Internship at National Health Mission, Gujarat

By

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1.1 Introduction

Internship training is an integral 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 that we get first hand exposure of the different departments and work done in the organisation and through which we can understand process of work and thereafter be able to involve in decision making.

I am appointed as Regional Program Coordinator – Gandhinagar region, by National Health Mission, Health & family welfare department at Bhavnagar District, Gujarat. The main focus is to provide overall managerial, administrative and financial support for Gujarat Urban Health Project / RCH to be implemented in the district through District Urban Health Society. Assist the Regional Deputy Director in all the matters relating to overall management of human and financial resources under Urban Health Project. Coordinate and liaise with other consultant of the Programme at Central/State/District level, various department of the state government, Ministry of Health & Family welfare, Government of India, State Institute of Health and Family Welfare and other Nodal/Collaborating agencies set up in the field of training etc. Provide managerial support to region and peripheral level Programme support staff and grass root functionaries. Manage human resource including contractual staff under Programme which will include assisting District Urban Health Officer in matters related to posting, transfer, and performance monitoring, training days per contract period etc. Assist District Urban Health Officer in overall financial matters and guide District.Monitor managerial, administrative and financial aspect of Programme in the region. Provide logistic support to contractual and field staff for implementation of RCH-IIAIRHM Programme under NHM. Supervise and assign task to RPMU staff , establish proper monitoring feedback for improvements. He will provide necessary support to technical consultants appointed at state and field level during their field visits. Analyze financial and physical progress report and take corrective measures for improving output. Identify the cause of any unreasonable delay in the achievement of milestones, or in the release of funds and propose corrective action. Provide regular report/feedback on Programme to the RDD of the region. He will take appropriate actions in relation to feedback provided by medical officers/ Programme officers of the district in consultation with RDD. Undertake any other duties assigned to him by RDD and his team. Advise on the further development of the Programme.

1.2 Objective of Internship

(a) To understand the work pattern of Regional Programme Management Unit, and its organizational structure.

(b) The next objective of internship was to learn various managerial and administrative skills needed to work with a government system and to help in effectively implementation of the assigned program 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 region and to propose probable solutions to them.

(d) To coordinate proper functioning of the assigned program.

The key responsibilities undertaken were:

- To lead, support and ensure high coverage and quality of IRS activities through a team of IRS Link Workers.
- Liaise with District Malaria Officer, NVBDCP Consultant, Civil Surgeon to support VL activities and provide Managerial support at district and block level.
- Oversee organization of patient services for VL at PHC/SDH/DH (patient flow, diagnostics, drug supplies, incentives) and co ordinate with the Lab Technician, KTS, BHM, MOIC for the same.
- Enhance the use of Data for program management by health functionaries at district and block level.
- Co ordinate with KTS and MI – for micro planning for IRS, patient follow up and treatment completion records.
- Build Capacity and Strengthen Knowledge Base of Link Workers and Field level workers through training and Mentorship.

1.3 Bhavnagar District

Gandhinagar District is a district of southeastern Gujarat, India, on the Saurashtra peninsula. It is also known as Gohilwar as major portion of Gandhinagar district, in very old times, was ruled by Gohil Rajputs, after whom the entire Gohelwad prant was still named during the British Raj. The administrative headquarters is in the town of Gandhinagar.

1.3.1 Geographical Location

Gandhinagar District covers an area of over 8334 km². The coastal area is mostly alluvium. Gandhinagar borders with Ahmedabad District to the northeast, Botad District to the northwest, the Gulf of Cambay to the east and south and Amreli District to the west.

1.3.2 Administrative Setup

Gandhinagar District is divided into nine talukas : Bhavnagar, Shihor, Umarala, Gariyadhar, Palitana, Mahuva, Talaja, Ghogha and Vallbhipur. There are close to 800 villages in this district.

1.3.3 Health Care Setup

According to NFHS 4:

Teenage pregnancy: 3.6%

Contraception prevalence rate: 34.4%

Unmet need: 20.2%

Institutional births: 93.3%

Fully immunised children: 52.4%

Prevalence of diarrhoea: 5.2%

Prevalence of anaemia in children (6-59 months): 69.2%

Prevalence of anaemia in pregnant women: 53.6%

1.3.4 Demographic profile

Highlights of Census 2011

According to the 2011 census Bhavnagar district has a population of 2,388,291, roughly equal to the nation of Jamaica or the US state of Kansas. This gives it a ranking of 133rd in India (out of a total of 640). The district has a population density of 288 inhabitants per square kilometre (750/sq mi). Its population growth rate over the decade 2001-2011 was 16.53%. Bhavnagar has a sex ratio of 931 females for every 1000 males and a literacy rate of 76.84%.

1.4 About the Organization

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 Flexipool
- NUHM Flexipool
- Flexible pool for Communicable disease

- Flexible pool for Non communicable disease including Injury and Trauma
- Infrastructure Maintenance
- Family Welfare Central Sector component

Within the broad national parameters and priorities, states would have the flexibility to plan and implement state specific action plans. The state PIP would spell out the key strategies, activities undertaken, budgetary requirements and key health outputs and outcomes.

The State PIPs would be an aggregate of the district/city health action plans, and include activities to be carried out at the state level. The state PIP will also include all the individual district/city plans. This has several advantages: one, it will strengthen local planning at the district/city level, two, it would ensure approval of adequate resources for high priority district action plans, and three, enable communication of approvals to the districts at the same time as to the state.

1.5 Programs under NHM:

1.5.1 RMNCH+A

Improving the maternal and child health and their survival are central to the achievement of national health goals under the National Rural Health Mission (NRHM) as well as the Millennium Development Goals (MDG) 4 and 5. In the past seven years, innovative strategies evolved under the national programme to deliver evidence-based interventions to various population groups.

A substantial increase in the availability of financial resources for Reproductive and Child Health (RCH), healthcare infrastructure and workforce as also the expansion of programme management capacity since the launch of NRHM in 2005 provides an important opportunity to consolidate all our efforts. As we inch closer to 2015, there is an opportunity to further accelerate progress towards MDG and redefine the national agenda to come up with a coordinated approach to maternal and child health in the next five years.

In order to bring greater impact through the RCH programme, it is important to recognise that reproductive, maternal and child health cannot be addressed in isolation as these are closely linked to the health status of the population in various stages of life cycle. The health of an adolescent girl impacts pregnancy while the health of a pregnant woman impacts the health of the newborn and the child. As such, interventions may be required at various stages of life cycle, which should be mutually linked. And hence, on the basis of available data and the

close inter-linkages between different stages of life cycle emerged a need to introduce RMNCH + A strategy.

Programmes under RMNCH + A

- Maternal Health
- Child Health
- Nutrition
- Family Planning
- Safe Abortions
- Urban RCH
- Rural Health
- ARSH (Adolescent Reproductive and Sexual Health)
- RBSK (Rashtriya Bal Swasthya Karyakram)
- Training & Capacity Building /SIHFW
- Programme Management
- Vulnerable Groups

1.5.2. NUHM

The Government of India has launched the National Urban Health Mission (NUHM) as a sub-mission under the National Health Mission (NHM), the National Health Mission (NHM) being the other sub-mission.

NUHM seeks to improve the health status of the urban population particularly slum dwellers and other vulnerable sections by facilitating their access to quality health care. NUHM would cover all state capitals, district headquarters and other cities/towns with a population of 50,000 and above (as per census 2011) in a phased manner. Cities and towns with population below 50,000 will be covered under NRHM. These guidelines are used to enable the states and Union Territories to prepare the Programme Implementation Plans (PIP) for 2013-14 under the NUHM and are to be read in conjunction with the NUHM Framework for Implementation

Key Features

- Creation of service delivery infrastructure
- Outreach
- Targeted interventions for slum population and the urban poor
- Public Private Partnerships
- Role of Urban Local Bodies

- Funding/budget mechanism
- Convergence
- Other Aspects

1.5.3. Routine Immunization Gujarat

Immunization is one of the most cost effective public health interventions as vaccines avert both morbidity and mortality. RI program has five major components including.

- Vaccination
- Monitoring of vaccination coverage
- Surveillance of vaccine preventable diseases
- Reporting of adverse event following immunization and
- Training

Immunization program of Gujarat has undergone significant changes in recent years which includes new policy environment (National Rural Health Mission), New Vaccine (e.g. Second measles dose, Introduction of Hepatitis B Vaccine in entire State), Measles SIA in all districts & corporations. Gujarat State has already introduced Pentavalent-Vaccine by January 2013, a new technique to solve old problems (e.g. Injection safety), new technologies for Vaccine delivery (DLIMS) and Cold Chain, Cold Chain Strengthening (NCCMIS), Skill building for vaccination, AEFI (Adverse Events following Immunization), Cold Chain maintenance and Supervision and Monitoring and effective child tracking with ICT based e-Mamta.

1.5.4. National Disease Control Program

It includes programs for both communicable and non communicable diseases.

Programs under communicable diseases include:

- NVBDCP
- RNTCP
- NLEP
- IDSP

Programs under Non communicable disease include:

- NPPCD
- NPCB
- NPCDCS
- National program for healthcare of elderly people

1.6 Project worked on:

The National Urban Health Mission (NUHM) as a sub-mission of National Health Mission (NHM) has been approved by the Cabinet on 1st May 2013.

NUHM envisages to meet health care needs of the urban population with the focus on urban poor, by making available to them essential primary health care services and reducing their out of pocket expenses for treatment. This will be achieved by strengthening the existing health care service delivery system, targeting the people living in slums and converging with various schemes relating to wider determinants of health like drinking water, sanitation, school education, etc. implemented by the Ministries of Urban Development, Housing & Urban Poverty Alleviation, Human Resource Development and Women & Child Development.

NUHM would endeavour to achieve its goal through:-

i) Need based city specific urban health care system to meet the diverse health care needs of the urban poor and other vulnerable sections.

ii) Institutional mechanism and management systems to meet the health-related challenges of a rapidly growing urban population.

iii) Partnership with community and local bodies for a more proactive involvement in planning, implementation, and monitoring of health activities.

iv) Availability of resources for providing essential primary health care to urban poor.

v) Partnerships with NGOs, for profit and not for profit health service providers and other stakeholders.

NUHM would cover all State capitals, district headquarters and cities/towns with a population of more than 50000. It would primarily focus on slum dwellers and other marginalized groups like rickshaw pullers, street vendors, railway and bus station coolies, homeless people, street children, construction site workers.

The centre-state funding pattern will be 75:25 for all the States except North-Eastern states including Sikkim and other special category states of Jammu & Kashmir, Himachal Pradesh and Uttarakhand, for whom the centre-state funding pattern will be 90:10.The Programme Implementation Plans (PIPs) sent by the by the states are apprised and approved by the Ministry.

1.7 Organizational Structure of NUHM:

Figure 1.1 - Organogram of NUHM

1.8 Departments visited

IDSP: The department of IDSP is established at District Panchayat.

The disease surveillance system which was initiated in Kutch district after the earthquake (2001) was later expanded to cover entire state by the help of GOG and EC. Government of India launched Integrated Diseases Surveillance Project on 8th November 2005. The Gujarat State is front runner in implementation of IDSP. State has successfully developed web based weekly surveillance system capable of forecasting an epidemic. Analysis of weekly surveillance data on regular basis, providing feedback to reporting units and early actions by reporting units has lead containment of diseases ultimately reducing mortality and morbidity. Before the IDSP was established, the disease surveillance data was being collected on monthly basis thus, there was no system of ongoing surveillance in the state and because of that the system of early warning signal was no existing.

The mortality and morbidity due to communicable diseases have drastically reduced in Gujarat state over last few years. This is evident from the weekly surveillance data collected, compiled and analyzed under Integrated Disease Surveillance Project implemented in the state since year 2005.

NVBDCP: The department of NVBDCP is established at District Panchayat.

NVBDCP is implemented in the State since2004, and previously the programme was known as National Anti Malaria Programme. Since implementation of NVBDCP all Vector Borne diseases have been bought under its ambit, so that preventive and control measures can be implemented effectively by optimally utilizing the resources.

RNTCP: The department of RNTCP is established at District Hospital (Sir. T Hospital, Bhavnagar).

Tuberculosis (TB) is an infectious disease caused by Mycobacterium Tuberculosis bacteria. It spreads through air when a person suffering from tuberculosis cough, sneeze or spit. TB remains to be major public health problem in India. TB control efforts are initiated countrywide since 1962 with inception of National TB Control Programme. The programme was reviewed and revised strategy was pilot tested in 1993. The Revised National TB Control

Programme (RNTCP) was launched in 1997 with implementation of Directly Observed Treatment, Short Course Strategy. The DOTS strategy is based on five components:

- Political and administrative commitment
- Good quality diagnosis, primarily by sputum smear microscopy
- Uninterrupted supply of quality drugs
- Directly observed treatment (DOT)
- Systematic monitoring and accountability

1.9 Activities undertaken

At field:

- Facility assessment of UPHCs
- Conducted meeting with FHWs and ASHA at UPHCs.
- Ensuring the basic amenities to be available at UPHCs.
- Follow up on drug stocks as a whole.
- Visited MAMTA sessions on every Monday at UPHC and Wednesday at AWC sites.
- Appointed as a liasioning officer of the block- Jesar.
- Was given Liasioning charge in National Immunization Day (NID) Polio round 2 for three days. Responsibility of monitoring and evaluation of the entire program.

At district Level:

- Monthly reporting of several programs to state. Assisting and guiding M&D for proper collection and filling of data.
- Monitoring the budget expenditure.
- Recruitment of the staff.
- Continuous monitoring of HMIS and e MAMTA software and instructing responsible person to do entry of the work performed.
- Attended the entire review meeting held at district level like governing body, executive body, MO-THO.
- Proposing the strategies for improvements of urban health.
- Conducting meeting of entire urban staff for reviewing their performances and assisting them in improving their performances.

2.0 Observations:

2.1. Impediments:

All the work performed in district and state like meetings, letters, mail and conversation takes place in Gujarati. Therefore it was difficult to understand and communicate in starting days.