

REPORT ON SEWA RURAL POSTING – JHAGADIA

Posting Duration: 16th April 2024 to 30th April 2024

Attended By:- Dr. Ashish Savani

Posting Site : SEWA-Rural, Jhagadia, Bharuch

Introduction:

Society for Education, Welfare and Action – Rural, known as SEWA Rural is a voluntary and Non-Government Organization working on Health and Developmental activities in rural tribal areas in Jhagadia block in south Gujarat. Mission of SEWA Rural is specifically serving the poorest of poor, preserving values, and self-development of the employees.

By means of various health and development initiatives, SEWA Rural strives to provide aid to the most impoverished individuals by considering their requirements, as well as the workforce and resources at their disposal. While engaging in these activities, it also aims to guarantee the preservation of the organization's values and achieving the goal of stakeholder self-development. All of the programs have been focused on the elderly, mothers, and children who are the most vulnerable members of the family, especially those who come from lower socioeconomic backgrounds.

Every sector of civil society are cooperating with the organization and providing funds and support, including the local community, private individuals /well-wisher's, National and International organizations, state and central governments, businesses in the vicinity of the GIDC, charitable trusts, and Indian and foreign academic institutions.

SEWA-Rural draws inspiration from the ideals and ideas of Ramkrishna Paramhans, Swami Vivekanand, and Mahatma Gandhi. To keep their ideas alive, each department has photographs of these influential figures available. This ritual probably acts as a continual reminder of the principles and values that these leaders upheld.

VGTK Campus Orientation:

SEWA- Rural orientation commences from VGTK, Vivekanand Gramin Tekniki Kendra. The VGTK is situated in Gumandev Village, approximately four



Picture 1 Health Training Centre

kilometers from Jhagadia. Senior Supervisor Mr. Shashikant Bhai gave a brief overview of VGTK. VGTK is a vocational training center that offers young people from poor and tribal

families, skill and character developing abilities and education. To assist families in escaping poverty, a number of training programs are currently being offered, including those like fitters, installers, welders, machinists, electricians, chemical plant operators, printing, fire and safety operators, solar technicians, and computer operators.



Picture 2 Paediatric OPD Area

Kasturba Hospital :

SEWA-Rural offers health services at Kasturba Hospital, a state of art secondary level general hospital with 250 beds. It offers full-fledged outpatient department (OPD), indoor and emergency services, as well as general medicine, pediatrics, ophthalmology, general surgery, and mostly obstetrics and gynecology services. The hospital also has a fully functional NICU and ICU.

There are distinct clinics for diabetes, infertility, antenatal care, and sickle cell disease. Briefing about those clinics were given by Dr. Tushar bhai, Medical Administrator at the Hospital. These clinics are supported by modern laboratories, X-ray & ultrasonography units, operation theaters, and appropriate blood storage facilities.



Picture 3 Detailed History Taking in OPD



Picture 4 ANC clinic

The hospital caters to mothers and babies and offers comprehensive emergency obstetric and newborn care (CEmONC). It is also recognized by UNICEF and the state government as a First Referral Unit (FRU). The hospital is also registered under PMJAY, a government scheme.

SMVS:

SEWA-Rural and its sister branch, Sharda Mahila Vikas Society (SMVS) are doing commendable work in empowering women through various skill development programs. The Garment Programme gives these women a hands-on training in stitching uniforms, safety gowns, and sanitary pads. This not only gives them useful skills but also creates opportunity for them to generate income. The selection criteria, which includes focusing on girls without fathers or those facing poverty.

Furthermore, providing grants for sewing machine empowers women to launch their own home-based small businesses. For women taking part in these initiatives, the Suvidha Kendra, snack-making program expands their skill set and potential sources of income.

Medical Camps:

To guarantee that every woman in tribal settlements can give birth safely, SEWA Rural organizes maternity camps in neighbouring villages. Every Tuesday,

starting at roughly 10:00 am, the satellite centre in Dediapada hosts a free obstetrics and gynaecology camp. All antenatal care (ANC) cases are examined by obstetricians, and laboratory investigations are carried out at the centre with minimal charges. Senior consultants additionally perform ANC ultrasound scans. Doctors offer appropriate counselling and treatment for gynaecological problems. A referral facility is offered to patients who pose a high risk. Moreover, the same facility also houses a sickle cell clinic.



Picture 5 Obs and Gynaecology camp - Dediypada

Every Sunday, this NGO holds eye camps in neighbouring villages. Patients receive in-depth evaluations and examinations for conditions including cataracts and refractive defects from ophthalmologists during these camps. For those with refractive defects, complimentary eye drops and eyeglasses are provided at the camp site itself, along with free prescriptions. Those who are diagnosed with cataracts are admitted on the camp site and transported by medical personnel in the camp vehicle to the hospital. Patients who require additional surgical

procedures other than cataract surgery are given referral cards, and they will be called on the following/alternate day.

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Picture 6 Eye Camp Report

I also went to Oz Village, which is close to Nareshwar. Where we examined around 143 patients and 20 referred for cataract surgery.

Projects:

Adolescent Health Program

Under this program, the organization first conducts a study to determine the issue facing children in nearby communities between the ages of 10 and 19. Awareness campaigns are held at villages, boarding schools and schools. Every student's height, weight, and haemoglobin are measured. Adolescents are being screened and treated for both medical and non-medical problems with the aid of a mobile application (AVNI) that closely monitors the health status of the adolescents who are screened. Well trained health care professional counsel malnourished children to eat a healthy balanced diet, and anaemic students

should take IFA tablets once a week as a preventative measure. All of these students will be given follow-up at regular intervals until they return to normal. Students who test positive for severe anaemia are directed to the SEWA Rural Hospital for additional care.

Additionally, they focus on health education concerning schooling, addiction to alcohol and tobacco, early marriage, awareness of reproductive health, and proper menstrual hygiene.

Approximately 5640 beneficiaries from 7 villages are currently registered. During my posting, I made my way to the Indore Village School.

SNCU Project – Special Newborn Care Unit

Activities:

- 1) Care at Birth – prevention of infection
- 2) Care of normal newborn –feeding support



Picture 7 Child Visit under SNCU project

- 3) Care of sick newborn – managing of LBW infants less than 1800gm

As part of this project, all newborns born at SEWA Rural and who needed to be admitted to the NICU are closely monitored. Following a successful discharge, SNCU provides care for the infants for up to five years, conducts home visits, and tracks continuous follow-ups for each child.

Additionally, they maintain records of their weight and height, monitors their diets, and looks after KMC. They also look after any complications in the babies and determines whether the mother is breastfeeding properly. If a serious condition is discovered during a visit, the baby should be referred to SEWA Rural Hospital.

I went to SNCU, which is located in the Naitrang Taluka village, where the child's weight, height/length and MAC were measured. One child was found to have SAM thus POSHAN PACK was given and referred to SEWA Rural.

Sickle Cell project:

SEWA Rural's Sickle Cell project stands out for its comprehensive approach to addressing the disease in tribal communities. This organization was chosen by the central health ministry for this initiative; the organization offers regular OPD services at the Dediyapada satellite centre every Tuesdays and Fridays and a Sickel cell clinic at Kasturba Hospital every Thursdays. They encourage ANC women to get tested for sickle cell disease, and subsequently screen all diagnosed individuals.



Picture 8 Awareness session on SCD

They administered Cap. Hydroxyurea at a low dose of 10 mg per kg body weight each day, gradually increasing the amount in consecutive visits. Increase the dose until it reaches the maximum tolerable dose, which is 35 mg per kg weight per day.

Alongside medical care, social workers offer vital psychosocial support and genetic counselling, emphasizing informed family planning. This holistic approach encompasses not only treatment but also prevention and education, reflecting SEWA Rural's dedication to addressing the complex challenges of sickle cell disease in tribal populations.

Guidance regarding this project was taken from Dr Sumit Devre and Dr Kapil Dave.

CPHC – Comprehensive Primary Health Care and ImTeCHO

Comprehensive Primary Health Care (CPHC) and ImTeCHO The organization utilizes digital tools to improve community health. They developed a unique digital health platform known as ImTeCHO+, which has been recognized by government of different state. ImTeCHO+ 2.0, particularly focuses on Comprehensive Primary Health Care (CPHC), improves on the previous version. They are launching this project in 64 villages across Jhagadia, Netrang, and Dediapada talukas.

First, they separated these villages into two groups: one that will test the new system (case group) and one that will not (control group). They examined everyone in these villages for health concerns such as excessive blood pressure, diabetes, and heart disease. If they discovered any, they offered advice or treatment for the same.

In the control group, they simply informed participants about their health concerns and provided basic advice. But in the case group, they established health clinics.

Social workers at these clinics screened them, entered their information into the app, and provided free treatment. The Medical Officer then reviewed the data and provided advise or adjusted treatments in accordance with the protocols established by the physician of SEWA Rural.



Picture 9 Counselling under NCD project

I went Nava Avidha and Khadeli villages to check the beneficiaries' blood pressure and sugar levels.

Verbal Autopsy:

Verbal Autopsy is a method used to determine the cause of death by interviewing relative of the deceased person registered under CPHC program. Health worker from SEWA Rural visit the family and they take detailed interview. The interview involves the standard questionnaires, to acquire details of the symptoms, past

medical history, symptoms at the time of death and circumstance leading to the death. The goal is to know exact cause of death among community and to know severity of disease.



Picture 10 PHC - Jhagadia

counselor because it's located in a tribal area where sickle cell disease is common.

During my posting, I visited a Primary Health Center in Jhagadiya, where I met Dr. Anmol, the medical officer on duty. He explained the functions of the PHC in detail. Dr. Anmol mentioned that this PHC has one female sickle cell

On the last day of my posting, I had the opportunity to meet with Dr. Pankaj Shah, Managing Trustee, Dr. Shrey Desai, Trustee, and Dr. Shobha Shah, Coordinator of the Health Training and Resource Center at SEWA Rural. During the session, we delved into the history and work done by the organization up until now, ongoing programs, how they grow and evolve with time, what kind of challenges are there, and how they overcome them.



SEWA RURAL

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Kasturba Hospital
(250 beds)

Community Health &
Research

Eye Care Programme

Vivekananda Gramin
Tekniki Kendra



Women Health Training
& Resource Center

Adolescent Health
Programme

Sharda Mahila Vikas
Society
(Promoted by SEWA Rural)



Date : 30/4/2024

Completion of Internship Certificate

This is to certify that Dr.Ashish Savani, pursuing a MD Community Medicine, PG 1st year Resident doctor, from Parul Institute of Medical Sciences & Research, Parul University - Vadodara. He was posted at SEWA Rural, Jhagadia NGO Posting from Date: 16th to 30th April 2024. He was oriented about the various programmatic information through field visits and discussions with the head of the department.

During the NGO Posting He observed different healthcare activities of the organization, community health programme- Comprehensive Primary Health Care, Sickle cell Anemia ,NICU baby follow up, NCD and Adolescent health programme. He has completed NGO Posting successfully.

Dr. Dhiren Modi
Director
Community Health Project
SEWA Rural, Jhagadia

Parul Institute of Medical Sciences & Research
Department of Community Medicine

Date: 11/01/2024

To
Dr. Dhiren Modi
Managing trustee,
SEWA-Rural,
Jhagadiya

Subject: Posting of the Postgraduates(MD) student at your organization

Dear sir,

As a part of the postgraduate (MD) curriculum of Community Medicine, we would like to post our postgraduate (PG) students at your institute on following dates.

01/03/2024 to 15/03/2024	Dr. Aditya Babaria
16/03/2024 to 31/03/2024	Dr. Umesh Chhotala
01/04/2024 to 15/04/2024	Dr. Pranil Shah
16/04/2024 to 30/04/2024	Dr. Ashish Savani
01/05/2024 to 15/05/2024	Dr. Chirag Nandha

During the posting the postgraduate student is expected to get a conceptual understanding in the following areas in relation to the functioning of your organization depending upon the feasibility and convenience on the part of your organization:

- The foundation principles of the NGO – the vision and mission behind setting up the NGO at the outset and at present
- Areas of focus for work – health issues and the geographic areas covered
- Sources of funding for the NGO
- Hierarchical setup of the NGO from the infrastructure and manpower point of view
- Ongoing and completed research projects by the NGO
- Interaction with the Government in terms of funding, research, advocacy and consultation, collaborative projects, etc
- Monitoring and Evaluation mechanisms in place

Thanking you,

Dr. Niraj Bharadva,
Professor and Head,
Department of Community Medicine,
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