Internship

at

National Health Mission, Gujarat

By

Vikash Anand

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 an essential part of second year program, where we have to observe and learn the work culture of organization. Also it is important to participate in various departments or activities so that we get an orientation with different departments which give us first hand exposure.

With internship we can understand the process of work and thereafter will be able to involve in decision making process into an organisation.

I am appointed as District Program Coordinator (PMJAY) at Mahisagar district in Gujarat in Health Department. The organisation deals with preventive and curative health management through a chain of PHCs & UPHCs (Primary Health Center) in slum and non- slum areas.

Objective of Internship-

(a) To understand the working pattern of District Health Society and its organizational structure.

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

(c) To identify existing gaps in human resource, service delivery quality, data collection, data analysis and implementation of health programmes at the District level and to suggest probable solutions to them.

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

1. Gujarat State Profile-

The state Gujarat is located in western part of India, which has an area of 196, 022 sq. km, represents about 6.19 percent of the total area in the country. This state has a population of 6.03 crore (2011 Census), which is approximately 5 percent of the total population of the country. More than 43% of the State's population resides in urban areas, as compared to India’s average of 28 percent. Population density of the state is 258 as compared to the national

average of 324. About 24 percent (1997-98) of Gujarat's population is estimated to be Below Poverty Line (BPL), while 7 percent and 15 percent (2001) are classified as SC and ST respectively. Socio-economic indicators of Gujarat are somewhat better than the India's average: 70 percent and 59 percent of its total and female population are literate respectively, as compared to the corresponding figures for India being 65.percent and 54.percent respectively. The state has a relatively large work force approximately 40% of its population.

The state of Gujarat is characterized by sea-coastal, tribal, desert areas and geographically hostile terrain having sparse and scattered population at the periphery. Communities living in the remote and hard to reach areas especially BPL population, tribal population and women, are generally unable to access reliable and cost effective health care services. The state has 12 districts having population of 89, 96,744 accommodate approximately 70 percent of tribal population (Census 2001). Almost 18% (89, 96,744) of the total population of the state live in Tribal districts of the state. The coastline of the state runs about 1600 Km. More than 4,487,752 persons live in 36 coastal blocks of the state.

Administration has divided the state into 26 districts, sub-divided it into 225 Blocks, having 18618 villages and 242 towns. District Tapti is nearly recently created and the health system continues to administer district Tapti from Surat. NHM Gujarat has a large three-tier health infrastructure comprising 23 district hospitals, 273 Community Health Centre (CHCs), 1073 Primary Health Centre (PHCs) and 7274 Sub-Centres (SCs). As per RHS 2006, 907 doctors at PHC's, 84 specialists at CHCs, 616 male and 862 female health (LHV) assistants are positioned in these facilities in addition to 2773 male and 6508 female health workers at sub-centres. **(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 woman, man and child to enjoy a life of health and equal opportunity and making efforts for all round development in this direction to attain SDGs. The department has taken steps to bring about outcomes as envisioned in the Sustainable Development goals, RCH II / NRHM programme, the State Population Policy 2002 (SPP 2002), the National Health Policy 2002 and Vision 2010, Gujarat. It aims at minimizing the regional variations in the areas of Reproductive and Child Health also including population stabilization through an integrated, focused and participatory approach. Meeting unmet needs of target population, and the provision of assured, equitable, responsive quality services are

central to programme strategies. Based on the experience gained during the implementation of RCH II, the department anticipates that current RCH programme should produce equitable reproductive and child health outcomes and contribute to improve the status of girl child in the state. State also advocates for a new approach; Beti Bachao Beti Padhao.

2. STATUS OF RCH KEY INDICATORS

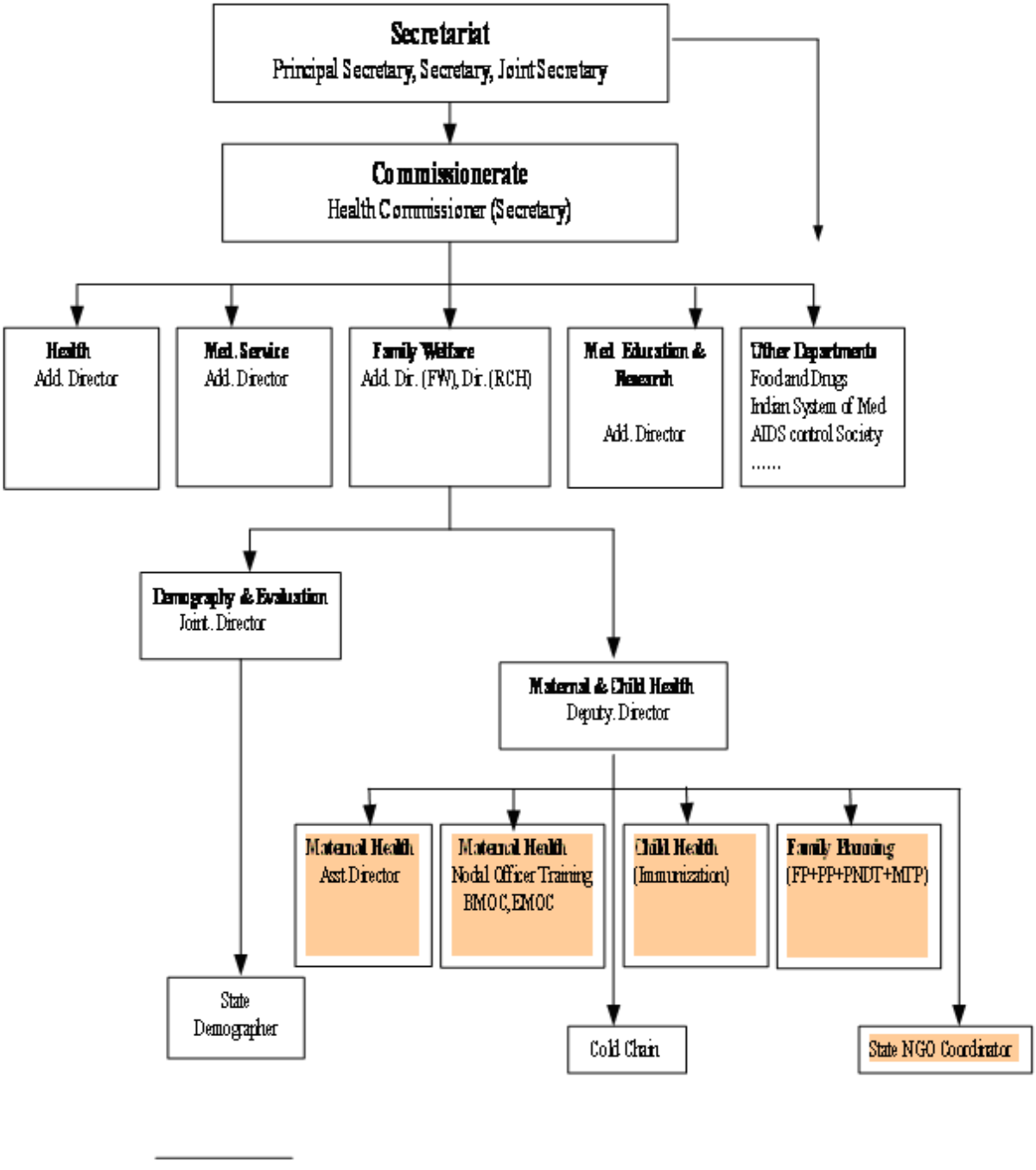
Declined

- ↓ MMR has declined from 160 to 112 (SRS 2013)
- ↓ IMR has declined from 33 (SRS-2015) to 30 (SRS 2015-16) per 1000 live births
- ↓ Total Fertility Rate (TFR) has decreased from 3.0 (NFHS-I) to 2.0 (NFHS-IV)
- ↓ Contraceptive use has decreased from49 (NFHS-I) percent to 46.9 percent(NFHS- IV)

Increased

- ↑ Institutional deliveries have increased from 37 (NFHS-I) percent to 88.7 percent (NFHS-IV)
- ↑ Antenatal Care has increased from 55 percent (NFHS-III) to 73.9 percent (NFHS-IV)

3. Organizational Structure of Department of Health and Family Welfare, Government of Gujarat:



4. Health Profile of District:

- **Brief Introduction:** Mahisagar is a district in the state of Gujarat in India. It came into being 26 January 2013 and became the 28th district of the state with its headquarters at Lunawada. The district has been made out of Panchmahal and Kheda districts and is named after the river Mahi.
- **Establishment**

The district consists of six blocks namely: Lunawada, Khanpur, Balasinor, Kadana, Santrampur,Virpur. The district headquarters is located at Lunawada.

- **Description**

Mahisagar is an important river Mahi flows from East to West, and is a holy river in Gujarat and district Mahisagar is located on the bank of this river and is named after it. This district has been carved out of two districts, Panchmahal and Kheda. It came into existence on 26th January 2013 and became operational on 15th August 2013 and head quarter was Lunawada.

Kaleshwari is a famous place in Lunawada holding historical importance.

- **Demography**
  - **Sex Ratio of Mahisagar: 946**
  - **Literacy Rate: 61.33%**
  - **Total Area: 2,26,064**
  - **Population: 9.94 lac**

Block wise population (census 2011)

Sl.No.	Block	Male	Female	Total	Sex Ratio
1	Balasinor	75,480	70,343	1,45,823	932
2	Kadana	66,399	63,146	1,29,545	951
3	Khanpur	49,023	47,018	96,041	959
4	Lunawada	1,32,444	1,24,784	2,57,228	942
5	Santrampur	1,35,856	1,29,838	2,65,694	956
6	Virpur	51,742	48,555	1,00,293	938
	Total			9,94,624	946

Geography

Sl. No.	Block	Area (sq.kms)	No. of Villages	Distance from district Head Quarter	Land under cultivation (Hectare)	Forest
1	Balasinor	30159	47	47	26186.00	2,559.00
2	Kadana	40255	136	36	25449.00	9,570.00
3	Khanpur	27833	86	30	17710.0	8,071.00
4	Lunawada	51645	243	0	70658.00	9,146.00
5	Santrampur	54716	153	32	30624.00	11,060.00
6	Virpur	21456	52	30	14483.00	1,071.00
	Total	2,26,064	717		1,85,110.00	13,497.00

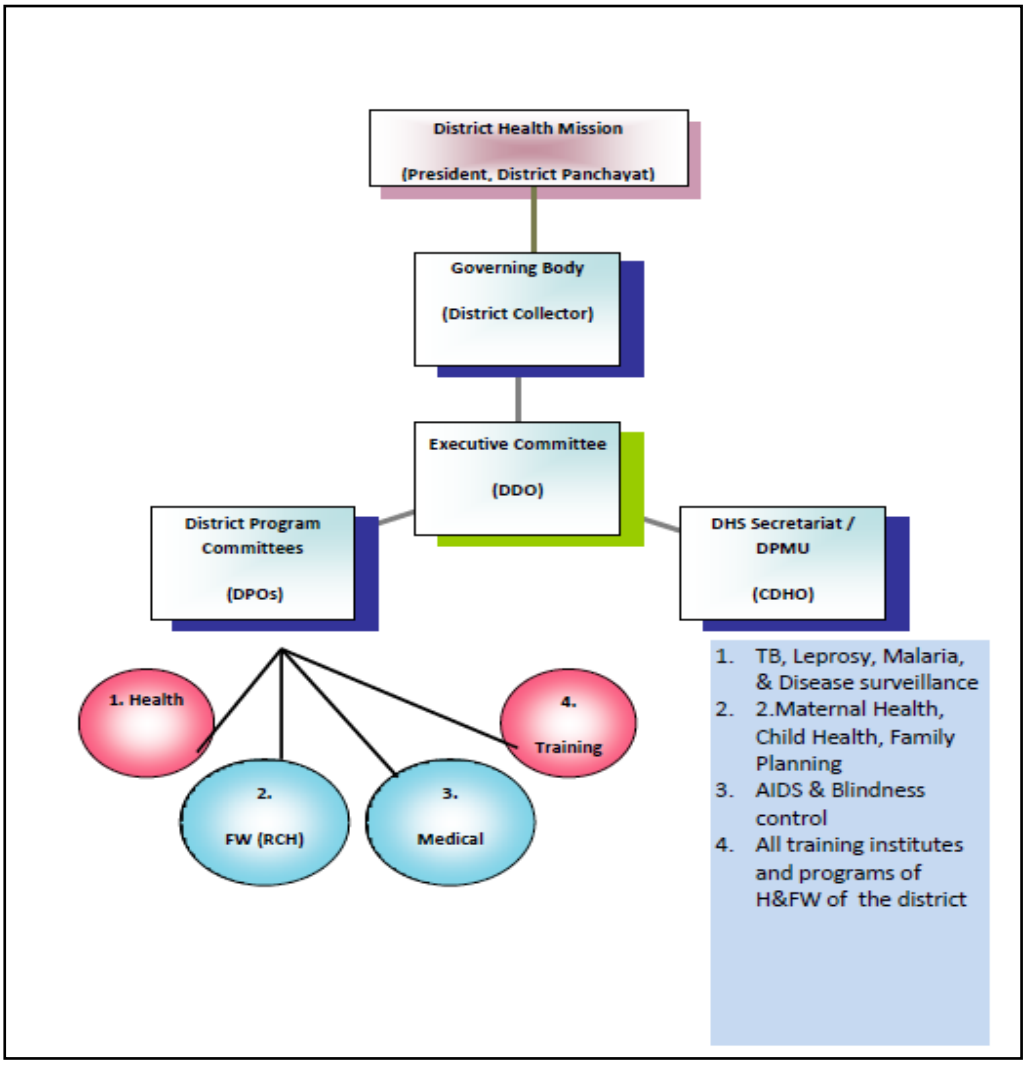
Identified Gaps Across all Health Interventions:

- **Migration:** Migration of majority of rural population- intra state migration. Special Plan is to devise in coordination with Regions and State to track these families who are taking health services as per their job location.
- **Socio cultural** practices of tribal population, teenage pregnancy and high birth rate in district. Tribal belts are having high prevalence of **Sickle Cell anaemia traits and diseases**.
- **Hard to reach areas** and hamlets in districts; specially in Naswadi ,Kawant and Chhotaudepur results in delay in service deliveries; specifically in emergency conditions related with health; Poor literacy and core tribal population of the district is associated with low service utilization
- **Human Resource:** Gaps in Specialist Human Resources across the district health facilities results in higher referral rate to nearby districts; knowledge and practices of health staff including front line workers; no district training centres; Gaps in health officers at District Level and high attrition rate in district NHM Staff
    - Vacancy in specialist Post DH (63%), CHC (80%) against sanctioned position.

- Vacancy in Medical Officer Post MBBS - DH (37%), CHC (50%) against sanctioned and total 38% of all medical officers (MBBS, AYUSH-NHM and Vanbandhu) against sanctioned.
- Vacancy in Paramedical staff DH (17%), CHC (0.13%) and PHC (18%) Against Sanctioned.

- **Infrastructure:** Lack of Infrastructure of old & newly sanctioned Health Facilities across the district; along with shortage of habitable quarters in facilities.
- **Reporting Units:** Phone and Internet connectivity of reporting units in district and the load of data entry for one primary health centres; dual responsibility of account and data entry of primary health centres' data entry operator

5. Organizational Structure of District Health Society



6. Observations of the field visit:

- 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.
- During my visits to PHC and SC, in general all of them were maintained properly. Having spent lot of money from the untied funds to improve the facility, unfortunately the toilets and sinks were not maintained properly.
- Expired medicines were found in the distribution stock.
- Safe disposal of BMW is not implemented.
- Syringes were recapped and hub cutters were not used.
- Mamta divas sessions held are an example of intersectoral convergence of Health and ICDS.
- Only children were attended during the morning session.ANC is taken up in the afternoon, along with Adolescent girls.
- Height is not measured.
- Counseling is not observed.