

POSTING REPORT AT SEWA RURAL JHAGADIYA

Posting Duration: 1st April 2024 to 15th April 2024

Posting Attended By:- Dr. Chirag Nandha

SEWA Rural located at Jhagadiya village in Bharuch District of Gujarat. It is one of the best Non-Government Organization doing work on various aspects like health, youth empowerment, women empowerment and community health projects. Aiming for the overall development of the rural, poor and tribal population Bharuch Dist., the organization has encompassed various fields including hospital, community-based outreach health care, comprehensive eye care, health training center, a vocational training institute for rural youth and women development center for promoting women empowerment.

Introduction to the SEWA Rural hospital and various activities given by Mr. Jaimitbhai Raval. He showed the one documentary film made on the SEWA Rural and its various works in the community. SEWA Rural Hospital works as a First Referral Unit (FRU) center providing 24*7 maternal and child health services. Hospital running biggest NICU of the Bharuch district providing critical care to every needy child. At the Jhagadiya, other than hospital they running the Sharda Mahila Vikas Society where they teach about stitching and parlor work. They also provide stitching machine to poor and needy girls after giving training.

All the community projects office is placed at Gumandev village where they started Vivekanand Gramin Takniki Kendra (VGTK). In VGTK they provide skill and character-building education to young people from poor and tribal families. All get jobs in nearby industries after the completion of training.

They running Non-communicable Disease (NCD) project in which they started the NCD Clinic in nearby villages of Jhagadiya Taluka. First, they screen the population of above the age of 40 in village and after screening suspected cases identified by the field supervisors. After that confirmation of the disease done by follow up investigations and treatment is decided by Medical Officers. Medications to such a patient is provided free of cost at the time of NCD Clinic. All the patients are regularly followed up for the treatment outcome at regular interval. In NCD they provide treatment for hypertension and diabetes mellitus. This NCD project is basically part of their comprehensive primary health care project ImTeCHO 2.0. So, all the patients enrolled into this software and all the patient's follow up and progress is recorded in that software. One health card also given to the patient which has every investigation and follow up details.



Picture 1 NCD Clinic at Bhilwada Village



Picture 2 Child Visit under SNCU Project

Their second project SNCU (Sick Newborn Care Unit) project. In this project they keep watch on the all the NICU admission occurred in the SEWA Rural Hospital. Every child who is admitted to NICU for any reason is followed up until child reach the age of 5 years. In every subsequent visit child's weight, height, MUAC (Mid Upper Arm Circumference) was taken and assess for the nutritional status. If child found in SAM (Severely Acute Malnourished) or MAM (Moderately Acute Malnourished) than supplementary food is provided free of cost. They provide RUTF (Ready to Use Therapeutic Food) to the all the needy child and kept watch on all this child. All the data entry of the visit and all the follow up is entered in the "Avni" application which is developed by themselves. They find that this application is very useful for follow up purposes, and by this they able to decrease the neonatal mortality and morbidity rate.



Picture 3 IEC of Sickle cell to ANCs

Sickle Cell project is one of the biggest projects of SEWA Rural. This organization were the choice of central health ministry for the starting the survey and assessing the sickle cell disease prevalence among the tribal communities. After this survey they continue their work in this disease identification and surveillance. They running the sickle cell OPD on Tuesday at Dediypada Satellite Center and on every Thursday at the SEWA Rural Hospital. In this OPD they do IEC to every ANC woman and promote them to test for the sickle cell. According to their policies they screen the all the ANC woman for the sickle cell disease. All the diagnosed patients are given treatment at very low cost. During OPD all the patients of sickle cell examined and treatment was observed for any side effects. They gave the Cap.



Picture 4 Sickle Cell OPD at Hospital

Hydroxyurea starting with the lower dose and then increase the dose in subsequent follow up. Increase the dose till it reaches up to the maximum tolerated dose achieved. After consultation, counselling of every patient done by social worker. They also do genetic counselling to the sickle positive couples. If sickle positive couple conceive, they counsel them about the examination of fetus for sickle cell by amniocentesis.

Organization also promotes digital health and for that they make a unique platform of digital health which is ImTeCHO+. Now they upgrading it to another level and started the Comprehensive Primary Health Care (CPHC) project under ImTeCHO+ 2.0 which is updated version of the previous one. For the CPHC they randomly select the 64 villages of Jhagadia, Neutrang and Dediapada talukas. From 64 villages they divide them into two halves, first 32 villages as control group and second 32 villages as the case group or interventional group. They screen all the villages for NCDs like hypertension, diabetes and any heart related problems. After screening they diagnosed the patients of NCDs. In control group they only inform the patient about the disease diagnosed and gave simple one-time advice for starting of the treatment. In case group they started the health clinics and enroll all the patients to their app. social worker running the clinic examine the patient and does entry to the app and give the medications and all treatment free of cost. All follow up data

was observed by the Medical Officer via the application data. From that data MO decide the treatment and dose adjustment or any other advices and this will reflect to the social worker's account in the application. By using this digital app, they follow ups and does all the possible interventions to all the case group villages. They are also planning to include palliative care and mental health under this project and training sessions for the field staff is ongoing. At the end they analysis the both case and control group data that interventions and regular follow up using digital platform how much affect the morbidity and mortality of the patient.



Picture 5 Village level Clinic under CPHC Project

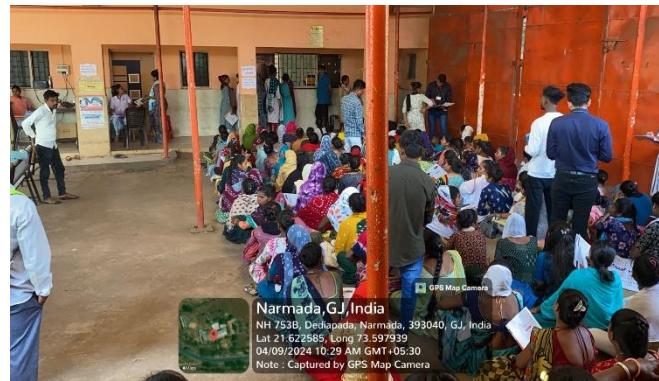


Picture 6 Eye Camp at Chhatvada Village

This organization also work for the old age people through the Eye Camps. During old age cataract is the major problem. So, for that this organization organize Eye Camp every Sunday at various villages. In the camp every patient examined for the cataract, refractive errors or any other problems by ophthalmologist. Patients with refractive error get the eye

glasses free of cost. All the diagnosed patient of cataract or any other disease which require operative procedure are admitted from there only and bring to the hospital in the camp vehicle along with the staff. After the discharge all this patient drop to their village by organization transportation.

Providing safe motherhood to every woman of tribal area with this motto organizes camp at every Tuesday at Satellite Center, Dediapada. Obstetrical and Gynecological services provided to the all the woman free of cost. Camp started at around 10:00 am. All the ANCs examined by the Obstetrician. They set up the laboratory at this center. So, ANC investigations done here only with minor charges. There was also setup of USG machine so ANC USG also done there by senior consultant. Counselling and treatment for the gynecological problems also provided.



Picture 7 ObGy Camp at Dediapada

They also running the project for the adolescent. Under adolescent health project they visit the primary and secondary schools of every village of Jhagadiya taluka. They measure the height, weight and Hemoglobin of every student. For measuring the hemoglobin in the field, they use the device named “Dolphine”. This all data entered in the “Avni” app. If anyone found malnourished, they educate them to take sufficient nutrition and how to deal with the malnutrition. If any student identified anemic then for mild and moderate anemia, they give iron tablets free of cost. Follow up of all these students done at regular interval till they become normal. If any student found severe anemic, then referred to the SEWA



Picture 8 Village visit under Adolescent Health Program

Rural hospital for the further management. For all the girls, education about safe menstrual practices done. They provide sanitary pads to the needy girls and educate all the girls about how to use the pads and how to maintain hygiene during menstruation. For school non going adolescent village visits was done. For ensuring weekly iron tablets to all the adolescents for prophylaxis, they appoint Peer Educator in every standard and for school non going adolescent from the village. Peer Educator was trained by the staff by various training sessions. So, peer educator provides the weekly tablets to every adolescent and keeps the all the records. Any student leaves the education after 10th or 12th then social worker meets with these students and counsel them to join VGTK for further study.

SEWA Rural Hospital works as a First Referral Unit (FRU) providing health care to various specialized departments. Surgical OPD and general surgery operations done on weekly basis by visiting surgeon. For the couples who



Picture 9 Dolphine device for measuring Hb

have no child from the long time from the different causes for that in hospital Infertility Clinic is there which runs every Thursday morning. Hospital also has well equipped laboratory. Laboratory has all advanced machines for various investigations. Every Saturday in the morning FRU meeting was held in which every complicated case handled in the hospital was discussed. Any near miss event identified and discussion done on how to prevent this type of events in future. In this FRU meeting presence of Director, senior consultant and treating resident and staff of related cases present.

At last discussion session organized with the Dr. Shrey and Dr. Dhiren. They both works as a project director in all the projects runs under this organization. SEWA Rural truly works as a very potential organization running for the community health and does great work towards improving the health standards among the tribal population.



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 : 15 /4/2024

Completion of Internship Certificate

This is to certify that Dr.Chirag Nandha, pursuing a MD Community Medicine, PG 2nd year Resident doctor, from Parul Institute of Medical Sciences & Research, Parul University - Vadodara. He was posted at SEWA Rural, Jhagadia NGO Posting from Date: 1st to 15th 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. Dhiven Modi
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