Internship at National Health Mission, Gujarat

By

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INTRODUCTION

1. Objective of study

The objective of the study was **to understand the functioning of the District Health Society, Porbandar 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 District UrbanProgramme Coordinators (DUPC)becomes crucial. They are the persons who technically analyze the situation and then help in taking decision accordingly.

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

generallyunable 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

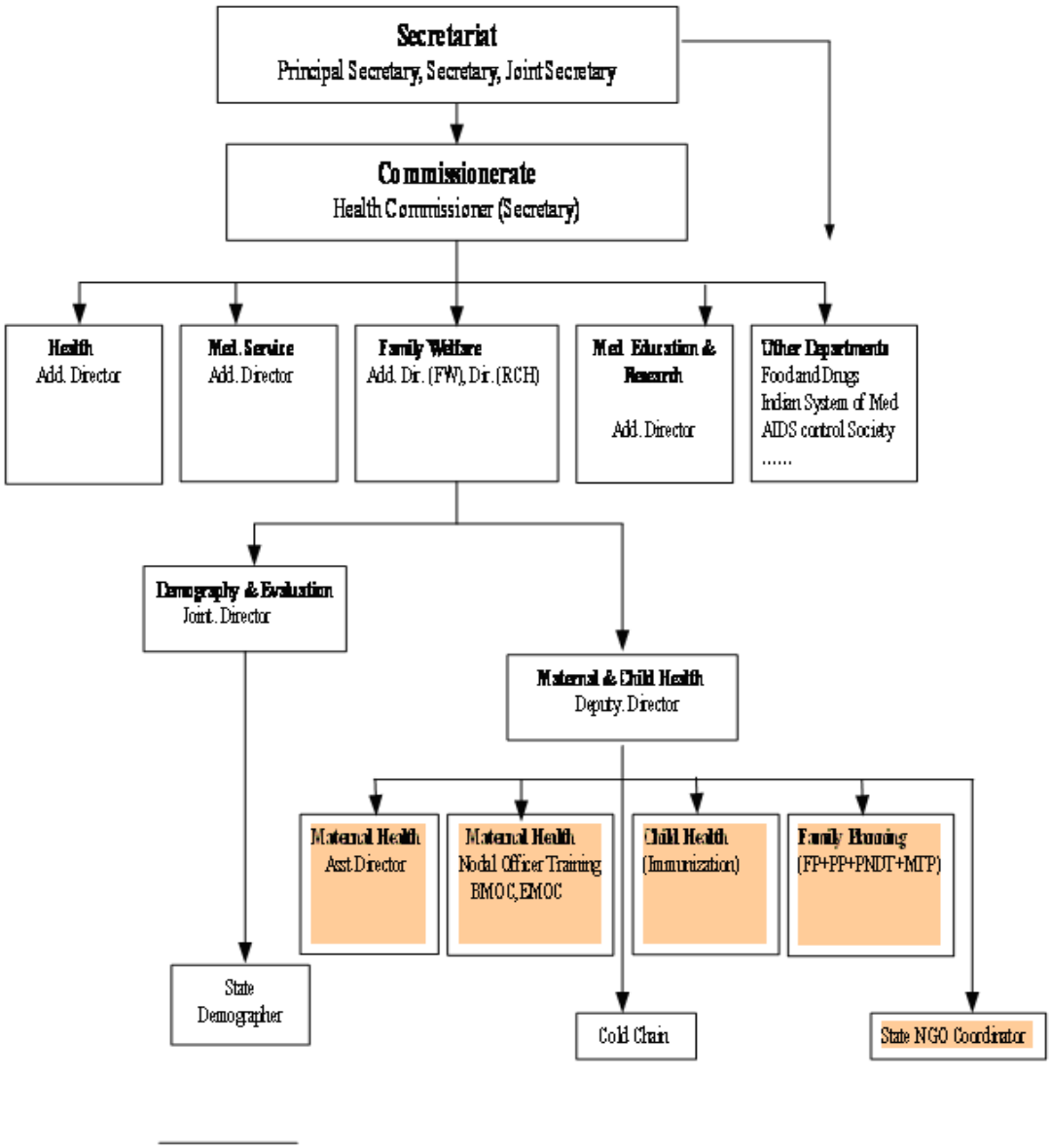
Declined

- 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 Porbandar District

District Porbandar is located in Gujarat with a population of 585,449 (2011 census). The population density of the district is 253 per sq.km. The average literacy rate is 75.78% according to census 2011. Porbandar have 3 blocks only, namely Kutiyana, Porbandar and Ranavav. It has 84 subcentres in total, 11 Primary healthcare centre, 6 Urban Primary healthcare centers, 4 Community healthcare centre and 1 District Hospital.

4.1The District Health Society, Porbandar

The District Health Society, Porbandar is consisting of two committees namely; governing body and executive committee. The governing committee has Collector as the chairperson, District Development Officer as member Secretary, Chief District Health Officer, Chief District Medical Officer, and DistrictProgramme Coordinator as Member of the committee. The Executive Committee consists of District Development Officer as Chairman, Chief District Health Officer as member Secretary, and rest DistrictProgramme Coordinator, Medical Officers, RMO civil hospital, Block Health Officer, Porbandar, and biologist as members are part of the community

5. Specific Project –

1. Polio Immunization Round
2. Special Intensified Mission Indradhanush Round
3. Measles- Rubella Campaign
4. Action plan was prepared for tracking of high risk mothers.

6. 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.