Internship

at

National Health Mission, Gujarat

By

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INTERNSHIP REPORT

Introduction

Internship is a part of the second-year program, where we must observe and learn the work culture of organization. Also, it will be necessary to participate in various department that gives us first hand exposure.

Internship in the process, through which we can understand process of work and thereafter be able to involve in decision making.

I am appointed as District urban program coordination at Junagadh in Gujarat in health department. it deals with preventive and curative health through a chain of UPHCs (Primary health center) and sub centers in the villages.

OBJECTIVE OF INTERNSHIP

(a) To understand the work pattern of district health society and its organizational structure.

(b) The next objective of internship was to learn various managerial and administrative skills and needed on work in a government system and to effectively implement all the health and health related programmes in the government setup to ensure the overall benefit of the community.

(c) To identify existing gaps in human resource, service delivery quality, data collection, analysis and implementation of health programme in the district and to propose solution to them.

(d) To coordinate proper functioning of various programmes running in the district.

1.2.1 Gujarat State profile

Gujarat state, located in the western part of India, has an area of 196,022 sq. .km, representing about 6.19 percent of the area of the country. The state has a population of 6.03 crore (2011 census), which is nearly 5 percent of the total population of the country. About 43% of the state population resides in urban areas, compared to the India average of 28 percent . The population density of the state is 258 as compared to the national average of 324.About 24 percent (1997-98) of Gujarat population is estimated to be BPL, while 7 percent and 15 percent (2001) are classified as SC and ST respectively. Socio – economic indicators are, in general somewhat better than the India average: 70 percent and 59 percent of its total population and female population respectively are literate, the corresponding figures for India being 68 percent and 54 percent respectively. The state has a relatively large (40%of its population) work force.

The state of Gujarat is characterized by sea- coastal, tribal, desert and geographically hostile terrain having spare and scattered population at the periphery. Communities living in the remote and disadvantaged areas especially BPL population, tribal and women, are generally unable to access reliable and cost-effective health care services. The state has 33 districts having population 68,247,188 accommodated 70 percent of tribal population of the state is living in these tribal districts.

Administratively , the state has been divided into 33 districts in district Tapi from surat , it has a large three-tier health infrastructure comprising 23 district hospitals, 273 community health center, 1073 primary health center and 7274 sub centers .As per RHS 2006,907 doctors at PHC's , 84 specialist at CHC's ,616 male and 862 female health assistants are positioned in these facilities in addition to 2773 male and 6508 females health workers at sub – centers.

(mohfw.nic.in/NRHM/State%20Files/Gujarat.htm)

The department of health and family welfare, government of Gujarat is committed to promote the right of every women, man and child to enjoy a life of health and equal opportunity and making all round efforts in this direction. The department has taken steps

to bring about outcomes as envisioned in the millennium development goals, RCH11/NRHM/NUHM programme, the state population policy 2002 (SPP 2002), the National health policy 2002 and vision 2010 , Gujarat .

Status of RCH indicators in Gujarat

IMR	33(SRS-2015)
MMR	91 (NITI AYOG)
TFR	2.2(NITI AYOG)

Fig No 1-Organogram of national health mission in Gujarat:

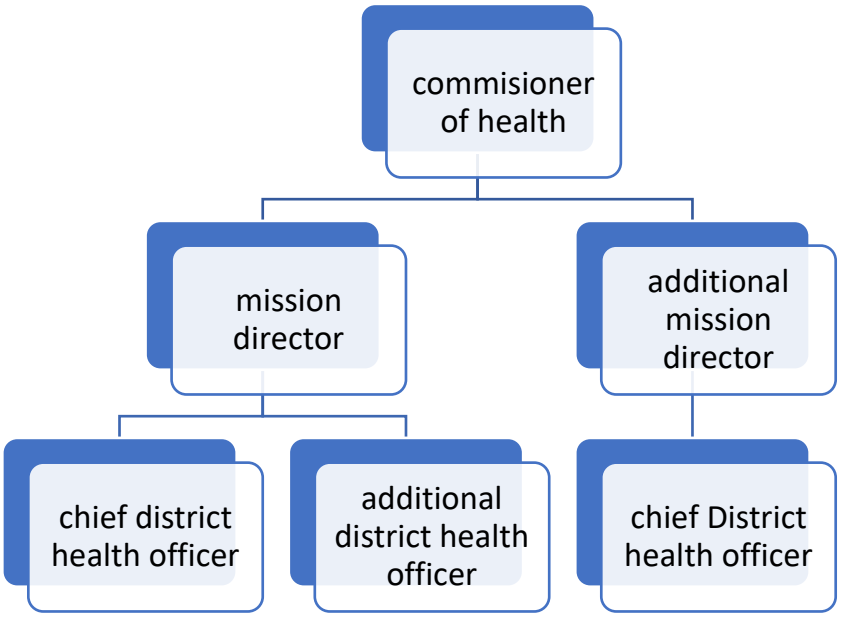
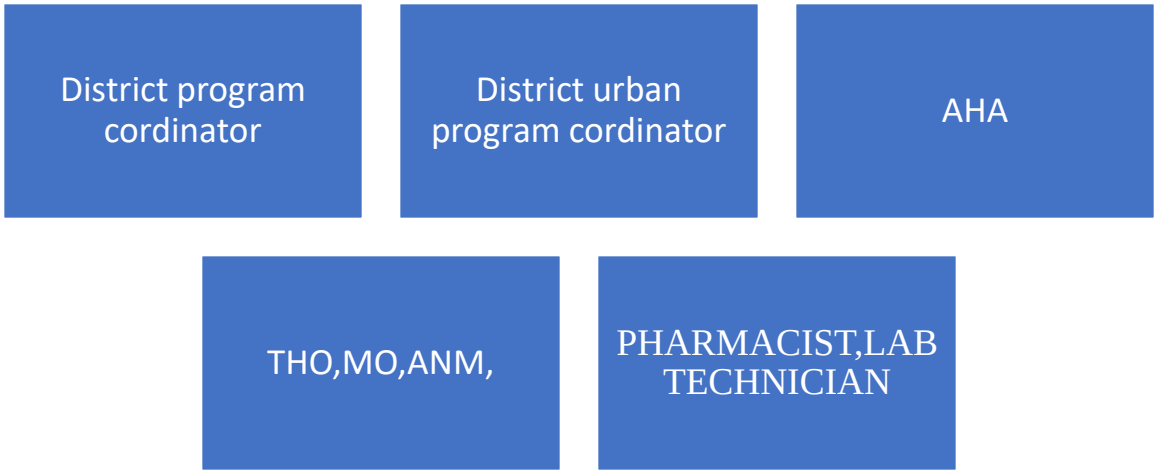


Fig No 2-Organogram of district level in Gujarat



An overview of Junagadh city:

Junagadh is a city and municipal corporation, the headquarters of Junagadh district in the Indian state of Gujarat. The city is located at the foot of the girnar hills, literally translated, Junagadh means ‘old fort”, It is also known as “Sorath”, the name of the earlier MUSLIM ruled princely state of Junagadh. The city is very rich from natural, religious and historically.

HISTORY

Junagadh city has its roots in ancient India; the city was periodically ruled by mauryam dynasty,sloanki and mugal dynasty .The East India company took control of the state in 1818 but the Saurashtra area never came under the direct administration of British .

Junagadh became a part of Indian state of saurashtra, until 1 November 1956, when saurashtra became part of Bombay state, In 1960, Bombay state was split into linguistic states of Maharashtra and Gujarat , in which Junagadh is located.

1.2.5 DEMOGRAPHIC PROFILE OF THE CITY

Highlights of 2011 census

- Total population is 2,742,291 compared to 2,448,173 of 2001
- Male and female were 1,404,506 and 1,337,785 respectively.
- Total area of Junagadh district was 8,846 with average density of 310 per sq.km
- Junagadh population constituted 4.54 percent of total Gujarat population
- Sex ratio of Junagadh district is 952, while child sex ration is 904 per 1000 boys.
- Children below 0-6 age were 301,395 which form 10.99 of total Junagadh district population.
- Average literacy rate fix Junagadh district is 76.88 percent, a change of from past figure of 67.78 percent.
- Total literates in the Junagadh district increased to 1,876,671.

1.2. **OBSERVATIONS OF THE FIELD VISIT**

1.Photos were collected to reinforce the need for refresher training to all health personnel at least once in a year on all the programs and other aspects.

2.During my visits to uphc, phc,and cmtc , in general all of them were maintained properly , have spent lots of money from the untied funds to improve the facility , unfortunately there is an issue regarding land as urban phc are in rent .

3.Expired medicines were found in the distribution stock, strictly action were taken.

4. safe disposal BMW is not implemented.

5. adolescent counselling is not introduced.

6.height and muac is not measured.

7. Report generation is not done on daily bases.

SPECIFIC PROJECT

1. Polio campaigning -Participated in monitoring
2. Orientation regarding MERA ASPATAL for quality improvement.
3. Immunization campaigning
4. E- mamta divas round.