journals and provide technical guidance to major development partners. Even when interventions require a narrow focus, we begin with the big picture in mind — thinking holistically in our search for solutions.

360° PARTNERSHIPS

Our impact is amplified through the synergy of partnerships. The "360" in our name symbolizes our inclusive approach to sustainable success, attained only when we partner with governments, civil society organizations, the private sector and the communities we serve. Our financial, operational and program management systems provide assurance to funding partners and reinforce the capabilities of local implementing partners.

360° EVIDENCE

We study, test and evaluate. We gather evidence and generate reliable data. A deep understanding of the people and communities we serve and interventions most likely to deliver the greatest impact. It is the science of improving lives.

360° DIALOGUE

We bring together experts across multiple disciplines to address ever-evolving human development challenges. FHI 360 recently hosted an event called Human Development: The 360° Perspective, where speakers examined findings from research and practice in the areas of health sciences, social and economic development, gender and environment. The forum marked FHI 360’s ongoing commitment to championing solutions that advance human development.

2. ORGANIZATIONAL PROFILE

FHI 360 is a leading human development organization dedicated to improving lives by advancing integrated, locally driven solutions, with commitment to partnerships at every level and a multidisciplinary approach to enable lasting impact for the individuals, communities and countries they serve. In 2011, the teams of experts from Family Health International and Academy for Educational Development came together to create FHI 360.

Vision

FHI 360 envisions a world in which all individuals and communities have the opportunity to reach their highest potential.

Mission

To improve lives in lasting ways by advancing integrated, locally driven solutions for human development.

Organizational believe

- A 360-degree perspective is required to address complex human development needs.
- Sustainability comes from building the capacity of individuals, communities and countries to address their needs.
- The key to improving lives is in generating, sharing and applying knowledge.
- Partnering with governments, civil society organizations, the private sector and communities leads to success.

Organizational values

- **Innovation** to meet the evolving needs of our beneficiaries, funders and partners.
- **Mutual respect** for diversity and cultural differences.
- **Passion** driven by a personal commitment to make a positive difference.
- **Accountability** for our work, measuring, reporting and continually improving all that we do.
- **Commitment to excellence** assured by the highest ethical, quality, operational performance and scientific standards.
- **Teamwork** across disciplines and geographies, within the organization and with our partners.

3. SERVICES PROVIDED BY ORGANIZATION

FHI 360 has been working in India for almost two decades and is well recognized in the country today for its technical excellence, robust research and evidence-based integrated programming.

FHI 360's technical areas of focus in India encompass a range of public health priorities, including HIV and AIDS, family planning and reproductive health, maternal and child health, health systems strengthening, integrated health and development, and infectious diseases, including tuberculosis and malaria. Organizational portfolio in India includes diverse projects that span across technical assistance, research and implementation.

4. DEPARTMENTS/ PROJECT VISITED/WORKED

Madhya Pradesh Health Sector Reforms Projects (MPHSRP)

- DFID has been supporting GoMP to improve health status of its population by providing Financial and Technical Assistance under the Madhya Pradesh Health Sector Reforms Program (MPHSRP) since 2007.
- The FHI 360 has been contracted DFID to lead on the Technical and Management Support Team (TAST) for GoMP under MPHSRP.
- The objective of the TAST is to support key state government departments to deliver on Madhya Pradesh Health Sector Reforms Program supports the Departments of Health and Development to achieve milestones for improved health, nutrition, water, sanitation and hygiene services in 16 identified, underserved districts.

- The program seeks to reduce maternal and child mortality, increase contraceptive uptake, decrease the number of undernourished children, increase healthy infant and young-child feeding practices, improve access to sanitation facilities, and deliver hygiene-promotion messages. The project anticipates that by 2015, Madhya Pradesh families and communities will benefit from an integrated package of high-impact and high-quality health services delivered in a coordinated, sustainable and cost-effective manner. Additionally, the program promotes a gender-sensitive political and social environment characterized by strengthened state and district leadership. This project operates in Madhya Pradesh, India.

- The first phase of funding of the TAST focused on health systems strengthening and policy support to the GoMP.
- The second phase of support that started from 1 April 2012 focuses on integrated approaches to health, nutrition and water and sanitation outcomes, and lays greater emphasis on implementation, particularly of community based approaches to these sectors.

- The main objectives of the MPHSRP are:
    - Reduction in infant mortality, maternal mortality, and total fertility rate.
    - Making health outcomes and utilization of services more equitable.
    - Addressing malnutrition among children.
    - Reducing morbidity and mortality from common communicable diseases such as malaria, leprosy and tuberculosis.

- The TA will support GoMP in achieving the following results by 2015:
    - Decrease in maternal mortality ratio to 185 per 100,000 live births
    - Decrease in under 5 mortality to 52 per 1000 births
    - Increase in contraceptive prevalence to 61% (increase spacing method)
    - Decrease in the proportion of children who are undernourished to 47%
    - Increase in correct infant and young child feeding practices (IYCF) from 18% to 30%
    - Improved access to sanitation facilities and hygiene promotion messages

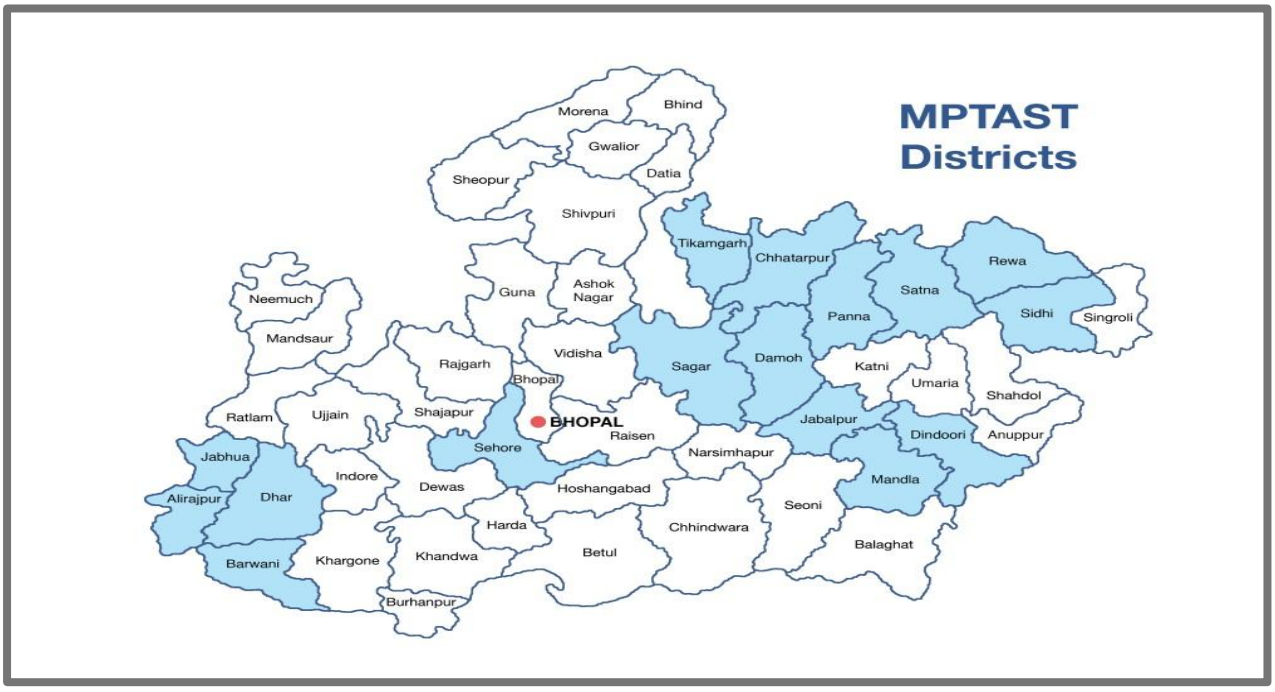
Project Cost – Total cost of the project in the time frame is 120 million British pond for MP and the fund is divided in the Financial Assistance and Technical Assistance where FA – 103 million (British Pond) and TA – 17 Million (British Pond).

Project partners -

Core Consortium–fhi360, Catalyst management services, Administrative staff college of India(ASCI)

Technical Consortium–water aid, national Institute of Nutrition Hyderabad, crown agent, Harverd School of Public Health.

Project District-
Sagar,Damoh,Chatarpur,Panna,Tikamgarh,Sehore,Alirajpur,Jhabua,Dhar,Barwani,Satna,Rewa,Sidhi,Jabalpur,Mandla,Dindori.



5. PROBLEMS AND ISSUES IN EACH DEPARTMENT/ PROJECT IMPLEMENTATION

Under MPHSRP organization is closely working with government departments mainly with Health, ICDS, Rural Development and PHE in the state.

- Bringing convergence in all the line departments is a uphill task.
- State has gone through two elections in this year, which hamper / hinder some of the ongoing and delay new activities.
- Departmental priorities changes as leadership changes which affect the program in some way or the other.
- A capacity of front line staff is also a challenge and moreover it become difficult for the staff to cope up with changing needs of the program and get acquainted with it.
- Geographical condition, Economical background and cultural practices / beliefs also raise implementation related problem.
- Financial irregularities and its related quarries within the department some time delay the implementation of the smooth running program.
- Human resource , technical knowhow etc also adversely affect the program.
- Data is captured by both the department of single activity even after that, it does not matches like data of immunization, population etc.
- Procedural delay like printing in the government press delayed the RBSK and WIFS reporting for all most 6 months.
- Personal interest of the officials, staff and political interference and also affect the end result in the government system.

6. OBSERVATIONS AND LEARNING

Working in organization like Fhi360 is a great learning experience. This organization has very clear policies relating to HR, employee safety, promotion , sexual harassment Computers, leaves, travel , claim settlement etc .
The organization has friendly work environment.
Liaisoning, coordination, multiple tasking is very essential at work place.

Learning-

- Technical knowhow, commitment and behaviors is the key to establish oneself in the new work settings when working with government counterparts.
- Continuous follow up and hand holding is very much required at each level.
- Practical approach for program implementation is quite different from the theoretical / subject based learnings.
- Supportive supervision is very essential for better results and helps in building confidence among staff.
- Time management and prioritization become very essential for completion of the assignments.
- Understanding of local work environment and culture of local community must be understood as early as possible.

7. ANY PROJECTS UNDERTAKEN OTHER THAN DISSERTATION

Reporting extraordinary good/adverse events without naming hospital/department.

Principal secretary (Health) visit to District –

Role of MPTAST Team

District TAST members were involved since inception of the preparation for the visit both at DH as well as field level. CHC petlawad was visited by us during assessment and during our general visit and quality inputs were provided to the BMO, BPM and the staff Nurse even to the laboratory. BMO also proactively corrected the identified gaps.

DH was the focal point for us who was provided quality inputs and gaps of facilities were discussed with CMHO and CS time and again in detail. we were fully involved during the visit and supported the LR , ward ,NRC and emergency room staff in making necessary arrangement . many rounds were taken of the various facilities before the visit .

HSC –VAN (Ranapur Block) was supported by TAST to develop as DP and now it is one of the declared DP in the district. Which was also visited by us before the visit of the PS and some of the issue were resolved then and there.

The visit was very much successful and CMHO appreciated TAST member's efforts at all possible forums.

Independent Commission for Aid Impact (ICAI) visit-

DHID is donor for MPHSRP and lot has money has gone in the program till its inception hence an independent commission visited the district to audit the impact of aid through dfid. Representative from British government and independent technical consultants were part of the visiting team.

At the district level team was to visit the NRC, VHND session sites and meet district and block official of ICDS as well as Health department and the District Collector. as a district team member supported in preparation of the district profile, presentation of both the department and visited the AWC and NRC for pre visit preparation . During the team visit escorted one of the team in the field and explained the functioning of NRC, AWC / VHND sessions and discussed various issue pertaining to district, functioning of government and our program.

The 2 day visit was very much appreciated by the ICAI team and our efforts were very much appreciated by the state as well as country office.