Internship at National Health Mission, Gujarat

By

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ACRONYMS/ ABBREVIATIONS

NHM	National health mission
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AWC	Anganwadi Centre
AWW	Anganwadi Worker
BMI	Body Mass Index
ICDS	Integrated Child Development Services
VHND	Village health nutrition day
LMP	Last menstrual period
EDD	Estimated delivery date
SC	Scheduled Caste
ST	Scheduled tribe
OBC	Other Backward Classes
KMC	Kangaroo mother care
STI	Sexually transmitted disease
RTI	Reproductive tract infection
ANC	Antenatal care
PNC	Post natal care
LBW	Low birth weight
PPH	Postpartum haemorrhage
HB	Haemoglobin
BP	Blood pressure
PHC	Primary health centre
CHC	Community health centre
SC	Sub centre
SDH	Sub district hospital
DH	District hospital
MO	Medical officer

PART- I ABOUT THE ORGANIZATION

National Health Mission (NHM)

NHM in India was launched on 12th April 2005, the main purpose was to provide effective healthcare to the rural population especially poor, unprivileged, marginalized and vulnerable groups including women and children, by improving access, enabling community ownership and demand for services, strengthening public health systems for efficient service delivery, enhancing equity and accountability and promoting decentralization. It seeks to provide accessible, affordable and quality health care to the rural population especially the vulnerable section.

The Union Cabinet vide its decision dated 1st May 2013 has approved the launch of National Urban Health Mission (NUHM) as a Sub-mission of an over-arching National Health Mission (NHM), with National Health Mission (NHM) being the other Sub-mission of National Health Mission.

NHM has 6 financing components

- NHM-RCH Flexi pool
- NUHM Flexi pool
- Flexible pool for Communicable disease
- Flexible pool for Non communicable disease including Injury and Trauma
- Infrastructure Maintenance

Family Welfare Central Sector component

Goals of NHM:

- Reduce MMR to 1/1000 live births
- Reduce IMR to 25/1000 live births
- Reduce TFR to 2.1
- Prevention and reduction of anaemia 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 block

NHM GUJARAT:

NHM 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 main focus on the below poverty line families and marginalized and vulnerable sections in rural and urban slum areas.

Department also takes appropriate actions to create adequate educational facilities for medical and paramedical manpower in the state of Gujarat.

VISION :

"**Attainment of universal access to equitable, affordable and quality healthcare 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.

Health Profile of Gujarat State

Total No. of Services in State

Particulars	No. of Services
District Hospitals	23
Sub District Hospitals	36
Community Health Centres	363
Primary Health Centres	1474

Table 1.1. Table showing the total number of health services in the state of Gujarat

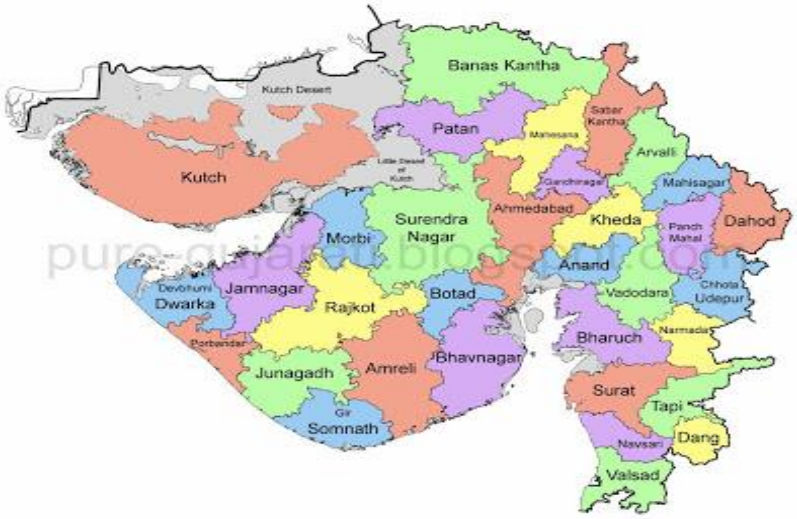


Figure1.1. Figure showing the map of Gujarat

The Total Fertility Rate of the State is 2.3. The Infant Mortality Rate is 38 and Maternal Mortality Ratio is 122 (SRS 2010 - 2012) which are lower than the National average. The Sex Ratio in the State is 919 (as compared to 943 for the country). Comparative figures of major health and demographic indicators are as follows:

Demographic, Socio-economic and Health Profile as compared to India

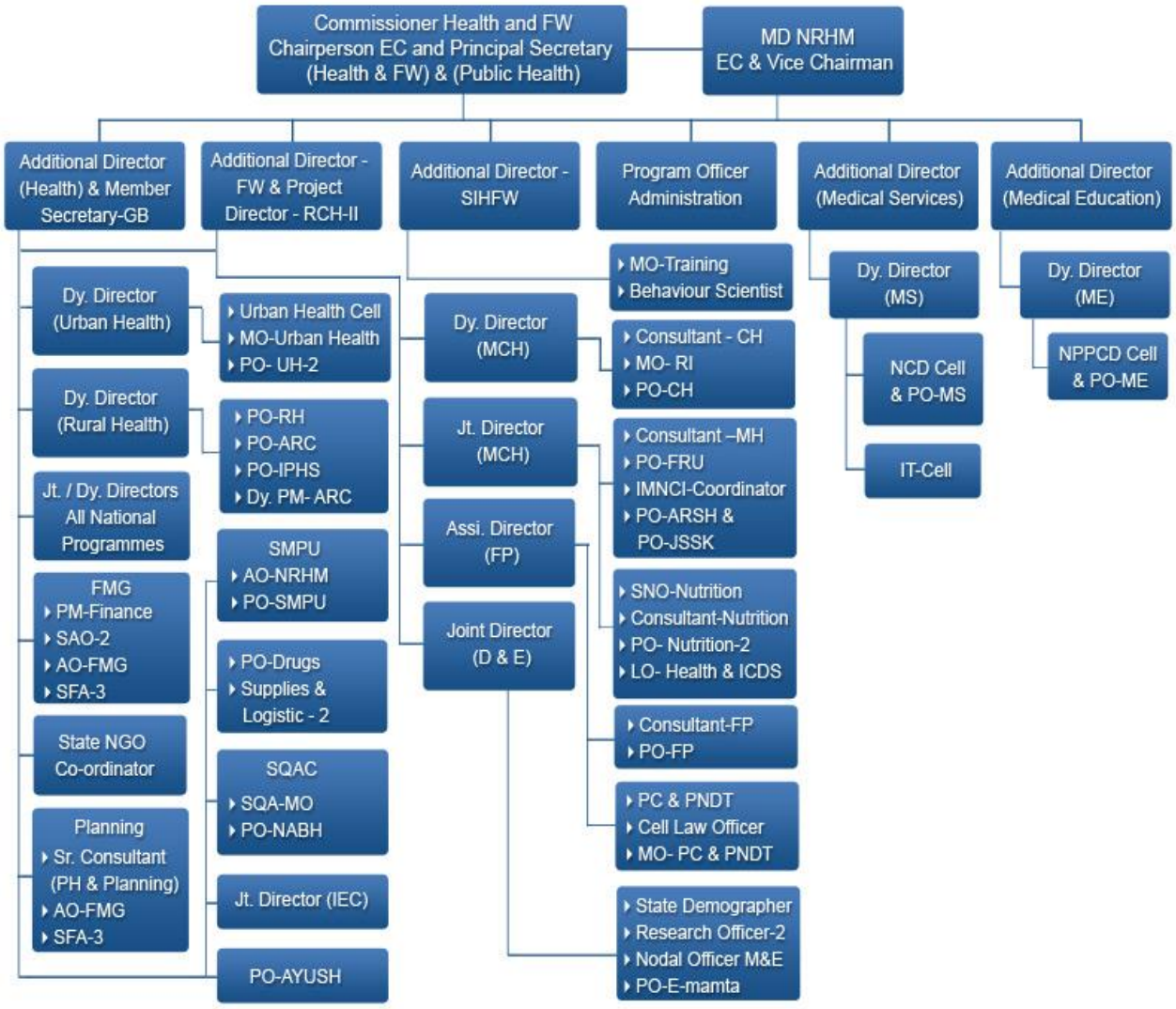
Indicator	Gujarat	India
Total population (In crore) (Census 2011)	6.04	121.01
Decadal Growth (%) (Census 2011)	19.3	17.64
Infant Mortality Rate (SRS 2013)	38	42
Maternal Mortality Rate (SRS 2010-12)	122	178
Total Fertility Rate (SRS 2012)	2.3	2.4
Crude Birth Rate (SRS 2013)	21.1	21.6
Crude Death Rate (SRS 2013)	6.6	7.0
Natural Growth Rate (SRS 2013)	14.4	14.5
Sex Ratio (Census 2011)	919	943
Child Sex Ratio (Census 2011)	890	919
Schedule Caste population (in crore) (Census 2011)	0.40	20.1
Schedule Tribe population (in crore) (Census 2011)	0.89	10.4
Total Literacy Rate (%) (Census 2011)	78.0	73.0
Male Literacy Rate (%) (Census 2011)	85.8	80.9
Female Literacy Rate (%) (Census 2011)	69.7	64.6

Health Infrastructure

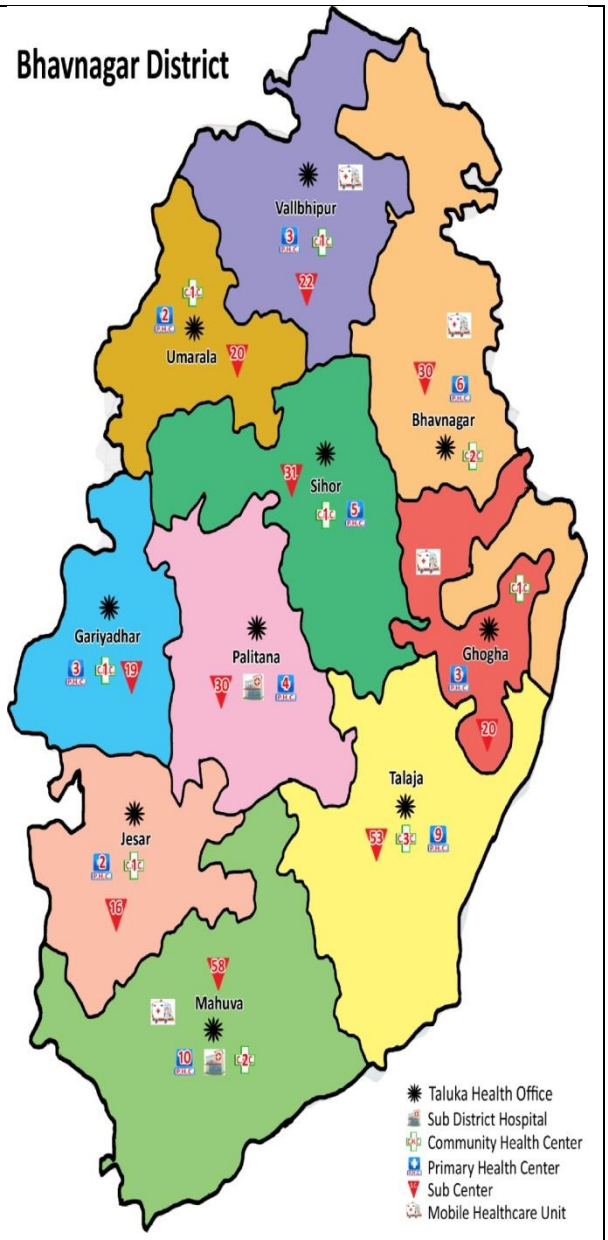
Particulars	Required	In position	shortfall
Sub-centre	9156	7274	1882
Primary Health Centre	1433	1158	275
Community Health Centre	358	300	58
Health worker (Female)/ANM at Sub Centres & PHCs	8432	6431	2001
Health Worker (Male) at Sub Centres	7274	4874	2400
Health Assistant (Female)/LHV at PHCs	1158	875	283
Health Assistant (Male) at PHCs	1158	758	400
Doctor at PHCs	1158	778	380
Obstetricians & Gynecologists at CHCs	318	9	309
Pediatricians at CHCs	318	3	315
Total specialists at CHCs	1272	76	1196
Radiographers at CHCs	318	168	150
Pharmacist at PHCs & CHCs	1476	1428	48
Laboratory Technicians at PHCs & CHCs	1476	1365	111
Nursing Staff at PHCs & CHCs	3384	2705	679

(Source: RHS Bulletin, March 2012, M/O Health & F.W., GOI)
Table 1.3. Table showing Health Infrastructure in state of Gujarat

SPMU Organogram (state programme management unit)



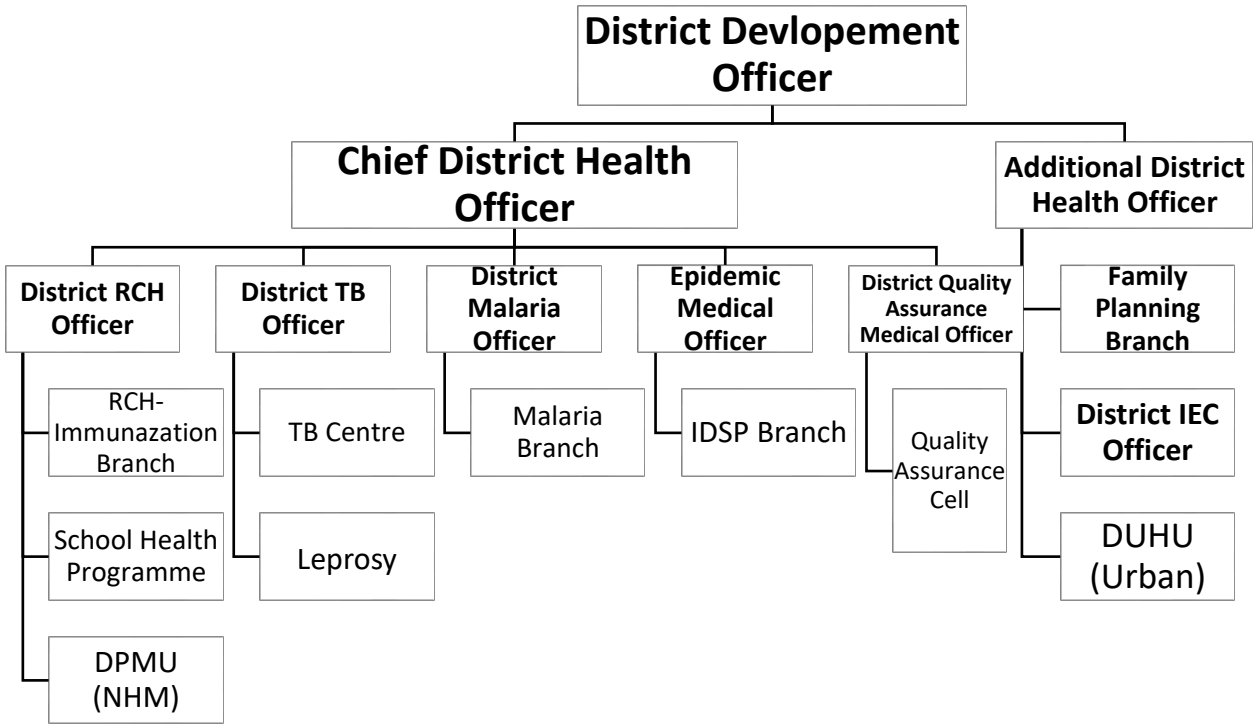
BHAVNAGAR DISTRICT

Department of Health & Family Welfare, Government of Gujarat has created wide network of health and medical care facilities in the state to provides primary, secondary and tertiary health care atthe door step of every citizen of Gujarat with prime focus on BPL families, marginalized population and weaker sections in rural and urban slum areas. Department also takes appropriate actions to create adequate educational facilities for medical and paramedical manpower in the state of Gujarat.	

Demographic Profile Of Bhavnagar

Indicator		**Bhavnagar**
Sex Ratio (Census 2011) age wise	Adult	933
	0-6	891
Population		5.66 lakhs
IMR		30/1000 Live Births
MMR		112/100000 Live Births
No. Of Taluka (Blocks)		10

DEPARTMENT STRUCTURE :



ABOUT ACCREDITED SOCIAL HEALTH ACTIVIST (ASHA):

ASHAs are local women from the community itself who are trained to act as health educators and health promoters in their communities. Their tasks include mobilizing the community for immunization,ANC,PNC, motivating women to give birth in hospitals, encouraging family planning (e.g., surgical sterilization), treating minor ailments and injury with first aid, keeping demographic records, and improving village health & sanitation.ASHAs are also meant to serve as a contact point between the healthcare system and rural populations.

She will act as a primary medical care provider, she carries a drug kit with her in which she has all the basic drugs and consumables for the community like Oral Rehydration Therapy (ORS), Iron Folic Acid Tablet(IFA) , Disposable Delivery Kits (DDK), chloroquine, Oral Pills & Condoms, etc.In addition to the activities already mentioned, ASHA is the provider of DOTS.

ASHA is a resident woman of the village with formal education at least up to the 8^{th} standard. She is selected by the Gramasabha and is accountable to village Panchayat, the general norm of selection is one ASHA per 1000 population. The ASHA is also expected to work with the Anganwadi workers (AWW) to conduct various health activities within the village.

The main roles and responsibilities of an ASHA among the community is to create awareness on health and its social determinants, mobilize the community towards local health planning, increased utilization and accountability of the existing health services. After appropriate training , ASHA becomes capable of advising the community about nutrition, hygiene and sanitation, contraception, mobilizing the community, inform them about the various health services available in their village and emphasize the appropriate utilization of the same. She also counsel women on the importance of safe institutional deliveries and newborn care, importance of exclusive breast feeding, immunization and prevention of infection.

The National rural health mission through its visionary- ASHA is a great step towards realization of the 'health for all' dream. But the success of program such as ASHA depends upon the performance of the health workers. It is therefore necessary that ASHA are equipped to provide preventive, promotive and curative health services.

INTRODUCTION:

The role of female health workers or frontline health workers (FHW) in healthcare delivery system is considered unavoidable to meet up the millennium goal. FHWs work exclusively in community and serve as first contact point of the community, they are connectors between healthcare consumers and service provider to promote health among the marginalized and vulnerable groups of the community. Most programs involve FHWs due to importance of maternal and child health to reduce the MMR and IMR. Improving maternal health has always been an essential element for achieving health for all. One of the key components of the National Rural Health Mission is to provide every village in the country with a trained female community health activist ASHA or Accredited Social Health Activist. Selected from the village itself and accountable to it, the ASHA is trained to work as an interface between the community and the public health system. The role of ASHA in healthcare delivery system is to meet the universal goal of health system. NRHM was launched by the Government of India in 2005 to strengthen the healthcare delivery system. One of the most important components initiated was the introduction of ASHA who act as interface between community and public health system. ASHA is expected to ensure the antenatal, natal and postnatal services to women, counseling on family planning and nutrition, safe abortion, escort or accompany the pregnant female to hospital for institutional delivery, to create awareness on institutional delivery, potential danger signs and complications during pregnancy, delivery and postpartum period and to mobilize the community toward increase utilization of the existing health services.

Since ASHA workers are grass root level workers, the success of NRHM in India depends on how well ASHAs are trained and perform. Hence, it is essential to study if they have adequate knowledge and practices for delivering the maternal health care services to community. At the same time, it is important to address the problems faced by ASHA workers while working in the community to deliver maternal health care services and to study their perception about training component so that suitable modifications and corrective actions can be taken if required. This study was planned to assess the knowledge and practice of ASHA on maternal health specially her knowledge and practice on Ante natal checkups. This study was carried out in one block of Bhavnagar district of Gujarat.