Internship at
National Health Mission, Gujarat

By

Chintan Parikh

MBA Hospital and Health Management

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The IIHMR University, Jaipur

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

1. Gujarat State profile

Gujarat State is situated between 20o1' and 24o7' north latitudes and 68o4' and 74o4' east longitudes on the west coast of India. It is bounded on the west by the Arabian Sea, on the north-west by Pakistan, on the north by Rajasthan, on the east by Madhya Pradesh and on the south and south-east by Maharashtra. and area of 196024 sq. km, representing about 6.19 percent of the total area of the country. The state has a population of 6.03 crore (2011 Census), which is approximately 4.99% percent of the total population of the country. About 42.6%of the State's population resides in urban areas, compared to 37.4 in 2001.The population density of the state is 308 as compared to the national average of. About 2, 23,722 (Census 2011) of Gujarat's population is estimated to be BPL, while 4,074,447 percent and 89, 17,174 (15 percent, 2011) are classified as SC and ST respectively. Socio-economic indicators are, in general somewhat better than the India average 79.31 percent and 70.73 percent of its total and female population respectively are literate, the corresponding figures for India being 74.04 percent and 65.46 percent respectively.

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. Administratively, the state has been divided into 33 districts, sub-divided into 225 Blocks, having 18618 villages and 242 towns. It has a large three-tier health infrastructure comprising 23 district hospitals 326 Community Health Centre (CHCs), 1342 Primary Health Centre (PHCs) and Sub-Centers (SCs). As Per RHS Bulletin, March 2012,M/O Health & F.W.,GOI, 778 doctors at PHC's, 76 specialists at CHCs,758 male and 875 female health (LHV) assistants are positioned in these facilities in addition to 4874 male and 6431 female 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 woman, 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 with respect to child and maternal mortality, RCH II / NRHM program me, The National Health Policy 2015 Gujarat. It aims to address the infectious diseases with respect to prevention or assess to treatment and global burden diseases of non-communicable diseases and reduce catastrophic expenditure contributes to poverty.

1.2. NHM Gujarat

National Health Mission (NHM) encompassing two Sub-Missions, National Health Mission (NHM) and National Urban Health Mission (NUHM). It is both flexible and dynamic and is intended to guide States towards ensuring the achievement of universal access to health care through strengthening of health systems, institutions and capabilities. (nrhm.gujarat.gov.in)

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".

- Safeguard the health of the poor, vulnerable and disadvantaged, and move towards a right based approach to health through entitlements and service guarantees
- Strengthen public health systems as a basis for universal access and social protection against the rising costs of health care.
- Build environment of trust between people and providers of health services.
- Empower community to become active participants in the process of attainment of highest possible levels of health.
- Institutionalize transparency and accountability in all processes and mechanisms.
- Improve efficiency to optimize use of available resources.

The NHM shall be a major instrument of financing and support to the states to strengthen public health systems and health care delivery. This financing to the state will be based on the state's Program me Implementation Plan (PIP).

The PIP shall have following parts:

- Part I : NHM RCH Flexi pool
- Part II : NUHM Flexi pool,
- Part III : Flexible Pool for Communicable Diseases
- Part IV : Flexible Pool for Non Communicable Diseases, Injury and Trauma
- Part V : Infrastructure Maintenance

Programme running under NHM Gujarat

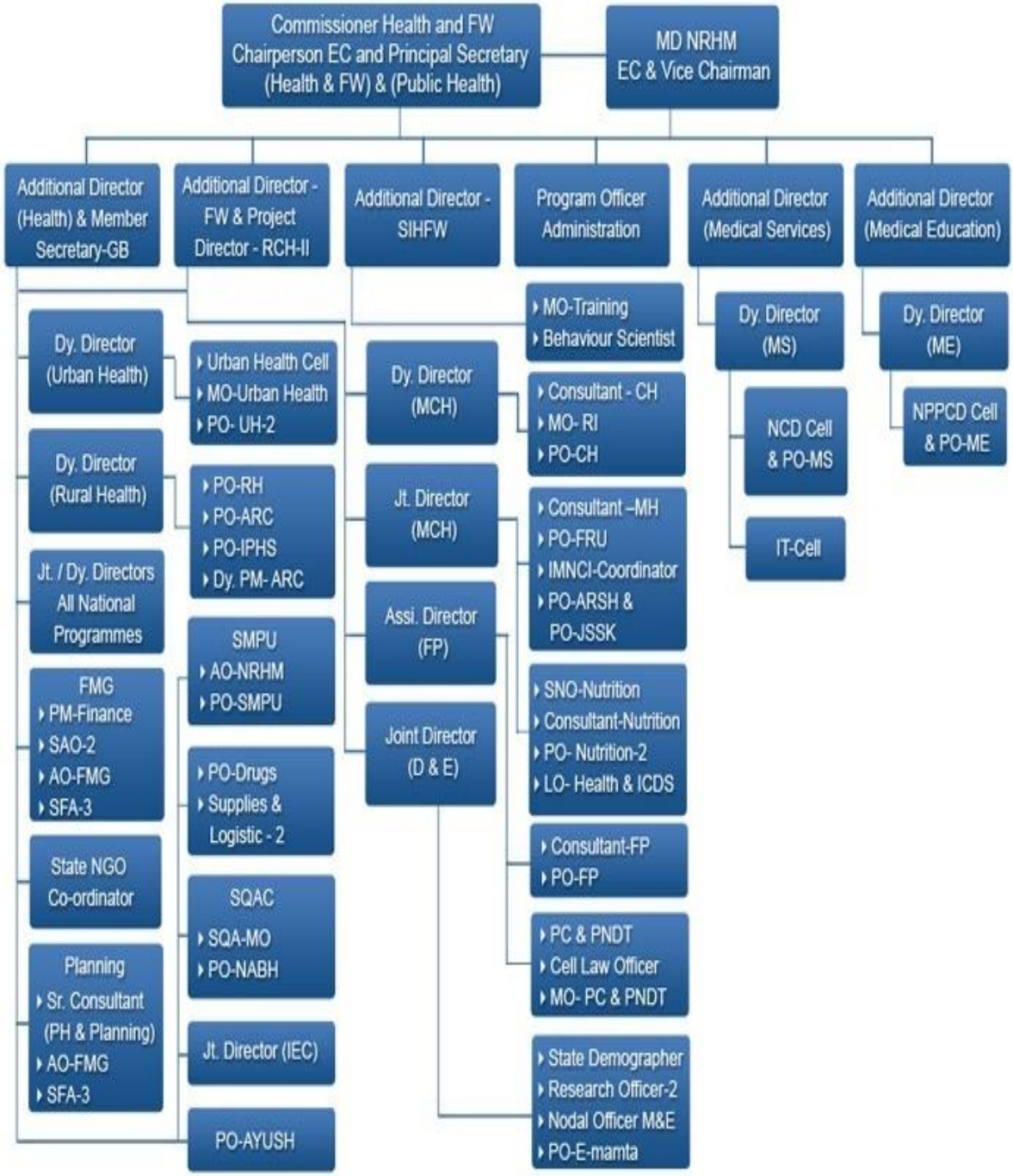
- RMNCH+A
- NUHM
- Routine immunization
- NDCP

Scheme running under NHM Gujarat

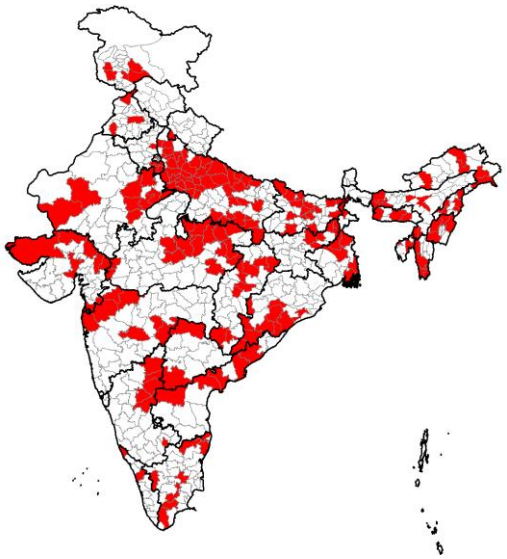
- Mukhiya Mantri Amrutam
- Rogi Kalyan Samiti
- Balsakha Yojna
- JSY

1.2.2

STATE PROGRAMME MANAGEMENT UNIT, NRHM



1.3 Programme wise Findings, District Health Society, Amreli



1) **Mission Indradhanush**

Rationale:

Since the launch of Universal Immunization Programme in 1985, full immunization coverage in India has not surpassed 65% despite all efforts. Mission Indradhanush focuses on interventions to expand to more this coverage to more than 90% children.

Aim:

To strengthen key functional areas of immunization programme for ensuring high coverage throughout the country, with special attention to 201 identified high focus districts.

Introduction:

The Government of India has launched Mission Indradhanush on 25 December 2014 as a special drive to vaccinate all unvaccinated and partially vaccinated children and pregnant women by 2020 under the Universal Immunization Programme.

Under Mission Indradhanush, the Government has identified 201 high focus districts across the country. These districts have been identified based on a composite indicator, considering full immunization coverage, number of partially vaccinated and unvaccinated children and whether the district is an identified HPD or EPRP HR district. Nearly 50% of all unvaccinated or partially vaccinated children in India are in these 201 districts. Intensified routine immunization campaigns in these districts will help reduce morbidity and mortality due to vaccine preventable diseases. This will be done through special catch-up campaigns to rapidly increase full immunization coverage.

Factors affecting Implementation of Programme:

- Beneficiaries can't take advantage due to migration issue.There is no proper channel of tracking them.
- On field visit, At Most of the Session sites Activities are not carried out according to Microplanning and if they Prepond/Postpond the session, they are supposed to inform District Authority but there was gap in communication.
- Medical Officers try to cover up the issues happened at Session Site.
- BCG vials are found empty at Fatehpura.
- IEC Material is not displayed properly.

2) Navdampati Sanman Samaroah:

Rationale:

There are huge number of marriage ceremonies in Dahod District. As District is totally Tribal area, more numbers of marriages in teenager age.

Due to Inadequate Physical and Mental development and Lack of knowledge regarding sexual and fertility related problems in teenage, Increase in number of Population Growth, Maternal Death and Infant death.

To Solve all these problems,for the purpose of giving them the health related information regarding Sickle cell Anemia, Adverse effects of Tobacco consumption in fertility, We have introduced "NavDampti Sanman Samaroah".

Benefits:

- Primary Health Check up like Hb,Sickle cell Anaemia,Contraceptive Methods.
- To Explain Dietary habits to Newly Married Female before Pregnancy and during Pregnancy.

Factors affecting Implementation of Programme:

There is strong need to sensitize the Newly Married Couple for Early Registration.

3) Janani Suraksha Yojana: "Expectations of a mother from society"

Aim: Janani Suraksha Yojana is to reduce the overall mortality ratio and infant mortality rate and to increase institutional deliveries. The Janani Suraksha Yojana has identified ASHA, the Accreditated Social Health Activist as an effective link between the Government health institutions and the poor pregnant women.

Introduction: Janani Suraksha Yojana (JSY) under the overall umbrella of national rural health mission (NRHM) has been initiated by modifying the existing national maternity benefit scheme (NMBS). While nmbs is linked to provision of better diet for pregnant women from bpl families, janani suraksha yojana integrates the financial/cash assistance with antenatal care during the pregnancy period, institutional care during delivery and immediate post-partum period in a health centre by establishing a system of coordinated care by Asha, the field level workers. It is a fully centrally sponsored scheme.

Benefits:

- Under this scheme,Rs.700 will be given to every mother at starting of 7^{th} month for nutritious food(Rs.600 for Urban area)

Objectives :

1) To Promote Institutional Deliveries.
2) To reduce overall Maternal Mortality ratio and Infant Mortality Rate.

Target Beneficiaries:

1) Pregnant Woman of all sectors of the society.
2) Irrespective of Birth order.
3) In Rural and Urban areas.

Strategy :

1) Early Registration at AWC/SC (MCHN days)
2) Provision of 4 ANC And 4 PNC
3) Early Identification of complicated cases
4) Role of ASHA .

Factors affecting Implementation of Programme :

- Initially the benefit is up to 02 Births only, but now that has been removed.
- This scheme implementation is mainly depending on activities of ASHA But some of them have been found very inactive during field visit.
- In the Tribal Population, Women are not aware of Benefits and they don't have account in Bank.

Add a smile to the Janani in need…….

4) Janani Shishu Suraksha Karyakram :

Rationale : About 67,000 women in india die due to Pregnancy related complications. Similarly every year approximately 13 lakhs infants die within one year of birth.Out of 9 lakh newborns who quality services both essential and emergency in public health facility without any burden of expenses.Current pace of decline is not sufficient to achieve the goals and targets committed under NRHM and MDG.
After the launch of Janani Suraksha Yojana, Number of institutional delivery has increased but not willing for stay of 48 hours hampering for provision of essential services; difficult for identification and management of complications during 48 hours after delivery which leads to high pocket expenses.

Introduction :

Janani Shishu Suraksha Karyakram launched in Mewat District, Hariyana on June 1st, A Huge signal Health for All reality. It invokes a new initiative, much emphasis on elimination of out of pocket expenses for both pregnant women and neonates. The initiative entitles all pregnant women to delivered in caesarean section.

Aim :

To ensure give all treatment to all infants till 1st year and all pregnant women in Government Hospitals.

Benefits :

- Elligible Services for children and pregnant women.
- Free facility based delivery treatment.
- Free delivery by caesarean section.
- Free Medicines and other materials.
- Free Laboratory Services (Blood and Urine Examination for child and mother), Sonography etc…
- Free Meals during Hospital Stay.
- Free Blood whenever needed.
- Free Ambulance services from home to hospital, facility to Referral centre and back to home (Mother and Newborn).

5) Kasturba Poshan Sahay Yojana:

Benefits:

- Give 2000 Rs. Benefit to mother who registered on Mamta Divas during her pregnancy till 6 months.
- 2000 Rs.Benefit to the mother during 1st week who has delivered in the Government Based and Chiranjeevi Scheme.
- Give 2000 Rs Benefit to mother of child for Nutrition Purose after Full Immunization.
- Deposit the Money to beneficiaries directly to Bank/Post office Account.

1.4 Department Wise Findings:

District Hospital:

- Lack of Coordination between District Hospital and District Health Society.
- Good Utilization of Human Resources at Different Wards like Maternity, Orthopaedic and Surgery Ward.
- Blood Storage Unit is in Non functional Condition although District is High Priority Area for Health.
- Good Transportation Facilities provided to the patient who required Tertiary Health Care.

Sub District Hospital:

- Medical superintendent is very much accountable for his duty like Personal Observation OPD and Treatment time given to patients
- Good infrastructure but Lack of Human Resources,so they find it difficult to manage with only 2 Medical officers at a time.
- Good Coordination Between Staff Nurses of Different Department regarding Management of the patients.

Primary Health Centres:

- Shortage of Electricity in the Geographically Inaccessible Areas so Difficult to maintain Cold Chain for Vaccination.
- In the surprise visit from District,Newly Appointed RBSK Medical officers are found out running their own clinic during the job timings.
- Conflict used to occur between Medical Officers of NHM on contractual basis and RBSK Medical Officers because of Equal Amount of salary despite of so many years of Experience.
- Logistics issues were also there at Facility.
- Lack of Transport Facilities so Difficult to provide services to Beneficaries during Immunization Programme and Various other Programmes.