Internship at
National Health Mission, Gujarat

By

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The Internship Report

1.1 INTRODUCTION

Internship is a part of the second year program, where we have to observe and learn the work culture of organization. In addition, it will be necessary to participate in various department/activities so we could orient our self with different departments that gives us first hand exposure. Internship is the process, through which we can understand process of work and thereafter be able to involve in decision-making. I am appointed as District Program Coordinator at Mahisagar District in Gujarat.

1.2 OBJECTIVE OF INTERNSHIP

The major objectives of the summer training programs are as follows:

(a) To understand the work pattern of national health mission and its organizational structure.

(b) The next 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 related programmes in the government setup to ensure the overall benefit of the community.

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

To coordinate proper functioning of various programs running in the district.

INTRODUCTION ABOUT 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 is a major instrument of financing and support to the states to strengthen public health systems and health care delivery. This financing to the state is based on the state's Programme Implementation Plan (PIP).**
- **The PIP consists of following parts:**

  Part I: National Health Mission Reproductive and Child Health Flexi pool

  Part II: National Urban Health Mission 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 UNDER NHM GUJARAT

- **Reproductive, Maternal, Neonatal, Child and Adolescent (RMNCH+A)**
- **National Urban Health Mission (NUHM)**
- **Routine immunization**
- **National Disease control programme (NDCP)**

SCHEME RUNNING UNDER NHM GUJARAT

- **Mukhiya Mantri Amrutam Yojna**
- **Rogi Kalyan Samiti**
- **Balsakha Yojna etc.**

Maternal Health in Gujarat

❖ **Objectives of the state to improve Maternal Health:**

1. **To reduce Maternal Mortality Ratio.**
2. **To increase the Early ANC registration.**
3. **To ensure 3 or more than 3 ANCs to all the expectant mothers and special attention to high risk pregnancies**
4. **To decrease the incidence and progress of anaemia in pregnant and lactating women.**
5. **Provide adequate opportunities for safe deliveries and to increase institutional deliveries.**
6. **To improve the coverage of post - partum care.**
7. **To increase access to Emergency Obstetric Care for complicated deliveries through strengthening of FRUs.**
8. **To increase access to early and safe abortion services**
9. **To ensure the Maternal Death audit of all Maternal Deaths.**
10. **To ensure JSSK entitlements in all Govt. institutions deliveries.**

Maternal Health Schemes in Gujarat

1. JANANI SURAKHA YOJANA (JSY) :

"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 numbs 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…….

- **JSY is a safe motherhood intervention under the National Rural Health Mission (NRHM). Its main aim is to reduce maternal and neo-natal mortality by promoting institutional delivery among the poor pregnant women. There is a notable increase in Institutional deliveries among the BPL, ST and SC population under this scheme. Benefits under the scheme are cash assistance with delivery and post-delivery care upto 2 live births.**

Financial plan includes the following:

a) Home delivery Rs 500/-

b) Institutional Delivery in Rural Area Rs 700/

c) Institutional delivery in Urban Area Rs 600/-

d) For caesarean delivery Rs. 1500.

2. **MAMTA GHAR**

In some areas the state is determinants the ability to bring the necessary technical skills that is economic, geographical and operational for women's help. When female required access to a continuum of care, including appropriate management of pregnancy, delivery, post -partum care and access to life-saving obstetric care when complications arise are crucial to Safe Motherhood

3. **MAMTA SAKHI (BIRTH COMPANION SCHEME)**

Under this scheme a female family member allow to be at the side of pregnant woman at the time of delivery in government institutions. So the presence of birth companion during childbirth meant that a woman was never left alone during this intensely stressful and frightening time of her life.

4. **MAMTA DOLI**

Reduction in delay due to transportation to the health facility for Institutional Delivery is of utmost importance for bringing down the MMR. In view of the above the State Govt. has decided to implement the Mamta Doli initiative in certain inaccessible areas of Gujarat. The purpose of the initiative is to bring the pregnant women to the nearest motorable point from where she can be picked up from ambulance receiving point for further transportation by EMRI 108 vehicle for Institutional Delivery or transportation of the pregnant women directly by the Mamta Doli service providers.

5. MATERNAL DEATH REVIEW (MDR)

A maternal death review provides a rare opportunity for group of health staff and community members to learn from a tragic and often preventable event. Maternal death review should be conducted as learning exercise that does not include finger point or punishment. The purpose of maternal death review is to improve the quality of safe motherhood programing to prevent future maternal and neonatal morbidity and mortality.

6. MAMTA ABHIYAN

Mamta Abhiyan is outreach preventive and promotive services for ANC and PNC are designed under MAMTA Abhiyan.

MAMTA Abhiyan has four components namely MAMTA Divas (Health & Nutrition Day), MAMTA Mulakat (PNC Home visit), MAMTA Sandarbh (Referral services) and MAMTA Nondh.

7. MAMTA CARD (MOTHER & CHILD PROTECTION CARD)

In the Gujarat, Mother and Child Protection card is known as Mamta Card. The Mamta Card has been developed as a tool for families to learn, understand and follow positive practices for achieving good health of pregnant women, young mothers and children.

8. COMPREHENSIVE ABORTION CARE

It provides safe high quality services including abortion, post abortion care and family planning. Understanding each women particular social circumstances and individual needs and tailor her care accordingly. Identify and serve women with other sexual or reproductive health needs.

9. **SKILLS LAB:**

Skills lab is an important intervention to improve Maternal and Child Health. It was designed with the aim of up gradation of the skills of healthcare providers to enhance their capacity to provide quality RMNCH+A services leading to improved health comes. At present, there are nine skills lab operationalized in Gujarat in year 2013-14.

10. **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.

Control of Communicable Diseases:

The NHM will continue to focus on communicable disease control programmes and disease Surveillance. The strategies, interventions and activities under each programme as also the resource envelopes have been approved already for the years 2013-17.The strategies, interventions and activities will be appropriately adapted and fine-tuned to meet the distinct challenges of urban settings. The Flexi pool for Communicable Diseases will facilitate the states in preparing state, district and city specific PIPs.

i. **The National Vector Borne Diseases Control Programme (NVBDCP):-** is an umbrella Programme for prevention and control of vector borne diseases viz. Malaria, Japanese Encephalitis (JE), Dengue, Chikungunya, Kala-Azar and Lymphatic Filariasis. Of these,Kala-Azar and Lymphatic Filariasis have been targeted for elimination by 2015.The states are responsible for programme implementation and the Directorate of NVBDCP provides policy guidance and technical assistance, and support to the states in the form of funds and commodities. The Government of India provides technical Assistance and logistics support including anti-malaria drugs, DDT, larvicides, etc. Under the programme. State Governments have to meet other requirements of the programme and to ensure effective programme implementation. There would also be a thrust on identified geographic areas where the problems are most severe. Strategies employed would include early case detection and prompt treatment, strengthening of referral services, integrated vector management, use of Long Lasting Insecticidal Nets (LLIN) and larvivorous fishes. Other interventions including behaviour change communication will also be undertaken.

ii. **Revised National Tuberculosis Control Programme (RNTCP):** The goal is to decrease Mortality and morbidity due to TB and reduce transmission of infection until TB cases to be a major public health problem in India. Objectives of the programme are to achieve and maintain cure rate of at least 85% among New Sputum Positive (NSP) patients and achieve and maintain case detection of at least 70% of the estimated NSP cases in the community. The current focus of the programme is on ensuring universal access to quality TB diagnosis and treatment services to TB patients in the community and now aims to widen the scope for providing standardized, good quality treatment and diagnostic services to all TB patients in a patient-friendly environment, in which ever health care facility they seek treatment from. The

programme has made special provisions to reach marginalized sections including creating demand for services through specific advocacy, communication and social mobilization activities.

iii. National Leprosy Control Programme (NLEP):- Key activities include diagnosis and treatment of leprosy. Services for diagnosis and treatment (Multi Drug Therapy, MDT) are provided by all primary health centres and government dispensaries throughout the country free of cost. ASHAs are involved in bringing leprosy cases from villages for diagnosis at PHC, following up cases for treatment completion, and are paid an incentive for this. To address the problem in urban areas, Urban Leprosy control Activities are being implemented in 422 urban areas with a population of over 100,000. These activities include MDT delivery services and follow up of patient for treatment Completion, providing supportive medicines, dressing material and monitoring & Supervision.

iv. **Integrated Disease Surveillance Programme** (IDSP):- is being implemented in all the states for surveillance of out-break of communicable diseases. Surveillance units have been established in all states/districts (SSU/DSU), with a Central Surveillance Unit (CSU) established and integrated in the National Centre for Disease Control (NCDC), Delhi. Weekly disease surveillance data on epidemic disease are being collected from reporting units such as sub-centres, PHC, CHC, DH and other hospitals including government and private sector hospitals and medical colleges. The data are being collected on 'S' syndromic; 'P' probable; & 'L' laboratory formats using standard case definitions. Over 90% districts report such weekly data through a dedicated e-mail/portal. The weekly data are analysed by SSU/DSU for disease trends. Whenever there is rising trend of illnesses, it is investigated to manage and control the outbreak.

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Non Communicable Diseases (NCD)

NCDs account for 53% of the total deaths (10.3 million) and 44% (291 million) of disability adjusted life years (DALYs) lost in India. By 2030, NCDs are projected to cause up to 67% of all deaths in India. Most NCDs have common risk factors such as tobacco use, unhealthy diet, physical inactivity, alcohol use and require integrated interventions targeting these risk factors. The rising burden of NCDs calls for concerted public health action. In addition to clinical approaches, preventive action and policy responses involving multiple stakeholders are required, and the NHM will need to address the growing burden of Non communicable diseases.

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i. **National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS**): Primary care includes primary prevention of Hypertension and diabetes, screening for these diseases and secondary prevention by routine follow up with medication to prevent strokes and ischemic heart disease. This needs to be linked through two way referral linkages with appropriate secondary and tertiary care providers. Cardiac Care Units for treatment of Ischemic heart disease, stroke and other cardiovascular emergencies, and facilities for diagnosis and treatment of chronic kidney diseases including dialysis will be made available at district hospital level. For cancer control, one dimension is care at the primary level, i.e. prevention, promotion, and early detection, assisted access to higher specialist care, guidance and support. Another dimension is to create a network of hospitals that could provide free care for cancer patients. Most of the latter is in the tertiary sector, but a number of district hospitals should also be able to provide cancer treatment. Facilities for screening of common cancers (Cervical Cancer, Breast Cancer and Oral cancer) and Day Care Centres for chemotherapy prescribed by Tertiary level cancer hospitals would be provided.

ii. **National Programme for the Control of Blindness (NPCB):** The NPCB would be part Of the NCD flexi-pool under the overarching umbrella of the NHM. The focus in the 12th Plan period would be to consolidate gains in controlling cataract blindness and also initiate activities to prevent and control blindness due to other causes. Key Strategies are to increase public awareness about prevention and timely treatment of eye ailments; with a special focus on

illiterate women in rural areas; continuing Emphasis on primary healthcare (eye care) by establishing Vision Centres in all PHCs; Active screening of population above 50 years through screening camps; transporting Operable cases to eye care facilities; screening of school age children for identification And treatment of refractive errors (in synergy with the RBSK); with special attention In under-served areas; provision of assistance for other eye diseases like Diabetic Retinopathy, Glaucoma and childhood blindness through use of laser techniques, Corneal transplantation, Vitreoretinal Surgery, construction of dedicated Eye Wards And Eye Operation Theatres (OT) in District Hospitals and in NE states and few other States as needed, use of Mobile Ophthalmic Units, at district level for patient screening & transportation; and strengthening of existing Eye Banks and Eye Donation Centres. NGOs will be involved and the private sector will be contracted-in where required.

iii. National Mental Health Programme (NMHP): The existing District Mental Health Programme would be integrated into NHM, and expanded to cover all districts in a phased manner. In addition to managing common mental problems, severe mental diseases, and mental emergencies, new components like suicide prevention, workplace stress management, adolescent mental health and college counselling services will be included. Services for alcohol and substance use, rehabilitation of the mentally ill community and home care for chronic and enduring mental illness will be provided and synergies will be built with RMNCH+A to identify and manage postpartum depression. 108 Ambulance services will be made available to transport patients to the District Hospital in an emergency and a country wide mental health help line will be set up. Day Care Centres, Residential Continuing Care Centres, and Long Term Residential Continuing Care Centre will be provided in selected districts in this plan period. The provision of mental health in NHM will entail the provision of an integrated package of care to be delivered at various levels. Outreach services will be provided by community mental health nurses supported by the PHC which will also undertake case detection, management of common mental illness, stabilizing and referral of severe illness or emergency and providing medication refills. The CHC will provide outpatient services for walk in patients and patients referred by the PHC, inpatient services for emergencies and assessment, Medical and Social Care and Support to Continuing Care services and Counselling services.

Observations of the Field visit

- In general, all blocks PHCs are well constructed, Santrampur block PHCs though was in a very bad shape in terms of its building.
- OTs and Labour rooms were functional in most PHCs, but were not up to mark in terms of infrastructure required. Hygiene standards were generally poor (dirty bed sheets etc.)
- Some ASHAs were unable to prepare due list of their area, rendered not competent enough.
- ANMs were aware of the ANC visits to be made, on categorizing children in SAM, MAM, but in practice, neither the ANM, nor the AWW would fill the growth monitoring charts of children.
- Over all, the level of awareness of field workers, especially the ASHA workers was found to be good.

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- Vaccines for Mamta Diwas were being properly transported to block PHCs.
- Every Wednesday Mamta diwas conducted as planned sessions
- ASHAs workshop conducted for motivation of ASHAs
- In Santrampur and Kadana block very low human resource for health services.

Specific Project

- Organising ASHAs Workshop 2017 at district level.
- Orientation of Newly Recruited Staff nurses (NHM).
- Planning for conducting Vaccine chain care handler training of. Of district
- Regular monitoring of E-mamta and HMIS.etc