Internship at National Health Mission, Gujarat

By

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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 percent. 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.

ABOUT NHM GUJARAT

National Health Mission, state health society Gujarat has created wide network of health and medical care facilities in the state to provide primary, secondary and tertiary health care at the door step of every citizen of Gujarat with prime focus on BPL families, marginalized population and weaker sections in rural and urban slum areas.

GOALS:

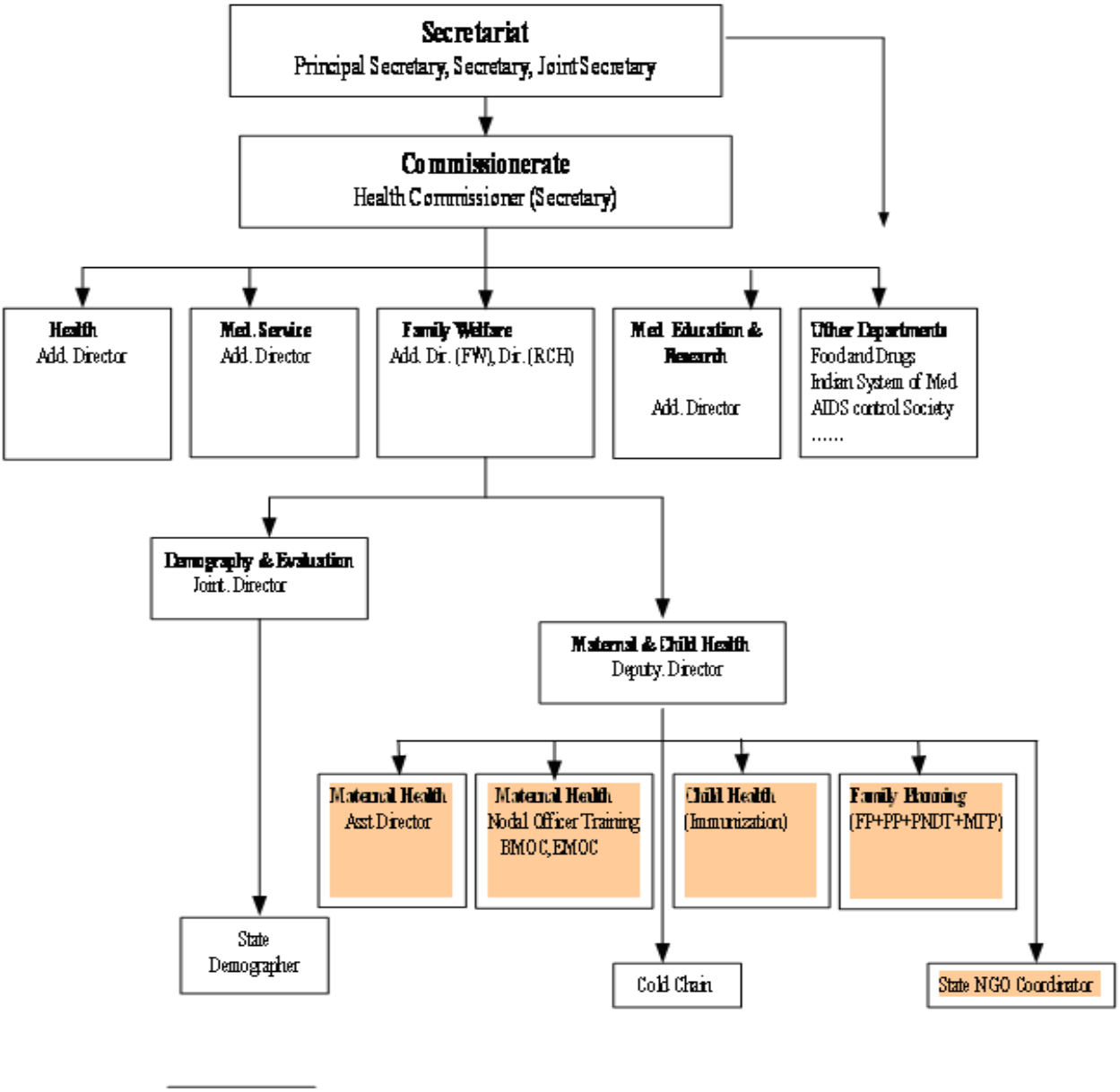
- Reduce MMR to 1/1000 live births
- Reduce IMR to 25/1000 live births
- Reduce TFR to 2.1
- Prevention and reduction of anemia in women aged 15–49 years
- Prevent and reduce mortality & morbidity from communicable, non- communicable; injuries and emerging diseases
- Reduce household out-of-pocket expenditure on total health care expenditure
- Reduce annual incidence and mortality from Tuberculosis by half
- Reduce prevalence of Leprosy to <1/10000 population and incidence to zero in all districts
- Annual Malaria Incidence to be <1/1000
- Less than 1 per cent microfilaria prevalence in all districts
- Kala-azar Elimination by 2015, <1 case per 10000 population in all blocks

OBJECTIVE OF THE INTERNSHIP:

- 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.

- A study on Full Immunization coverage under Universal Immunization Programme in Porbandar District, Gujarat

Organization Structure (NHM, Gujarat)



OVERWIEW OF THE PORBANDAR HEALTH SYSTEM:

The entire porbandar city has population around 5,85,650(as per census 2011) having sex ratio 950. The city is devided into 3 blocks namely, Porbandar block, Ranavav Block and Kutiyana Block.

DISTRICT HOSPITAL: 1

PRIMARY HEALTH CENTRES: 11

COMMUNITY HEALTH CENTRES: 4

SUBCENTRES: 84

URBAN PUBLIC HEALTH CENTRES: 4, at chhaya, kadiyaplot, subhashnagar and sheetlachowk

Other Major Private Hospitals: Many private hospitals exist in Porbandar 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

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.

SPECIFIC PROJECTS :

1. Polio Immunization Round
2. Reporting of Special Intensified Mission Indradhanush underGram Swaraj Abhiyan in Porbandar district
3. Reporting and Helping in implementation of Ayushman Bharat diwas under which health camps were organised and beneficiaries were enrolled.

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.