

Internship
at
National Health Mission, Gujarat

By
Pragya Vishwakarma

Dissertation submitted in partial fulfillment of the requirements of the degree
MBA Health and Hospital Management

Academic year, 2017-2019



The IIHMR University, Jaipur

1, Prabhu Dayal Marg, Sanganer, Airport
Jaipur 302029, Rajasthan
Ph: 0141 3924700, Fax: 3924738
Website: www.iihmr.edu.in

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

- (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.

NATIONAL HEALTH MISSION (NHM), GUJARAT

VISION

“Attainment of Universal Access to Equitable, Affordable and Quality health care services, accountable and responsive to people’s needs, with effective inter-sectoral convergent action to address the wider social determinants of health”.

GOALS

In the 12th Five Year Plan period, efforts will be made to consolidate the gains and build on the successes of the Mission to provide accessible, affordable and quality universal health care, both preventive and curative, which would include all aspects of a clearly defined set of healthcare entitlements including preventive, primary and secondary health services.

- Reduce maternal and child mortality
- Address adverse sex ratio
- Stabilize population
- Effectively implement National Health Programmes and address locally endemic diseases like leptospirosis, sickle cell anemia and thalesemia.
- Provide state of the art health and medical education relevant to local needs
- Work with the citizens to make the health system more equitable, accessible, accountable, transparent, and cost-effective to enhance overall satisfaction with health services
- Provide an environment in which the health teams blossom fully to lead a fulfilling life and effectively achieve the above goals
- Develop public health capacities and systems, to effectively address determinants of good health such as potable water, sanitation, nutrition and healthy environment as well as to promote healthy life styles

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

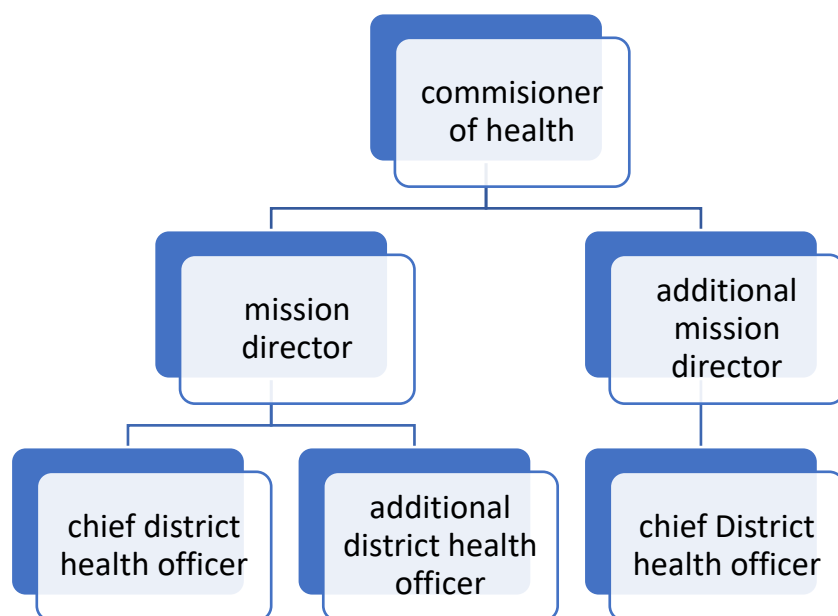
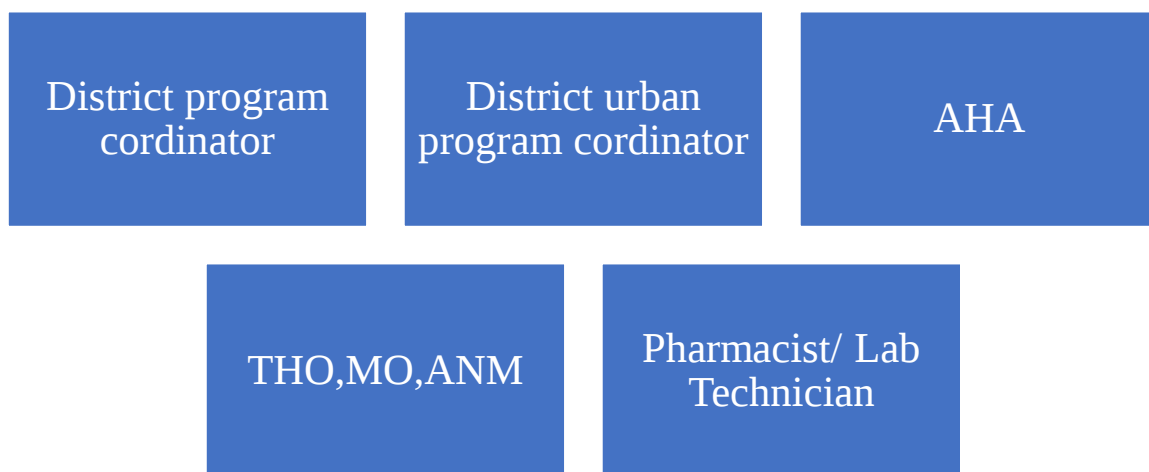


Fig No 2 - Organogram of district level in Gujarat



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%. 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 sparse 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. It aims at minimizing regional variations in the area of Reproductive and child health including population stabilization through an integrated and focused and participatory programme. Meeting unmet demands of the target population, and provision of assured, equitable, responsive quality services are central to programme strategies. Based on experience gained during the implementation of RCH11, the department anticipates that current RCH programme would produce equitable reproductive and child health outcomes and contributed to raise the status of the girl child

Status of RCH indicators in Gujarat

<u>IMR</u>	<u>33(SRS-2015)</u>
<u>MMR</u>	<u>91 (NITI AYOGE)</u>
<u>TFR</u>	<u>2.2(NITI AYOGE)</u>

VALSAD DISTRICT PROFILE

Valsad district is one of the 33 districts in the Western Indian state of Gujarat, comes in south region of Gujarat. For administrative purpose district is divided into six talukas: Valsad, Vapi, Pardi, Umargam, Kaparada and Dharampur. Its administrative headquarter is located at Valsad city.

According to 2011 census

Geographical area	-	3,008 sq. km
Population	-	17,05,678
Males	-	8,87,222
Females	-	8,18,456
Sex ratio	-	922.
Major religions	-	Hindu (92.11%) and Muslim (5.51%)
Literacy rate	-	78.55% (persons) - 84.55% (males) and 72.06% (females).
Climate Summer	-	22 Degree C To 41 degree C Winter :8 degree C To 25 degree C Rainfall 650 To 700 mm
Languages Spoken	-	Gujarati (60.25%), Bhili(19.82%) and Hindi (8.58%).
Well known for	-	production of mangoes, sapodilla, and teak, and its industrial and 8,18,456

Focused industry sectors in the district are Chemicals, Textiles, Horticulture and Paper Industries. II) History Name of valsad was discovered from the name Nyagrodh which mean Vad (Fag tree) as original name of the place consider to be Nyagrodhpur (1300 A.D.) Valsad district earlier (1951) was a part of unified Surat District under Bombay Province. After formation of Gujarat State in 1960, it was separated from Surat district. Later on in year 1997, for administrative convenience, Valsad district is divided between two districts, namely Navsari and Valsad comprises taluka areas of Valsad, Pardi, Dharampur and Umargam. Now for better administrative purpose Vapi area were separated from Pardi taluka to form Vapi taluka.