Internship at National Health Mission, Gujarat

By

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Introduction-

Internship is a part of the second year program, where we have to observe and learn the work culture of organization. Also 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 Narmada in Gujarat in Health Department. It deals with preventive and curative health through a chain of PHCs (Primary Health Center) and Sub centers in the villages.

Objective of Internship-

(a) To understand the work pattern of District Health Society 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 and 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 programmes in the District and to propose probable solutions to them.

(d) To coordinate proper functioning of various programmes running in the district.

1. Gujarat 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% 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 generally unable to access reliable and cost effective health care services. The state has 12 districts having population of 89, 96,744 accommodate 70 percent of tribal population (Census 2001). Approximately 18% (89, 96,744) of the total population of the state is living in these Tribal districts. The coastline of the state is about 1600 Kms. About 4487752 persons live in 36 coastal talukas.

Administratively, the state has been divided into 33 districts, sub-divided into 225 Blocks, having 18618 villages and 242 towns. District Tapti is recently created and the health system continues to administer district Tapti from Surat. It has a large three-tier health infrastructure comprising 23 district hospitals, 273 Community Health Centre (CHCs), 1073 Primary Health Centre (PHCs) and 7274 Sub-Centres (SCs). As per RHS 2006, 907 doctors at PHC's, 84 specialists at CHCs, 616 male and 862 female health (LHV) assistants are positioned in these facilities in addition to 2773 male and 6508 female health workers at sub-centres. **(mohfw.nic.in/NRHM/State%20Files/gujarat.htm)**

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 Millennium Development goals, RCH II / NRHM 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. STATUS OF RCH KEY INDICATORS

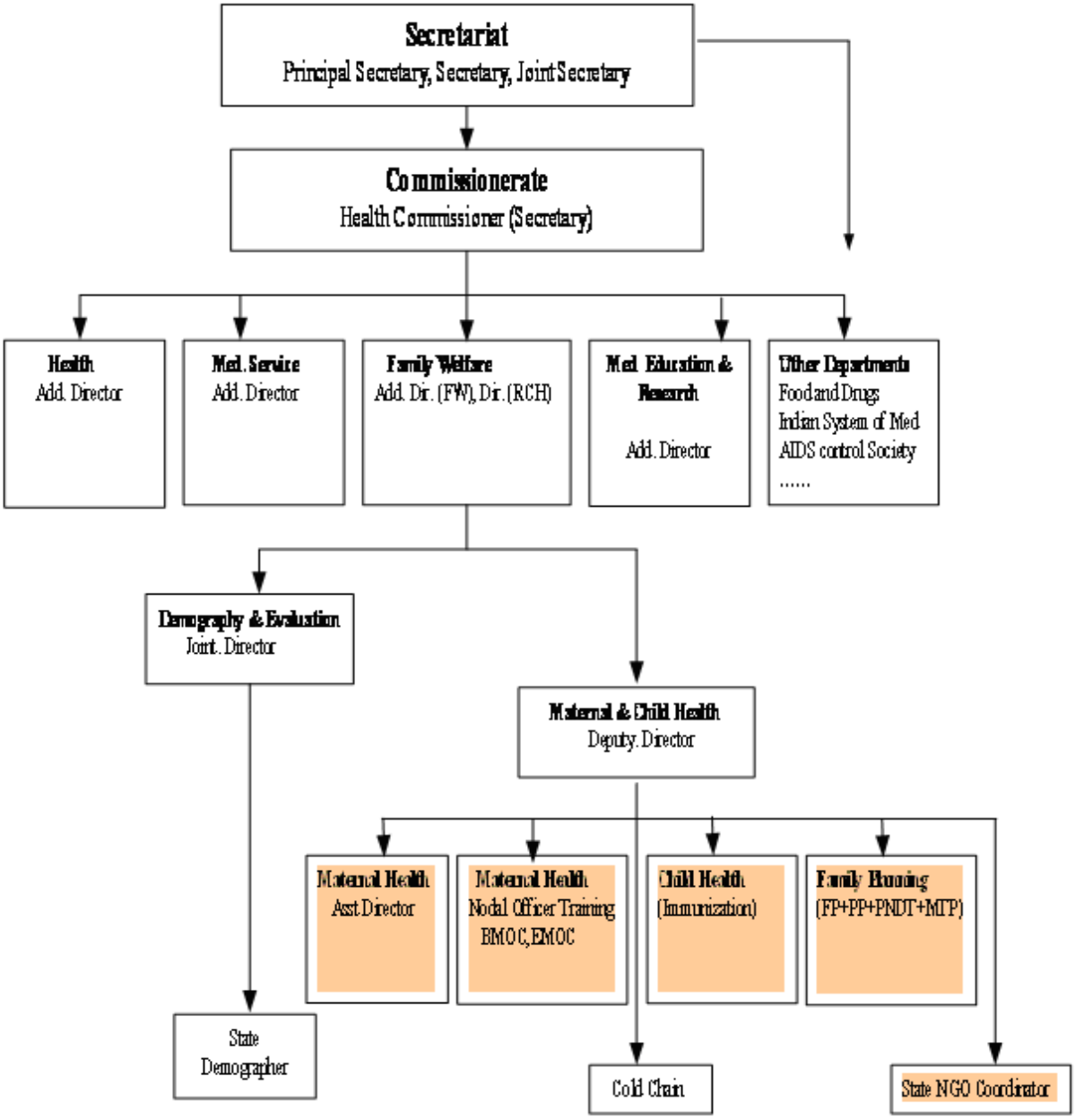
Declined

- MMR has declined from 389 to 172 (SRS 2003)
- IMR has declined from 48 (SRS-2009) to 44 (SRS-2010) per 1000 live births
- Total Fertility Rate (TFR) has decreased from 3.0 (NFHS-I) to 2.4 (NFHS-III)
- Percentage of children under age 3 who are underweight has marginally declined from 48 percent (NFHS-I) to 47 percent (NFHS-III).

Increased

- Institutional deliveries have increased from 37 (NFHS-I) percent to 55 percent (NFHS-III)
- Antenatal Care has increased from 78 percent (NFHS-I) to 87 percent (NFHS-III)
- Contraceptive use has increased from 49 (NFHS-I) percent to 67 percent (NFHS-III)
- Infantile Sex ratio from 825 (2001) to 871 (CRS 2006-07)

3. Organizational Structure of Department of Health and Family Welfare, Government of Gujarat:



4. Health Profile of Narmada District:

- **Brief Introduction:** Narmada district is a district in the state of Gujarat in India. with its headquarters at Rajpipla Town .
- **Establishment**

The district consists of five blocks. The district headquarters is located at Rajpipla. The district was created to facilitate decentralization and ease of access to government services.

- **Description**

Narmada is a tribal dominated district and the district headquarters is located 80 km away from Vadodara. It shares its borders with the state of maharashatra is the third tribal dominated district in eastern Gujarat after the choteudaipur and Tapi districts.

Narmada district has a forest area of 75,704 hectares and has 5.90 lakh tones of dolomite, 52,000 tonnes of fluorite, 90.77 lakh tonnes of sand and 4,000 tonnes of granite. With its rich mining resources, narmada is all set to become one of the highest revenue earning districts in the state. The district will contribute about Rs 20 crore annually to the state treasury only from the mining exploits it has to offer. narmada is also a major hub for dairy and milk production, churning about 1.20 lakh litres of milk daily.

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- **Geography**

Narmada district is located between 22.18' North latitude and 74.08' East longitudes.

➢ <u>Identified Gaps Across all Health Interventions:</u>

- **Migration:** Migration of majority of rural population- intra state migration. Special Plan is to devise in coordination with Regions and State to track these families who are taking health services as per their job location.
- **Socio cultural** practices of tribal population, teenage pregnancy and high birth rate in district. Tribal belts are having high prevalence of **Sickle Cell anaemia traits and diseases**.
- **Hard to reach areas** and hamlets in districts; specially in Naswadi ,Kawant and Chhotaudepur results in delay in service deliveries; specifically in emergency conditions related with health; Poor literacy and core tribal population of the district is associated with low service utilization

- **Human Resource:** Gaps in Specialist Human Resources across the district health facilities results in higher referral rate to nearby districts; knowledge and practices of health staff including front line workers; no district training centres; Gaps in health officers at District Level and high attrition rate in district NHM Staff

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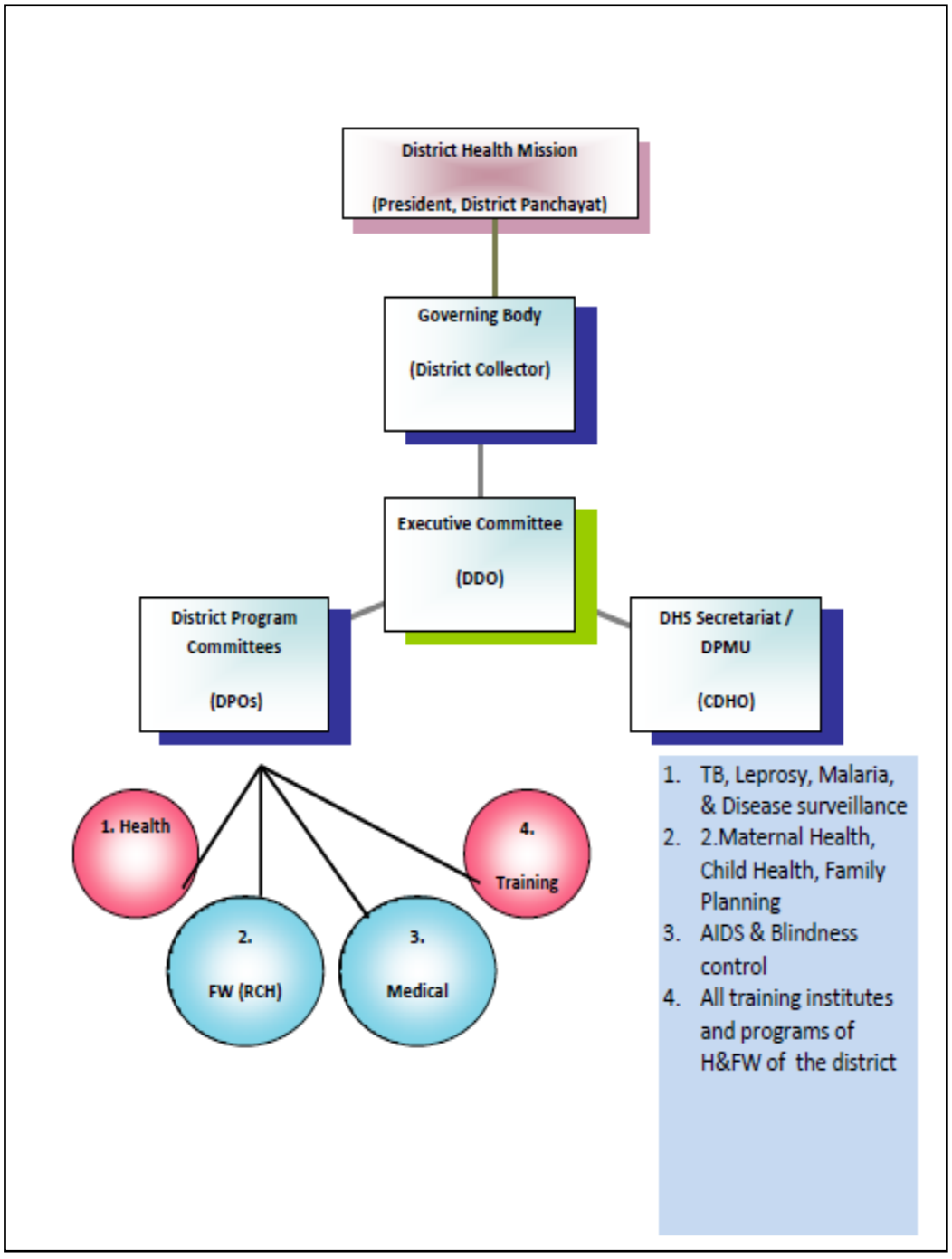
- **Infrastructure:** Lack of Infrastructure of old & newly sanctioned Health Facilities across the district; along with shortage of habitable quarters in facilities.
- **Reporting Units:** Phone and Internet connectivity of reporting units in district and the load of data entry for one primary health centres; dual responsibility of account and data entry of primary health centres' data entry operator

5. Organizational Structure of District Health Society, Narmada District



6. 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 PHC and SC, in general all of them were maintained properly. Having spent lot of money from the untied funds to improve the facility, unfortunately the toilets and sinks were not maintained properly.
- Expired medicines were found in the distribution stock.
- Safe disposal of BMW is not implemented.
- Syringes were recapped and hub cutters were not used.
- Mamta divas sessions held are an example of intersectoral convergence of Health and ICDS.
- Only children were attended during the morning session.ANC is taken up in the afternoon, along with Adolescent girls.
- Height is not measured.
- Counseling is not observed.