Internship at
National Health Mission, Gujarat

By

Eti Khatri

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

INTRODUCTION

1. Objective of study

The objective of the study was **to understand the current functioning of the Urban Health Society, Junagadh with respect to improving the programmatic indicators and also for proper planning, so the performance can be improved.** When we talk of improving the indicators and achieving best out of available resources, role of a Healthcare Management Professionals like Project Officers (PO), District Programme Coordinators (DPC) and Corporation Programme Coordinators (DPC) becomes crucial. They are the persons who technically analyze the situation and then help in taking decision accordingly.

India's urban population has been increasing rapidly in recent decades along with rapid urbanization. It is estimated that 80.8 million persons in urban areas live below the poverty line. The urban poor rarely benefit from the facilities in urban areas and are as deprived as those in the rural areas. The health of the urban poor is considerably worse off than the non-poor in urban area and is comparable to the rural figures.

Slums have emerged as boils on the bodies of the cities. Although they are the part of the cities, their situation is even worse than villages. The main cause is that, first, these areas are occupied by people and then the development of these areas takes place, on the top of these. And most population of slum dwellers consists of migrants; hence it is really difficult to track them.

All Indian cites are growing at a rapid rate. There has been a huge influx of people from villages to these cities. The time has come the cities have gone over the limit of containing of this population. The possible reasons for this phenomenon are industrialization, better education, better life style, and better job opportunities, better entertainment sources and so on.

The second objective of internship was to learn various managerial and administrative skills needed to work in a government system and to effectively implement all the health and health related programs in the government setup to ensure the overall benefit of the community.

2. 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 total 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 per cent of the State's population resides in urban areas, compared to the India average of 28 per cent. The 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 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 and female population respectively are literate, the corresponding figures for India being 65.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 after several splits of the original 17 districts at the formation of the state in 1960.

Kutch is the largest district of Gujarat while Dang is the smallest. Ahmedabad district has the highest population while Dang has the lowest. Surat is the most densely populated district while Kutch is the least. There are 249 Talukas in Gujarat.

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 Sustainable Development goals, RCH II / NHM 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 areas of Reproductive and Child Health including population stabilization through an integrated, 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 RCH II, the department anticipates that current RCH programme would produce equitable reproductive and child health outcomes and contribute to raise the status of the girl child.

2.1 Key indicators of the State

The current situation of the selected indictors based on NFHS-4 shows that overall the state is moving towards the achieving the goals. The recent NFHS- 4 and special survey on maternal mortality in India has shown the improvements in health indicators in the state. IMR has reduced to 34 and TFR 2.1 (NFHS-4).

2.1.1 **STATUS OF RCH KEY INDICATORS**

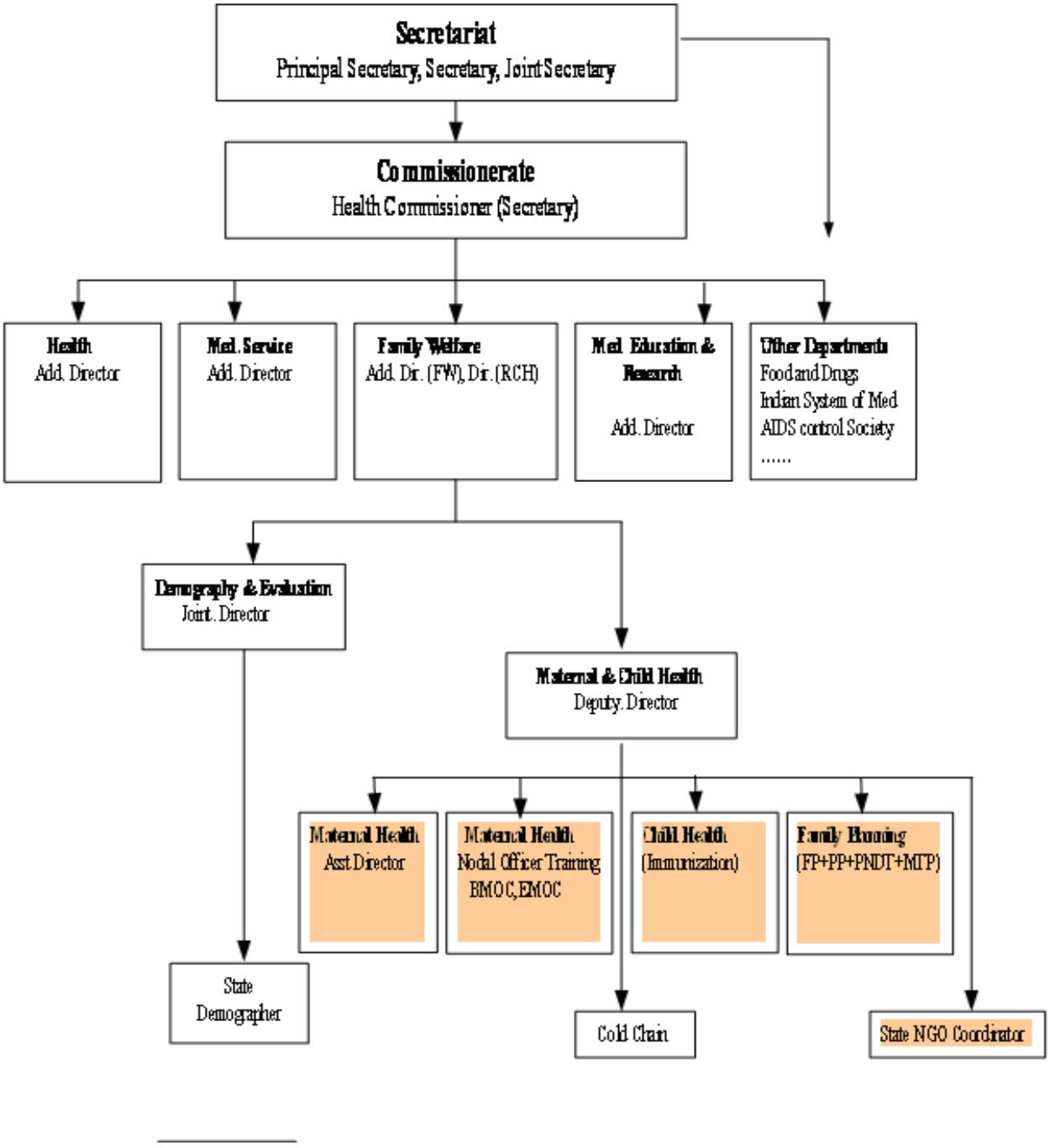
Declined

- ↓ MMR has declined to 112 (SRS 2013)
- ↓ IMR has declined from 50 (NFHS-3) to 34 (NFHS-4) per 1000 live births.
- ↓ Total Fertility Rate (TFR) has decreased from 2.4 (NFHS-3) to 2.0 (NFHS-4).

Increased

- ↑ Institutional deliveries have increased from 55 percent (NFHS-3) to 88 percent (NFHS-4).
- ↑ Antenatal Care has increased from 50 percent (NFHS-3) to 70 percent (NFHS-4).

3. Organization Structure (NHM, Gujarat)



4. An overview of Junagadh City

Junagadh is a city and a 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 point of view, and thus it attracts tourists from all over the India and abroad.

4.1 History

Junagadh city has its roots in ancient India; the city was periodically ruled by Mauryan dynasty, Sloanki dynasty, amd 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 India. Instead, the British divided the territory into more than one hundred princely states, which remained in existence until 1947. The present old town, developed during the 19th and 20th centuries, is one of the former princely states which were outside but under the suzerainty of British India.

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

4.2 Demographic Profile of the city:

As of 2011 India census, Junagadh had a population of 27, 43,082. Males constitute 52% of the population and females 48%. Junagadh has an average literacy rate of 77 percent. Junagadh has a sex ratio of 952 females for every 1000 males. The population of Junagadh city is 320025 as on 2011 census.In the recent

family health survey done by field staff of Urban Health Society Junagadh, it is revealed that 1,35,000 of Junagadh population is living in slum areas. It consists almost 45 percent of city's populations.

4.3 Available Health Facilities of the city

- **Civil Hospital** is major government hospital of Junagadh district. It is a fully operational tertiary care hospital with a range of services like; medicine, surgery, orthopedics, obstetric/ gynaec, ENT, pediatrician, ophthalmic, dermatologic and many more. It has almost all type of laboratories, operation theaters, and indoor facilities.
- **Urban Health Centers:** The Junagadh Municipal has six Urban Health Centers in the slum areas of Ambedkarnagar, Shanteshwar, Ganeshnagar, Doulatpura, Timbavadi and Gandhigram. With the support of RCH programme, all the UHCs are milestones in the direction of providing affordable and accessible primary health service to the slum population. These centers are fully functional first level service delivery points as per the guidelines of government. These centers provide a range of primary curative and preventive services to patients, like; medicine, immunization, ANC, PNC, some aspects of family planning services and various services as listed in other national health programmes.
- **Other Major Private Hospitals:** Many private hospitals exist in Junagadh city and they provide a range of services, but most of these hospitals are very far from the slum areas and also not affordable to urban poor.

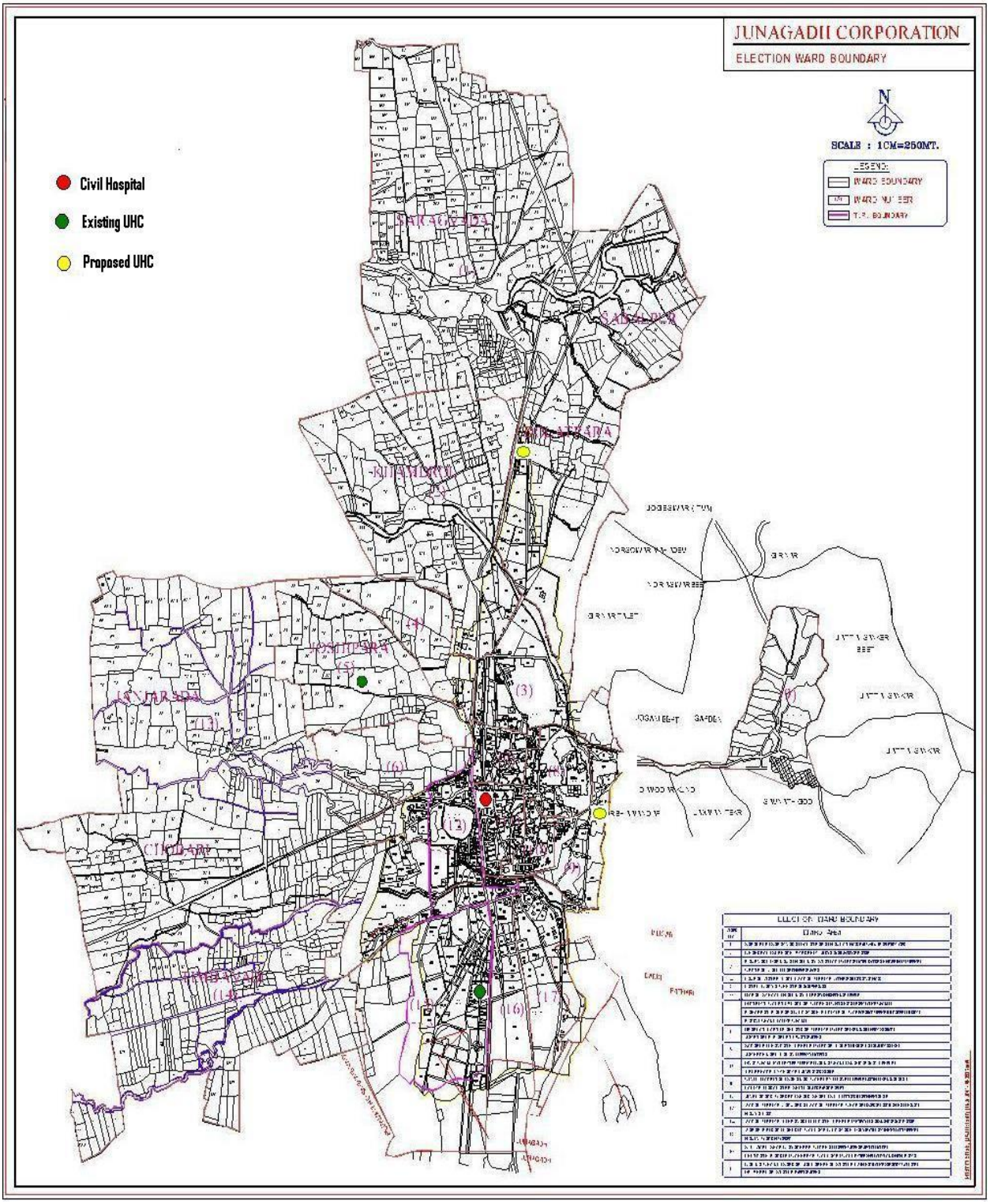
4.4 Junagadh Municipal Corporation

The Junagadh city got the status of Municipal Corporation on 15 September 2002. The boundaries of Junagadh Municipal Corporation are expended in 57.16 sq. km. The city is divided into 21 wards. As per the constitution of the local body governed by the Bombay Provincial Municipal Corporation Act – 1949, there are three major administrative authorities in the following manner.

1. General Board
2. Standing Committee
3. Municipal Commissioner

Junagadh Municipal Corporation has 51 councilors, out of them 12 councilors become member of standing committee and the municipal commissioner is the head of local administrative body.

4.5 Junagadh City Map

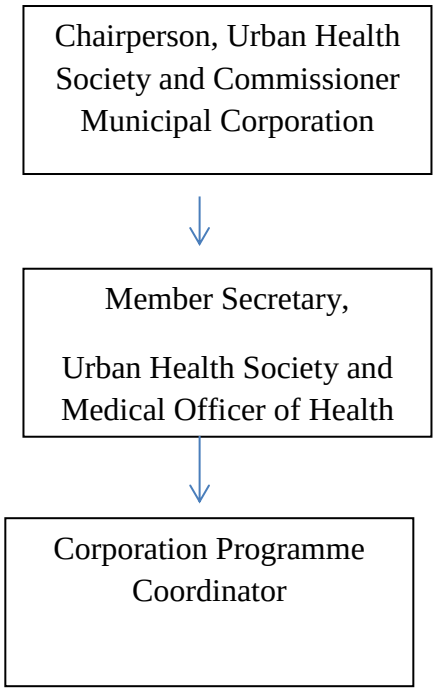


4.6 The Urban Health Society, Junagadh

The Urban Health Society, Junagadh is consisting of two committees namely; governing body and executive committee. The governing committee has Municipal Commissioner as the chairperson, Medical officer of Health as member Secretary, Chief District Health Officer, Chief District Medical Officer, and Corporation Programme Coordinator as Member of the committee. The Executive Committee consists of Medical Officer of Health as Chairman, Urban RCH officer as member Secretary, and rest Corporation Programme Coordinator, Medical Officers, RMO civil hospital, Block Health Officer, Junagadh, and biologist as members are part of the community.

Urban Health Society, Junagadh is implementing the urban RCH in the Municipal Corporation, its scope of work includes providing health services through existing Urban Health Centers, building and renovating the service delivery points for RCH services, effective Implementation of government schemes like JSY and Chiranjeevi Yojana., providing family planning services, immunization services , capacity building of corporation health staff by regular training to the health workers to upgrade their skills and lastly but most importantly IEC services.

4.6.1 Organizational Structure at Urban Health Society, Junagadh



4.7 SWOT Analysis

Strengths	***Weakness***
• *Good support from top level management* • *Availability of human resources at Urban Health Centers* • *Fully functional CPMU and Family Planning Bureau* • *Strong hold over grassroots level implementation* • *Proximity of private health sector* • *Good electronic printing media coverage.*	• *Lack of proper infrastructure to provide all RCH services* • *Lack of equipments for immunization services* • *Lack of regular training of health staff of all cadres.* • *Limited supervision due to lack of mobility support to medical officers and supervisory staff* • *Weak political motivation and low priority for community*
Opportunities	***Threats***
• *Urban Health Project to be launched by state government* • *Changing mindset of the urban population.* • *Availability of adequate financial support.* • *Increased focus of government over urban slums.*	• *Limited tracking of Migrant population/daily wagers* • *High Rainfall makes the city prone for flood and Epidemics* • *Migration (both In and Out migration)*

5. 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 UHCs, in general all of them were maintained properly.
- Safe disposal of BMW is not implemented.
- Mamta divas sessions held are an example of intersectoral convergence of Health and ICDS.
- In Mamta session Height and foetal examination is not measured.
- Counseling is not observed.

6. Specific Project –

1. Polio Immunization Round
2. Heat Action Plan (HAP) was prepared for Junagadh city.

7. Impediments:

All the work performed in district and state like meetings, letters, mail and conversation takes place in Gujarati. Therefore it was difficult to understand and communicate in starting days.