Internship at National Health Mission, Gujarat

By

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Ekta Bhagat

21ST BATCH

IIHMR, Jaipur

ABOUT NHM

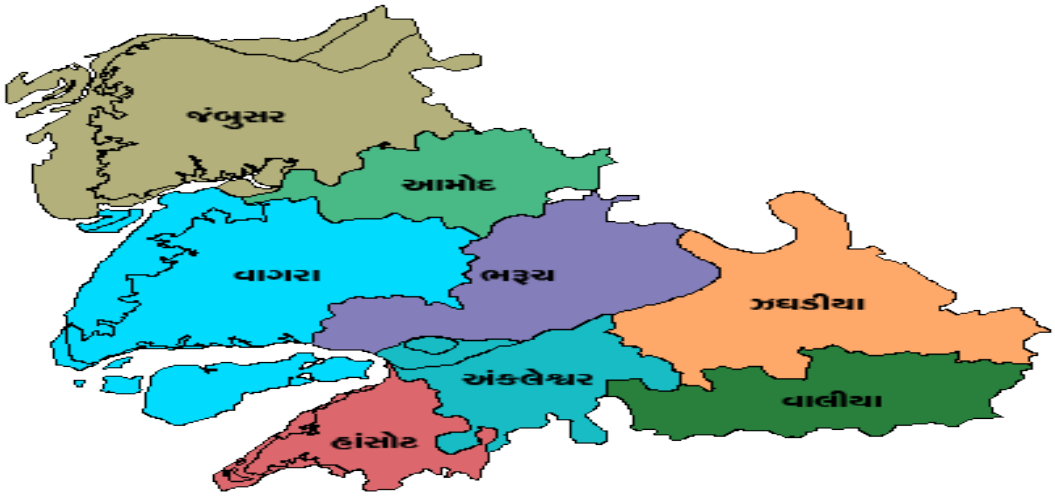
National Health Mission gives us a platform to explore the health system in depth. There are so many programs which are being run under this and has an impact on different health indicators. It brings about broad network of health care and medical care facilities along with this it provides differes primary focus on the poor and margilised weaker section.

It provides accessible, affordable and quality health care to different population, especially the marginalized one. The main challenge is to strengthened the poor public health system.Working under national health mission gives ground level, real time exposure to the field and exposue will help us to understand problems of the society which helps us to understand the real situation in the field. NHM composed of different national programmes namely, the Reproductive and child health, the national disease control programmes and integrated disease surveillance. It also focus on Ayurvedic Yoga, Unani, Siddha, Homeopathy and Ayush.

The best advantage to work in NHM is exposure to the reality of public health as we get direct contact with the community. SO, the problems within the community is directly known with field reality that helps us to take desirable and appropriate action plan.

It also helps to know the validation of data and crossverification of the work which is done in the field by different health workers.

ABOUT BHARUCH DISTRICT



Bharuch is a beautiful place located in the southern part of Gujarat, near the Gulf of Khambhat in Arabian Sea. This District has 3 high priority Taluka named Jagadia, Netrang and Valia. It has total 10 CHC and 41 PHCs among them there are total nine 24*7 PHCs in the District.

There are total 241 sub centre's which is the first point of contact for community to seek health care facilities. There are total 9 CMTC centre's along with NRCs which helps to provides the nutritional support to LBW neonates and child. The admission rate of these centre's need to be strengthened in order to reach the maximum need based community.

These tribal areas are the main focus of concern in the study, indicating poor health indicators due to certain socio economic factors and the cultural norms among the community. The data reveals that the Bharuch district has 23% cases of LBW which is due to certain factors related to maternal health which might be responsible for poor neonates poor health. This studyhelp to bring about certain action plans in order to strengthen poor health indicators leading to LBW.

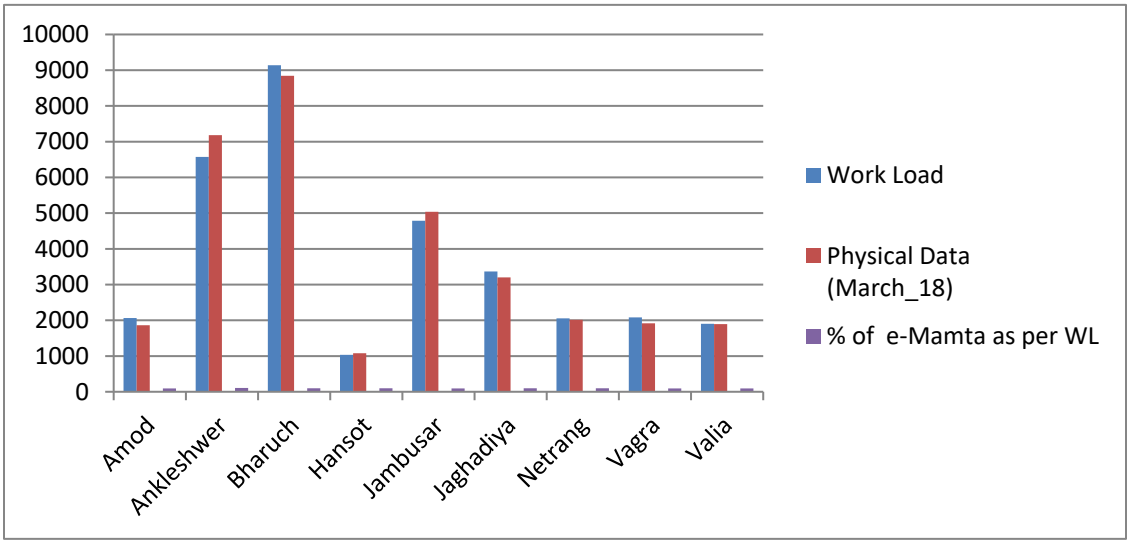
So, the overall focus is to bring necessary intervention to improve child and mother health.

SITUATION ANALYSIS OF BHARUCH

ANC REGISTRATION

Fig1Comparison of physical data and e- mamta data on ANC registration of one last year with respect to work load

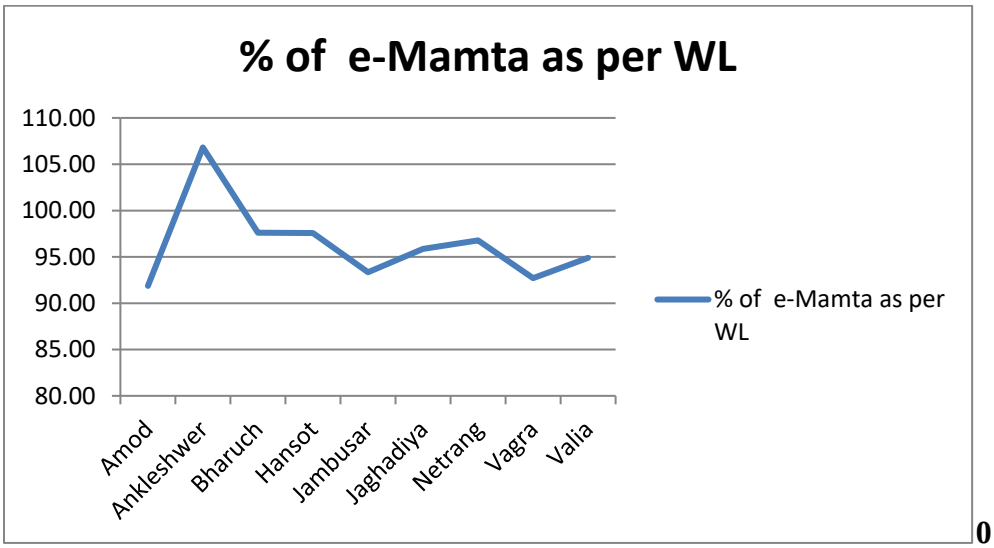
Fig.1 (n=30,000)



The data reveals that the ANC registration of the all the talukas is less comparatively to the work load, further it is found that the data entry in the e- mamata needs to be strengthened as compare to the available physical data.ANC is the important part of maternal care that gives a time of 9 Months to improve the health status of the pregnant mother, so this part of registration needs to be strengthened for every Taluka inorder to take timely action for improving maternal health.

Fig 1.1 Comparison of e- mamata data of ANC registration as per the work load.

n=30,000



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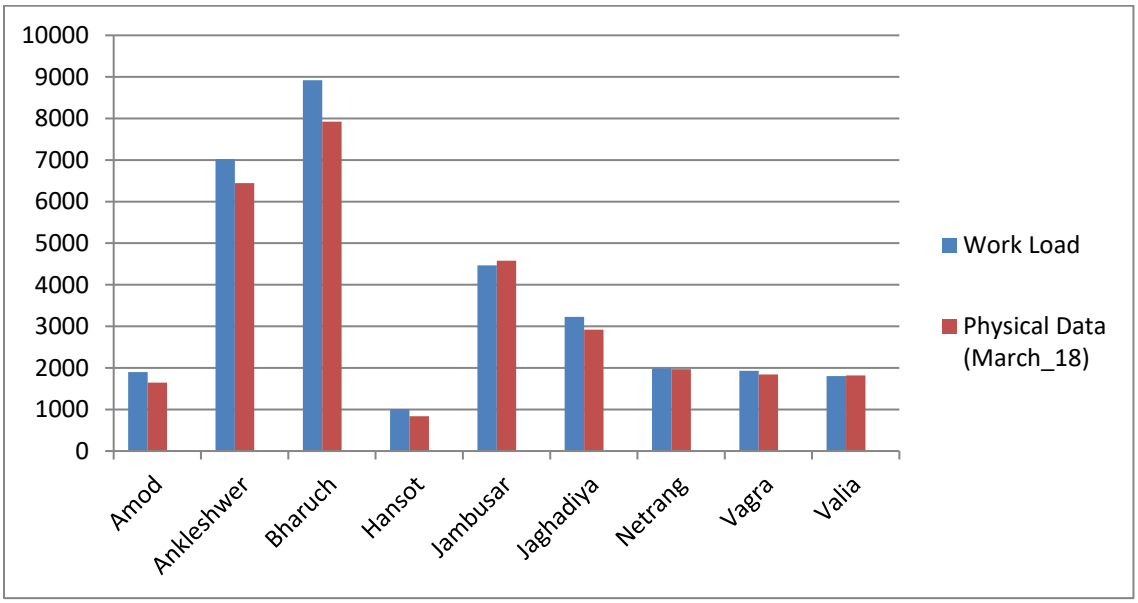
Ideally,an e- mamta data act as an evidence to identify the real time situation in the district. The above data reveals that the e- mamta entry of Taluka is under reporting as compare to physical data available. So, here is a need to strengthen the data entry part which can be done by regular follow up of the same, specifically by the data manager and health officials at District level so that real time data should be available to take necessary intervention.

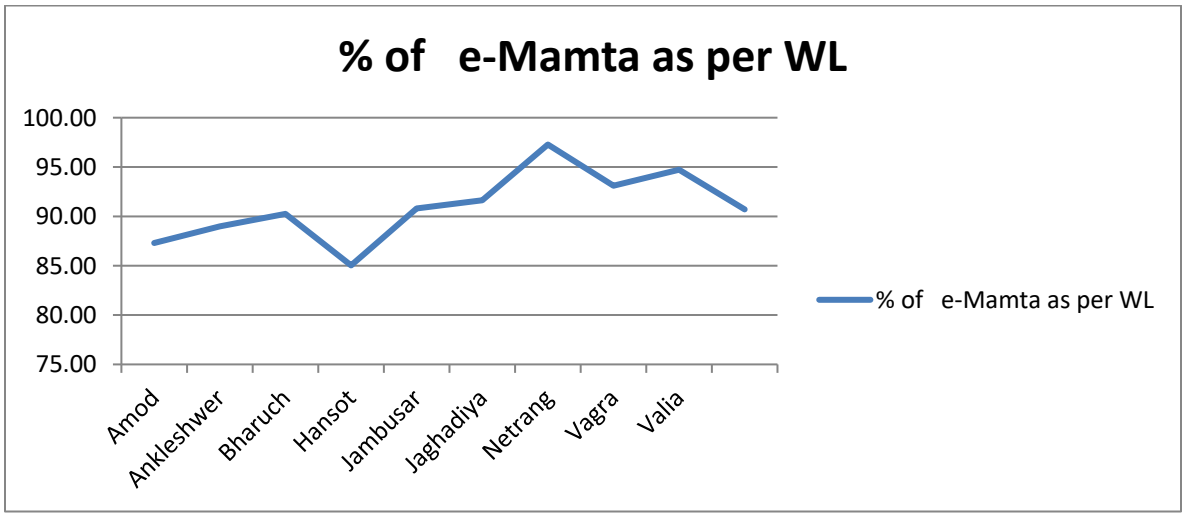
3RD ANC CHECKUP

Fig.2 Represents 3rd ANC check up as compare to work load (n=30000)



The data represents the total number of 3rd ANC check up which is found to be less as compare to the available work load, further it was found that Bharuch Taluka has the maximum difference as compare to the Valia Taluka, which is found to be matched with the work load.

Fig 2.1 Representing the e- mamata data as per the work load against 3rd ANC Check upN=30,000

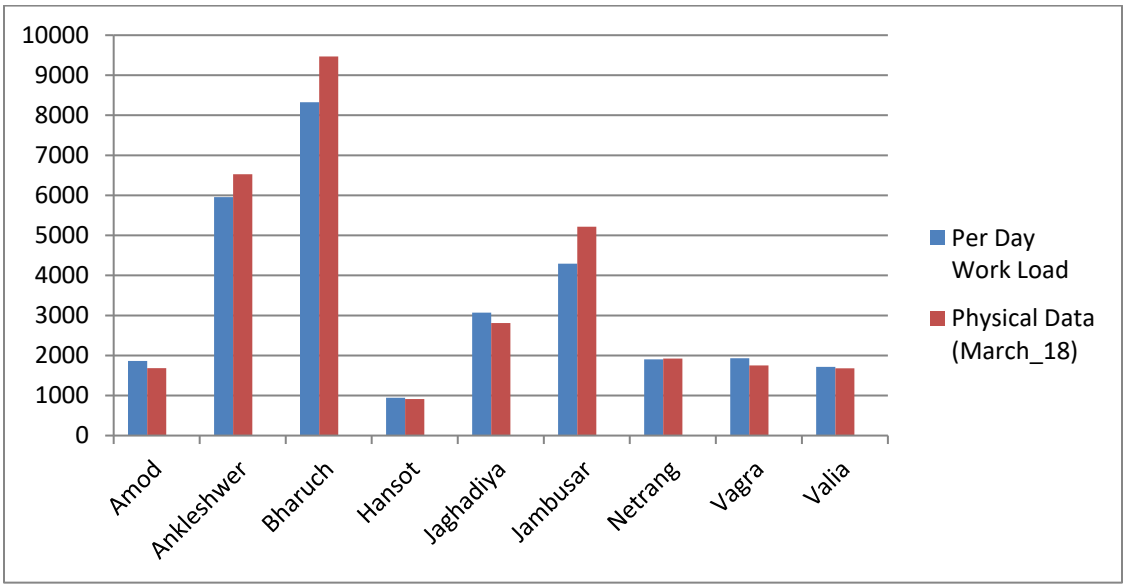


Again the data reveals the under reporting of e- mamta data entry as compare to the work load.

DELIVERY REGISTRATION

Fig. 3 The delivery registration as per work load

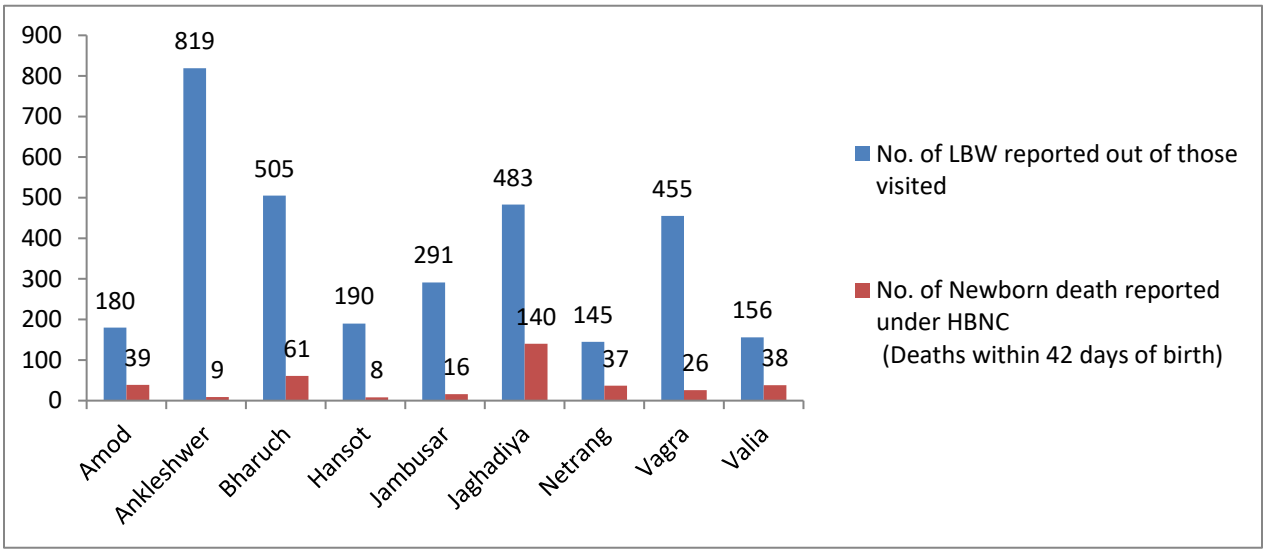
N=30000



The data reveals that the number of delivery registration is higher as compare to work load in three Talukas named Jambusar, Bharuch and Ankleshwar, showing more number of deliveries taking place as compare to work load, so here we need to identify the reasons for increasing number of deliveries in these three talukas identified.

Fig.4 Neonatal death out of LBW reported cases.

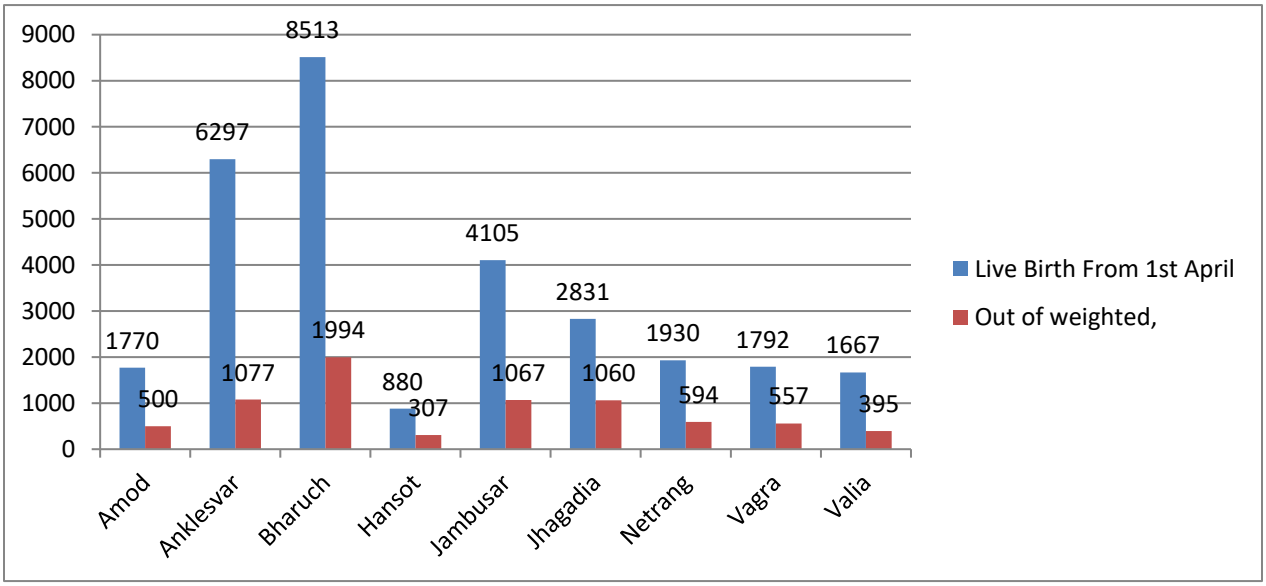
N=30,000



The data reveals that out of total LBW reported cases around ten percent is found to cause death of the new born in the last year. Further it represents the maximum cases of LBW is found to be in Ankleshwar Taluka of Bharuch. So, there is a need to identify the reasons for the same.

Fig.5 the comparison of weight measure against the live birth.

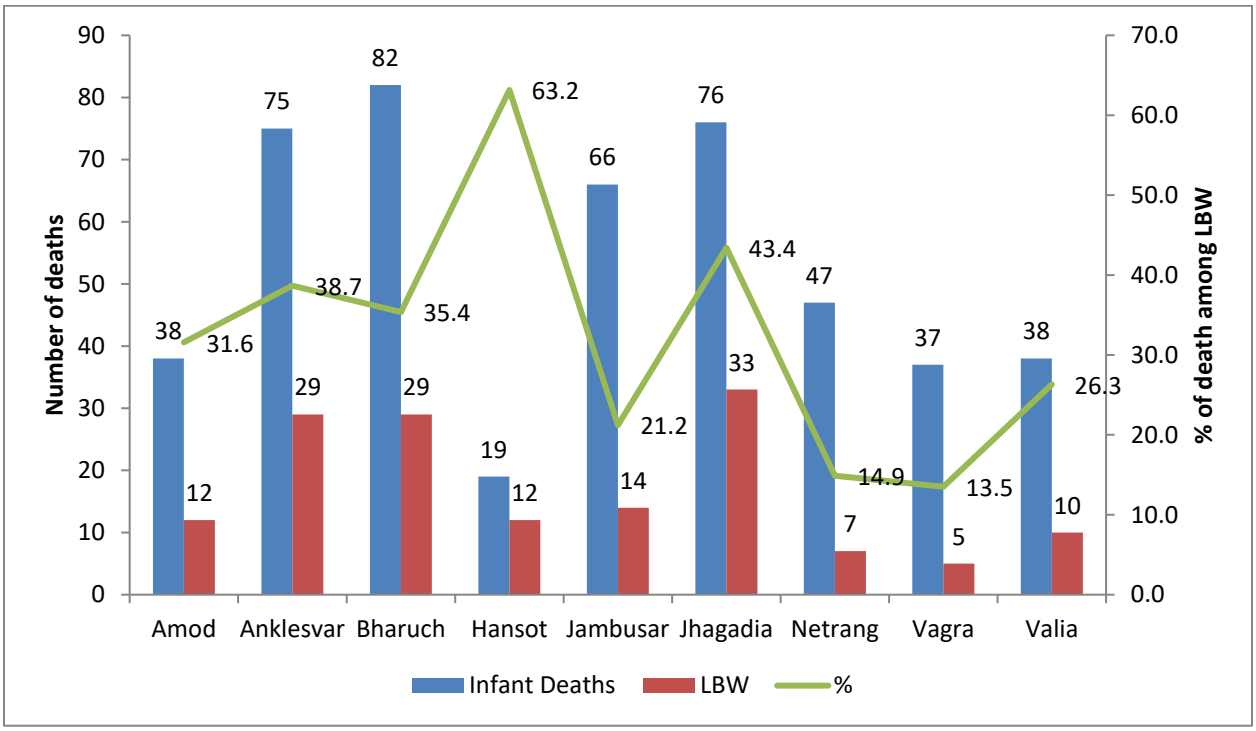
N=30000



Ideally, the weight of the live child should be measured, atthe time of delivery, but here the data reveals that the number of child who were weighed among live birth is very less and is found to be less in all Taluka's of Bharuch.

Fig.6 Infant death due to LBW in the District.

N=30000



The data reveals that the maximum number of LBW cases in terms of percentage is found to be in Bharuch Taluka, taking into consideration the population size of the same taluka. Further the data shows that the maximum number of cases of infant death in terms of percentage is higher inHansot Taluka which is found to be 63 percent.