PRACTICUM REPORT

For the Partial Fulfillment of course Requirements of the

Master of Public Health Program

Offered By

Johns Hopkins Bloomberg School of Public Health
In Cooperation with IIHMR University

By

Juby Raj Aswathymana Raju
Cohort-4
2016-18

Under the Guidance of

Dr. Monika Chaudhary

Associate Professor
IIHMR University

Dr. Meenakshi V.R.

Deputy Director of Health Services (NVBDCP/Public Health)
Directorate of Health Services, Kerala.

TO WHOMSOEVER MAY CONCERN

This is to certify that Dr. Juby Raj Aswathymana Raju**,** student of Master of Public Health Program offered by IIHMR University, Jaipur in cooperation with Johns Hopkins Bloomberg School of Public Health, Baltimore has undergone Practicum Training at the Directorate of Health Services, Kerala, from 02-02-2018 to 31-03-2018.

The Candidate has successfully carried out the study designated to her/his during practicum training and her approach to the study has been sincere, scientific and analytical.

The Practicum Training is in fulfillment of the course requirements.

I wish her/him success in all his future endeavors.

Sd-

Dr. Monika Chaudhary

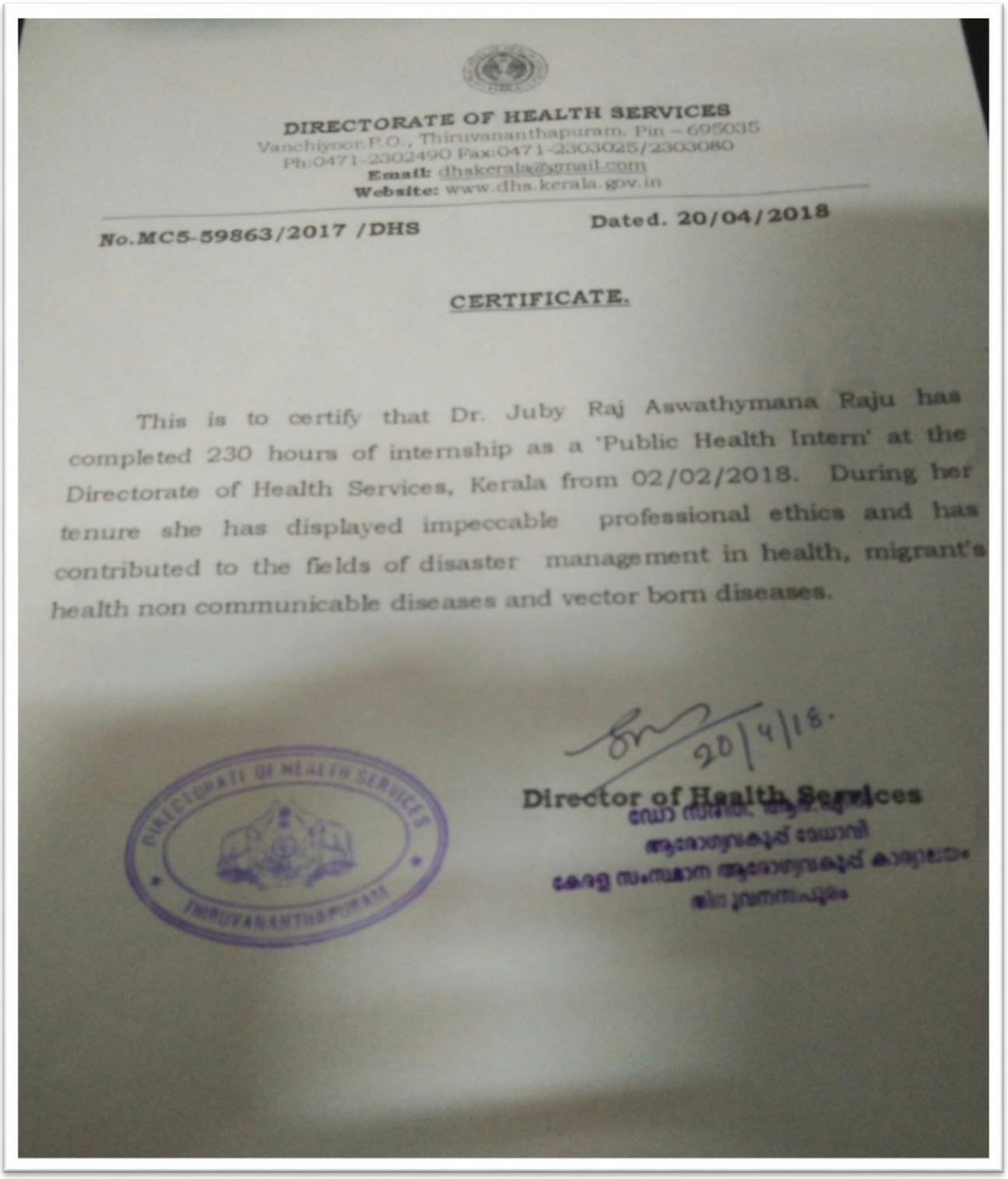
Practicum Advisor

CERTIFICATE BY SCHOLAR

This is to certify that the Practicum Projects titled 'Proposal for implementing the Wolbachia-method of vector control in Kerala', 'Proposal for overcoming the cultural barriers to health of the inter-state migrant labourers in Kerala', 'Proposal for prevention and control of non-communicable diseases and their risk factors in the employees of the Directorate of Health Services, Kerala', and 'Preparation of Hospital Disaster Management Guidelines for the Health System of Kerala', submitted by me, Juby Raj Aswathymana Raju with Enrollment No. IIHMR-U/07/2016-2018/0017, with JH ID 2136F9, under the supervision of Dr. Monika Chaudhary, and Dr. Meenakshi V.R for award of **Master of Public Health** carried out during the period embodies my original/team work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

Dr. Juby Raj Aswathymana Raju
MPH Candidate 2016-18

Certificate from the organization



DIRECTORATE OF HEALTH SERVICES
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Website: www.dhs.kerala.gov.in

No.MC5-59863/2017 /DHS **Dated. 20/04/2018**

CERTIFICATE.

This is to certify that Dr. Juby Raj Aswathymana Raju has completed 230 hours of internship as a 'Public Health Intern' at the Directorate of Health Services, Kerala from 02/02/2018. During her tenure she has displayed impeccable professional ethics and has contributed to the fields of disaster management in health, migrant's health non communicable diseases and vector born diseases.

20/4/18.

Director of Health Services

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THE ORGANIZATION:

The Directorate of Health Services, Kerala, is the apex body of health administration, and planning of the state's health department, under which the state's health system functions. The activities of the directorate are designed for the preservation, and improvement of public health by preventive, curative, and rehabilitative methods. The state's Analytical Laboratory, Public Health Laboratory, and hospitals ranging from General Hospitals to Primary Health Centres fall under the Directorate of Health Services (DHS).

ROLE:

Role Title:

Public Health Intern

Role Responsibilities, and Aspirations:

- Working closely with the central organization for public health planning, and administration in the state
- Conducting necessary research, assessing public health issues, and proposing practical solutions, and assisting in improving the community health, in the state.
- Gaining knowledge on the public health administration, planning in the state, develop skills of public health practice.

Duration:

60 days (Joining Date :02 Feb 2018)

Hours of practicum completed as of 31st March 2018:

230 hours

Preceptor:

Dr. Meenakshi V.R (Deputy Director of Health Services- NVBDCP/PH, Kerala)

Head of the Organization:

Dr. Saritha R.L (Director of Health Services, Kerala)

Faculty Advisor:

Dr. Monika Chaudhary.

PRACTICUM SUMMARY:

1.PROPOSAL TO OVERCOME THE CULTURAL BARRIERS TO HEALTH, OF THE INTER-STATE MIGRANT LABOURERS(UNSKILLED) IN KERALA.

Led the team of interns on the project, which involved assessing the access to health of the inter-state migrant labourers in the state, by extensive reviews of literature, and visits and interactions with the labourers, in their settlements, and work-sites, and other stakeholders, including the Labour department. Majority of these labourers are from states with poorer social development, and health indices than the host state. Communicable diseases, some of which had been nearly eliminated in the state have re-appeared in the state, especially among the Inter-State Migrant (ISM) workers. Non-Communicable diseases, and psychosocial morbidity of this population also seem to be at attention-warranting levels. The team identified gaps hindering the access to good health, and health system, by the migrant labourers, which included the ignorance of the importance and effectiveness of preventive health practices, poor living conditions, and little contact with the state's health system. Health education messages, and public health alerts by the state authorities are completely missed by these labourers, owing to the wide language barrier. The messages are communicated only in 'Malayalam', and that too through health centres, field workers, or Malayalam media channels. An ISM worker, who barely understands a handful of Malayalam words will not understand them, and almost never comes into contact with them. Fear of medical expenses, ignorance of the health facilities in the area, compounded by the language barrier prevent the ISM

labourers from seeking timely medical help. Although there are health-related benefits including insurance coverage being offered by the state's labour department by the name of 'Awas', many of the labourers are unware of it. Even though most of the ISM labourers could understand Hindi fairly well, they could not read the Hindi brochures distributed by the labour department, and could read only their native languages, and that too with much effort. Even those who have Awas cards do not know the benefits offered by the card. The Hindi brochures distributed at the medical camp, by the labour department contains the helpline numbers for different districts, which would have been very useful. But on inquiry, we came to know that the operators at these helplines are unable to communicate in Hindi. Similarly, the health helpline number of "Disha" by the health department also communicates in Malayalam only. There are further institutional inadequacies in the labour, and health departments, (mostly related to human resource availability) which limits their efforts to effectively ensure improved health, and living statuses of the migrant labourers. Also, it was found that there are local leader figures for each state's group of labourers, who will be able to bring together and influence the workers. The possibilities of mass, and social media reach to the ISM labourers were also looked into. Taking these into consideration, the team proposes interventions to improve the situation, and these are based on the realization of the need for health education in understandable languages and formats. These interventions can be implemented with the existing human, and technological resources with co-ordinated efforts from the health and medical education system, labour department, and the local self-government institutions. Possibilities of establishing a sustainable system for the purpose have also been given consideration.

2.PREPARATION OF HOSPITAL DISASTER MANAGEMENT GUIDELINES FOR THE HEALTH SYSTEM OF KERALA.

Was a part of the team of interns working on the project. The state has witnessed several natural, and manmade disasters in the past two decades, including tsunamis, cyclone, and large-scale accidents involving explosives. The guidelines cover the preparedness, response, and relief phases of disaster management, from the health system perspective, with plans of action, and co-ordination at the different levels of the health system, and the Administration. The guidelines deal with disaster management in disaster situations both outside, and inside the hospitals. The initial outline was revised as per the recommendations of the expert panel at the Directorate of Health Services, and the State Disaster Management Authority, Kerala. The team also prepared a directory of latest contact information important for disaster management, covering the 14 districts of the state, which will be periodically updated.

3.PROPOSAL FOR IMPLEMENTING THE WOLBACHIA- METHOD OF VECTOR CONTROL IN KERALA.

Worked with Dr. Veena Saroji, Asst. Director (Planning) at the Directorate of health Services, Kerala, for preparing a proposal for consideration by the Directors, on introducing the Wolbachia-method of mosquito control in the state. Research, and reviews were conducted on the arbo-viral disease situation and preventive efforts in the state, and the methodologies, trials, and effectiveness of Wolbachia-mosquito control. In view of the hyperendemicity of mosquito-borne diseases like Dengue, its burgeoning health and economic impacts, and the stagnancy of the current efforts at mosquito-control, in the state, the Wolbachia method presents a potential ideal boost for Kerala's efforts at prevention and control of the mosquito-borne diseases. Effectiveness of the method in reducing arboviral transmission has been proved scientifically, and the method

offers a cheaper, environment-friendly alternative to the chemical methods employed widely in the state. The proposal also identifies potential stakeholders including the ICMR (Indian Council of Medical Research), and WMP (World Mosquito Programme) who have been researching on the topic, and outlines strategies for engaging them, while recognizing the potential challenges for implementation of the method in the state.

4.PROPOSAL FOR PREVENTION, AND CONTROL OF NON-COMMUNICABLE DISEASES AND THEIR RISK FACTORS IN THE EMPLOYEES AT THE DIRECTORATE OF HEALTH SERVICES, KERALA.

Part of the team of interns working on the project. The team designed and conducted a survey of NCD (Non-Communicable Disease) situation, and risk factors on a sample of the employees at the DHS, after obtaining approval. The survey was conducted in conjunction with the NCD screening camp organized for the DHS employees on 26th February 2018, and self-administered questionnaires in Malayalam language were employed for data collection. The questionnaire covered socio-demographic information, past and family medical history of NCDs, diet habits, exercise habits, and substance abuse, anthropological, physiological, and biochemical measurements. Data analysis was done using SPSS and the results were discussed with the NCD nodal officer, and the Health Director. There was high prevalence of non-communicable diseases, and their risk factors in the respondents. Of the respondents, 17% reported of having diagnosed Diabetes, 18% had Hypertension, 14% had hypercholesterolemia, and 3% reported of having chronic lung diseases. Here, it has to be mentioned that the NCD screening camp also detected 46 new cases of NCDs among the screened. Family history of Diabetes, and Hypertension each, were reported by around 44%. Fruit and vegetable consumption was low (only 10% consuming adequate amounts). Red meat consumption was high - 31% consumed red meat more than once a week. However, regular exercise habit was reported

by around 50% of the respondents, of which 30% reported moderate to high levels of physical activity. But, 42% were overweight or obese. Current tobacco smoking was reported by only 6.4% of the respondents. As part of proposing control measures, the team interacted with staff members and representatives, and investigated the food supply system at the office, which was utilized by majority of the employees for meals and snacks. Interventions were proposed based on the survey results, and the aforementioned explorations. The interventions focus on the availability of affordable, healthy choices to the employees at the workplace, with supporting behavioural change communication to the staff.