Internship at National Health Mission, Gujarat

By

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Introduction

Internship is a part of the second-year program, where we must 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 Urban Program Coordinator at Narmada in Gujarat in Health Department. It deals with preventive and curative health through a chain of Urban Primary Health Center (U-PHC) in urban area of Narmada.

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 54percent 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 251Blocks, having 18618 villages and 242 towns. District Narmada is one of the districts of Gujarat. It has a large three-tier health infrastructure comprising 10 Community Health Centre (CHCs),51 primary Health Centre,363 Subcenter and 7 Urban Health Centre.

(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

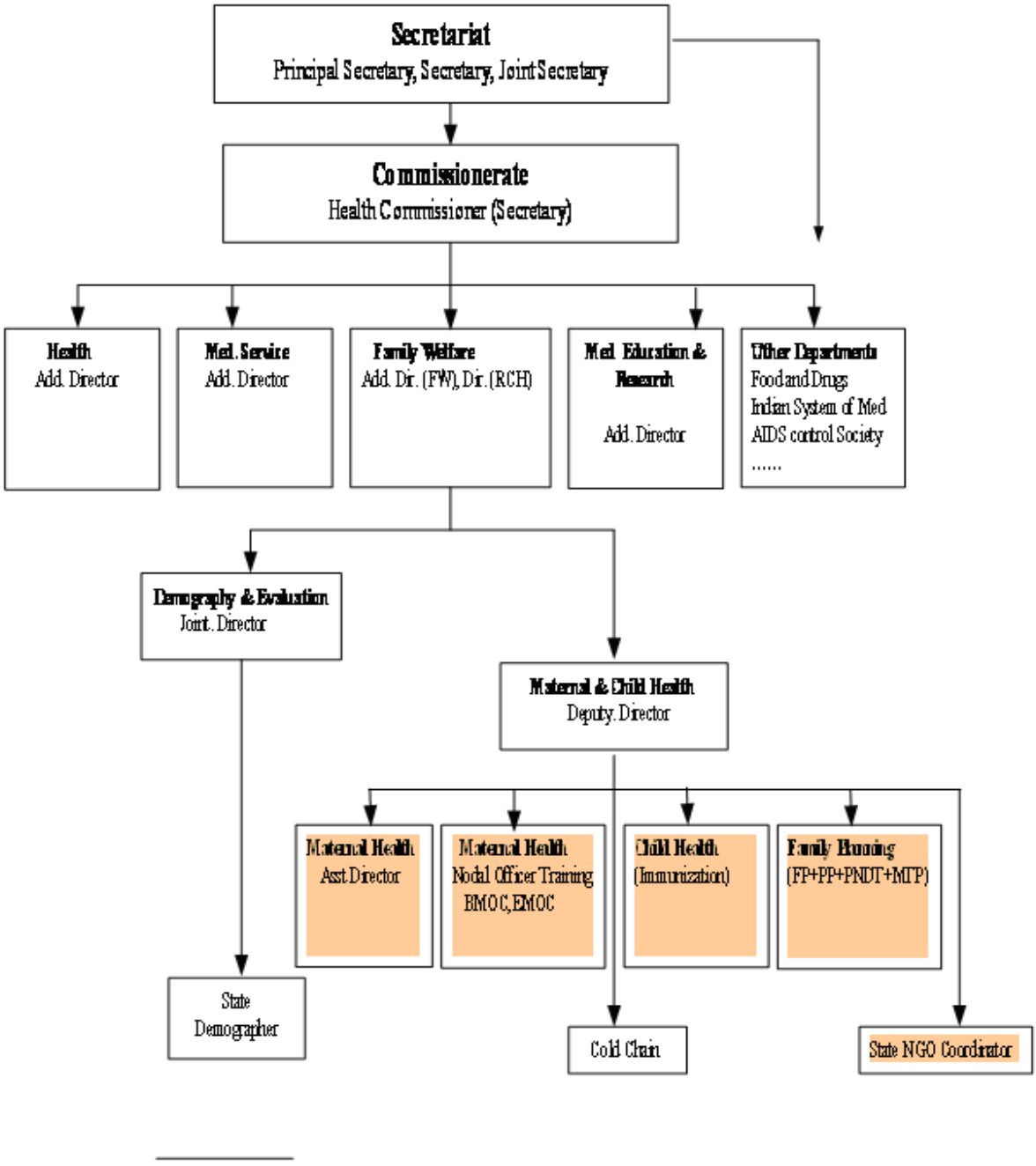
Declined

- ↓ MMR has declined from 160 to 112 (SRS 2013)
- ↓ IMR has declined from 33 (SRS-2015) to 30(SRS-2016) per 1000 live births
- ↓ Total Fertility Rate (TFR) has decreased from 3.0 (NFHS-I) to 2.0 (NFHS-4)
- ↓ Contraceptive use has decreased from 49 (NFHS-I) percent to 46.9 percent (NFHS-4)

Increased

- ↑ Institutional deliveries have increased from 37 (NFHS-I) percent to 88.7 percent (NFHS-4)
- ↑ Antenatal Care has increased from 55 percent (NFHS-3) to 73.9 percent (NFHS-4)

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. It was carved out of the Surat district in 1966 with its headquarters at Narmada town and is the 33th district of Gujarat.
- **Establishment**

The district consists of five blocks namely nandod,sagbara, dediapada, tilakwada and garudeshwar.The district headquarters is located at Rajpipla The district was created to facilitate decentralization and ease of access to government services.

- **Description**

  Narmada was a small town covered with forest, with teak production as a major regional industry. It was a part of regional kingdom before colonial era. It was made a district during the Bombay Presidency era, and was governed under Bombay State during the colonial era, following independence (prior to the creation of the state of Gujarat). Today, Narmada is a town inhabited by Gujarati people. Gujarati is the primary language in and around the town. The main religion followed in the region is Hinduism. Other minority religions include Islam, Christianity, Jainism, Zoroastrian, and Sikhism.

It is bound by Navsari district to the north, Nashik district of Maharashtra state to the east, and Dadra and Nagar Haveli union territory and Palghar district of Maharashtra to the south. The Arabian Sea lies west of the district. The coastal Daman enclave of Daman and Diu union territory is bounded by Narmada district on the north, east, and south. The district's administrative capital is Narmada. The district's largest city is Rajpipla.

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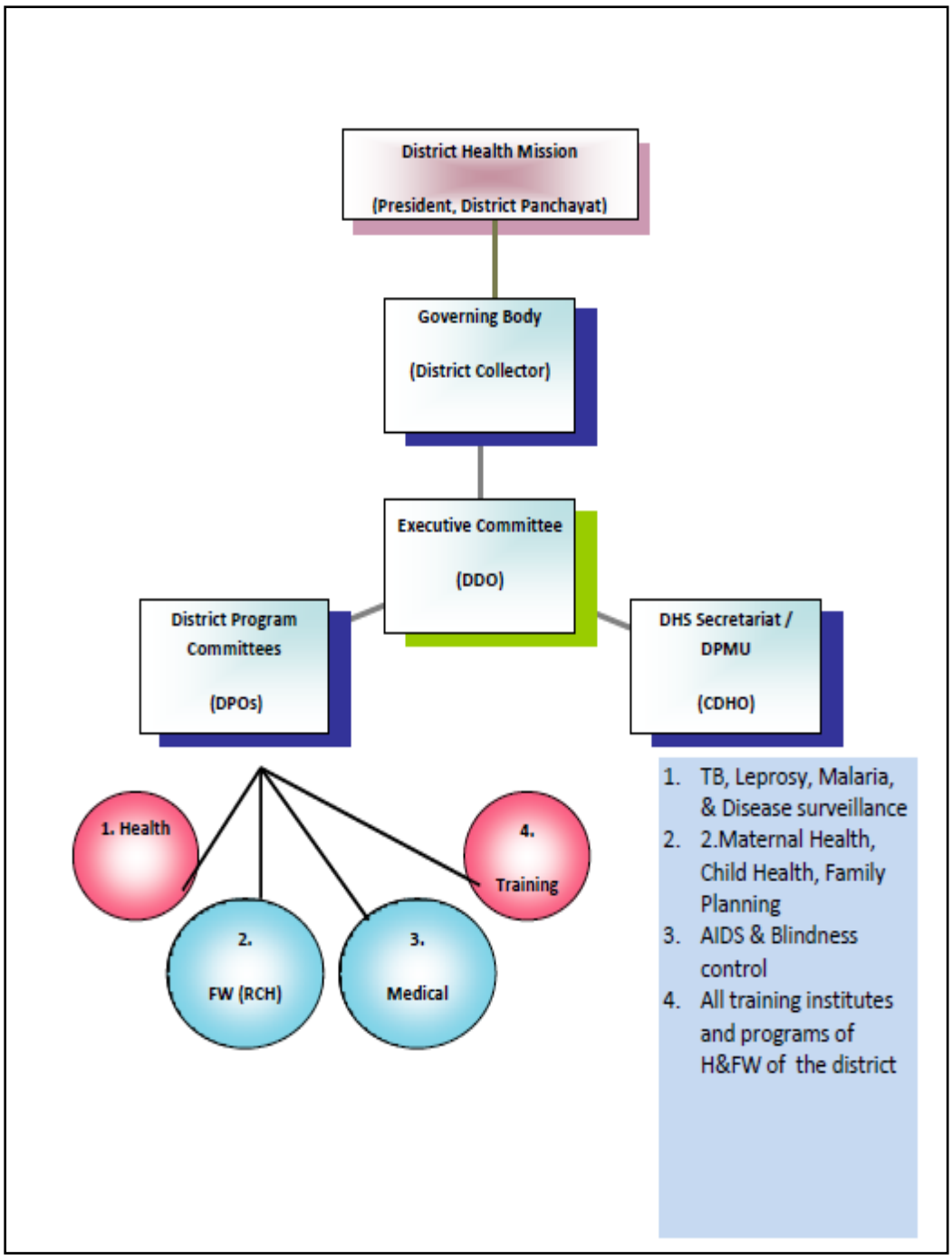
- **Geography**

  Average rainfall – 2000 mm
  Seismic Zone – Zone III
  Major rivers – Damanganga, Paar, Auranga, Kolak, Taan and Maan
  Tithal Beach is a very important tourist attraction of Narmada.[4]
  Wilson Hill in Dharampur is also a tourist attraction.
  It is also contiguous with the Union Territories of Daman and Silvassa. This city's longitude and latitude are 72.98 and 20.54 respectively.

5. Organizational Structure of District Health Society, Narmada District



. 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 U-PHC 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.