Internship
at
Prayas, Chittorgarh

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Submitted By

Venkatesh Irugulapati

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1.1 Introduction

Internship is a partofthesecond year program, where we have toobserveand learn the work culture of organization.Also it willbe necessaryto participate invarious department/activities so we could orientour self with differentdepartments thatgivesus first hand exposure.

Internship is the process, throughwhichwecan understand process of work and thereafter beable to involve in decision making.

I wasappointed as District VHNDCoordinator at Rewa in Madhya Pradesh by Prayas NGO to provide technical support to district health and ICDS officials in holding field visits, monitoring of VHNDs and other tasks pertaining to strengthening of VHNDs.

Objective of Internship

(a) To understand the work pattern of Prayas.

(b) The next objective of internship was to learn various managerial and administrative skills which can effectively implement all the health and health related programmes, overall benefit of the community.

(c) To identifyexisting gaps in, service deliveryquality, data collection, analysis and implementation of health programsinthe District and to propose probable solutions to them.

1.2 The key responsibilities undertaken were:

- Delivery of quality and effective trainings and meetings to be conducted under the project.
- Provide technical support to district health and ICDS officials in holding field visits, monitoring of VHNDs and other tasks pertaining to strengthening of VHNDs.
- Work in close association with the district NGO implementing partners and guide and mentor them on VHND strengthening.
- Work closely with training teams at different levels in order to identify the support and resources they need for strengthening training mechanisms.
- Regularity and quality of monthly meetings and other project activities.
- Develop close working relationships with all project participants and stakeholders at various levels to establish a shared vision of the project objectives and envisaged outputs.
- Facilitate compiling of the data on trainings, review meetings, and VHND assessments and quality monitoring.

1.3 An overview of Rewa District

Rewa lies between 24'18 and 25'12 north latitudes and 81'2 and 82'18 east longitudes in the north-east of the division of the same name . The district is bounded on the north and east by the state of Uttar Pradesh, in the south Sidhi district and in the west with Amarpatan and Raghurajnagartahsils of Satna district. In shape the district can be compared to an isosceles triangle, with its base along the Satna border and the two longer arms converging towards Mauganj in east.

1.3.1 Demographic Profile

- In 2011, Rewa had population of 2,365,106 of which male and female were 1,225,100 and 1,140,006 respectively. In 2001 census, Rewa had a population of 1,973,306 of which males were 1,016,687 and remaining 956,619 were females.
- There was change of 19.86 percent in the population compared to population as per 2001. In the previous census of India 2001, Rewa District recorded increase of 26.90 percent to its population compared to 1991.
- Average literacy rate of Rewa in 2011 were 71.62 compared to 62.01 of 2001. If things are looked out at gender wise, male and female literacy were 81.43 and 61.16 respectively. For 2001 census, same figures stood at 75.65 and 47.58 in Rewa District. Total literate in Rewa District were 1,441,757 of which male and female were 845,572 and 596,185 respectively. In 2001, Rewa District had 991,410 in its district.
- With regards to Sex Ratio in Rewa, it stood at 931 per 1000 male compared to 2001 census figure of 941. The average national sex ratio in India is 940 as per latest reports of Census 2011 Directorate. In 2011 census, child sex ratio is 885 girls per 1000 boys compared to figure of 926 girls per 1000 boys of 2001 census data.

1.3.2Health Care Setup

There one district hospital, nine PHCs, sixteen other PHCs, two eighty three Health Sub Centers.

They are 2415 villages in district most of them are not having health care facilities.

1.4 Organizational Background

Prayas a non-governmental organization registered under Societies Act of 1860 from Delhi administration has been working in many areas of rural poor's economic and social development since 1979. It began its activities from a very small tribal village Devgarh in Pratapgarh district of Rajasthan. One of its areas of competency of Prayas is development of models of community-based monitoring and delivery of health care for people having very limited access to quality health care.

Over the past decade, Prayas has been the nodal organization for a number of multi district and state-wide programs in the area of health. In 1982, Prayas is one of the first organizations to be handed-over a Primary Health Center (PHC) by the Government of Rajasthan to operate and deliver services. Recognizing its work, the Ministry of Health and Family Welfare (MOHFW), Government of India has been providing untied support to Prayas since 2005-06 to promote women's health in the state of Rajasthan. Some of the significant projects managed by Prayas also include gender sensitization trainings of all the health care providers, improving quality of care in health services, community-based monitoring of health services and others.

Prayas with the support of the WHO modeled a community empowerment in health framework which significantly contributed to developing community monitoring strategy under the National Rural Health Mission (NRHM). Prayas has also given a model of holistic approach to improve health status of the community by its Public Health Empowerment Campaign at Chhoti Sadri block of Pratapgarh district. In this campaign, Prayas has created a model of Village Health and Sanitation Committee (VHSC) and also given an example of volunteer worker at village level, which has been replicated in NRHM as ASHA cadre. Prayas has also facilitated in the formulation of district health action plans under NRHM by evolving systems of decentralized planning in four districts. Under the DFID-funded MPHSRP, Prayas was supported by the earlier MPTAST partner IPE Global to conduct a review of VHNDs in four backward districts of Madhya Pradesh in consultation with DFID and the GoMP. Prayas is well positioned to support MPTAST/FHI 360 in the strengthening of VHNDs in Madhya Pradesh.

1.5 Services provided by Prayas

Main Activities in Health

- Community empowerment for health and health security
- Empowerment of adolescents and children for better health
- Community AIDS awareness programme
- Capacity building programme for NGO workers

Economic Empowerment and livelihood issues

Universalization of quality education

Gender

1.6Observations of the field visit

- During my visits to PHC and SC, in general all of them were maintained properly. Having spent lot of money from the untied funds to improve the facility, unfortunately the toilets and sinks were not maintained properly.
- Expired medicines were found in the distribution stock.
- Safe disposal of BMW is not implemented.
- Syringes were recapped and hub cutters were not used.
- VHND sessions held are an example of inter sectoral convergence of Health and ICDS.
- Only children were attended during the morning session. ANC is taken up in the afternoon, along with Adolescent girls.
- Height is not measured.
- Counseling is not observed