Internship
At
National Health Mission,
Commissionerate of Health,
Gujarat

Submitted By
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Post Graduate Diploma in Hospital & Health Management
2012-2014

Institute of Health Management Research,
Jaipur
2014

DISSERTATION REPORT

1. Introduction-

Internship is an integral part of the second year of the two year's Postgraduate Diploma in Hospital and Health Management (PGDHM) program, where it is expected to observe and learn the work culture and skills of organization. Also it is necessary to participate in various departmental activities in order to get oriented with different departments which give first hand information and exposure about them. Internship is the process, through which it becomes easier to understand the work process and thereafter be able to involve in decision making.

I have been appointed as **State Project Officer- Maternal Health** in National Rural Health Mission, Commissionerate of Health, Gandhinagar, Government of Gujarat. The Maternal Health programme comes under the Reproductive and Child Health (RCH) programme under the Family Welfare Mission of the NRHM.

The programme includes framing and formulating policies, planning and implementing different programmes under it for maternal health and survival ultimately leading to reduction in Maternal Mortality Ratio of the state which finally helps to achieve the MDG goal number Five.

2. Objective of Internship-

- To understand the structure and operations of the organization.
- To learn various managerial and administrative skills needed to work in a government system.
- To ensure effectively implementation of Maternal Health programmes in the State.
- To identify existing gaps in human resource, service delivery quality, analysis and implementation of Maternal Health programmes in the State.

3. Key learning during internship

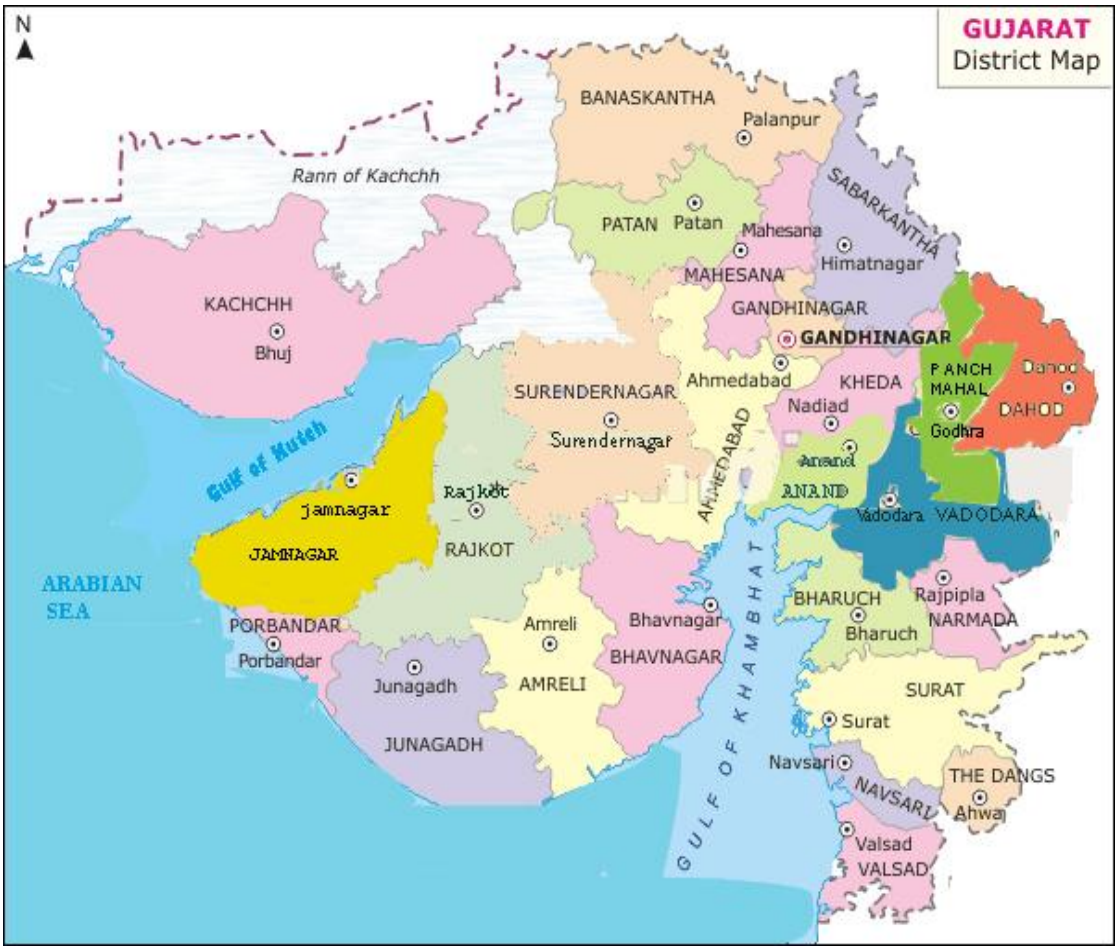
- Learning of implementation and monitoring of Maternal Health programmes running under National Rural Health Mission.
- In depth understanding of the Maternal Death Review, Obstetric ICU, tracking of severe anaemic mother, JSY and JSSK etc.
- Understanding of the organizational culture and functions of NRHM Gujarat.
- Understanding of various PPP initiatives running in Gujarat for Maternal health.
- Meeting key resource persons from different developmental partners.
- Attending review meetings, workshops and seminars related to Maternal Health in Gujarat.

4. Topic

The topic chosen for dissertation to be done at Commissionerate of Health, Gandhinagar, Gujarat is *"Assessment of the Knowledge Attitude and Practice (KAP) amongst Staff Nurses (SN)/ Female Health Workers (FHW) who have been trained for Active Management of Third Stage of Labour (AMTSL)"*

GUJARAT STATE

Figure 1- Political map of Gujarat



Gujarat state is located in the western part of India and has an area of 196,022 sq. km which represents about 6.19 percent of the total area of the country. The state has a population of 6.03 crores (2011 Census), which is nearly five 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 as 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, tribes and women, are generally unable to access reliable and cost effective Healthcare services. The state has 26 districts and has a total 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 Kilometers. About 44,87,752 persons live in 36 coastal talukas.

Administratively, the state has been divided into 26 districts, sub-divided into 248 Blocks, having 18618 villages and 242 towns. It has a large three-tier health infrastructure comprising 26 district hospitals, 30 Sub-District hospitals, 273 Community Health Centre (CHCs), 1073 Primary Health Centre (PHCs) and 7274 Sub-Centres (SCs). As per RHS 2010, 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.html)

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 undertaken several 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 health of people of Gujarat.

Table 1- GUJARAT STATE PROFILE- CENSUS 2011

1	**Area in sq km**		196204 sq km
2	**Total Population**		
	Persons		60439692
	Males		31491260
	Females		28948432
3	**Decadal Population Growth 2001-2011**		
	Absolute		9712611
	Percentage		19.17% (National average 17.64)
4	**Population Density (per sq km)**		308 (National average: 382)
5	**Sex Ratio**		919
6	**0-6 years Population**		
		Absolute	**Percentage to Total Population**
	Persons	7494176	12.41%
	Females	3519890	12.18%
	Males	3974286	12.62%
7	**Literacy**		
		Absolute	**Rate**
	Persons	41948677	79.31%
	Males	23995500	87.23%
	Females	17953177	70.73%

Source-Census 2011

STATE HEALTH SOCIETY- GUJARAT

State Health Society, Gujarat came into existence after NRHM was launched. It is the head body in the state for NRHM functioning in Gujarat. It is headed by Mission Director who reports to the Principal Secretary Health-cum-Commissioner of Health, Government of Gujarat. This body is meant for providing the needed health care benefits to the people of Gujarat by guiding its functionaries towards receiving, managing, disseminating and account for the funds and the state specific programmes and instruction as per guidance from the Ministry of Health & Family Welfare, Government of India.

As per decision of GoG the state health society functions as resource centre in making any policies, developing operational guidelines, collaboration with developing partners, NGO's, Public private partnership, district wise fund disbursement, Human resource recruitment, infrastructure development, procurements of drugs and instrument.

State health society have different department for proper functioning of programmes headed by State Programme Officers, the department includes– Reproductive and Child Health, Planning, Monitoring and Evaluation, Infrastructure and Accreditation, Disease control and Surveillance, Training and Institutional Strengthening , Finance, Procurement, Administration, Additionalties.

It organizes training, meeting, conferences, policy review studies / surveys, workshops and inter-state exchange visits for deriving inputs for improving the implementation of NRHM in the Gujarat.

State health society is committed towards promoting the right of every citizen to enjoy a healthy life. Society is targeting to make health care accessible to the public by meeting the unmet demands of target population and assuring equal and responsive quality services.

NATIONAL RURAL HEALTH MISSION

The idea of Health programs in India was initiated in 1940 when the British Government in India set up " Bhore Committee" (also known as Health Survey & Planning Committee) headed by Sir Joseph Bhore. The committee submitted its recommendations in 1946 with elaborate planning for health services delivery in India to find out the ways to improve the health of people. This was followed by number of other committee & programs like Balwant Rai Mehta Committee, Community Development program, Basic Need program etc. These attempts were only partially successful in changing health scenario in country, and then government started understanding reasons for previous programs failures & then come up with NRHM to change the health condition in the country.

The National Rural Health Mission (NRHM) was launched by Hon'able Prime Minister of India on 12th April 2005, to provide **accessible, affordable & accountable** quality health services to rural population throughout the country. The mission aims to expedite achievements of policy goals by facilitating enhanced access and utilization of quality health services, with an emphasis on addressing equity and gender dimension. The National Rural Health Mission seeks to provide effective healthcare to rural population throughout the country with special focus on 18 states, which have weak public health indicators and/or weak infrastructure. These 18 States are Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Himachal Pradesh, Jharkhand, Jammu & Kashmir, Manipur, Mizoram, Meghalaya, Madhya Pradesh, Nagaland, Orissa, Rajasthan, Sikkim, Tripura, Uttaranchal and Uttar Pradesh. The Mission is an articulation of the commitment of the Government to rise public spending on Health from 0.9% of GDP to 2-3% of GDP. It aims to undertake architectural correction of the health system to enable it to effectively handle increased allocations as promised

under the National Common Minimum Program and promote policies that strengthen public health management and service delivery in the country. It has as its key components provision of a female health activist in each village; a village health plan prepared through a local team headed by the Health & Sanitation Committee of the Panchayat; strengthening of the rural hospital for effective curative care and made measurable and accountable to the community through Indian Public Health Standards (IPHS); and integration of vertical Health & Family Welfare Program and Funds for optimal utilization of funds and infrastructure and strengthening delivery of primary health care.

Vision:

- ✓ It seeks to revitalize local health traditions and mainstream AYUSH into the public health system.
- ✓ It aims at effective integration of health concerns with determinants of health like sanitation & hygiene, nutrition, and safe drinking water through a District Plan for Health.
- ✓ It seeks decentralization of programs for district management of health.
- ✓ It seeks to address the inter-State and inter-district disparities, especially among the 18 high focus States, including unmet needs for public health infrastructure.
- ✓ It shall define time-bound goals and report publicly on their progress.
- ✓ It seeks to improve access of rural people, especially poor women and children, to equitable, affordable, accountable and effective primary healthcare.

Goals of NRHM:

- ✓ Reduction in Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR)
- ✓ Universal access to public health services such as women health, child health, water, sanitation & hygiene, immunization, and Nutrition.
- ✓ Prevention and control of communicable and non-communicable diseases including locally endemic diseases
- ✓ Access to integrated comprehensive primary healthcare
- ✓ Population stabilization, gender and demographic balance.
- ✓ Revitalize local health traditions and mainstream AYUSH
- ✓ Promotion of healthy lifestyles

Key Initiatives in NRHM:

- ✓ Accredited Social Health Activist (ASHA).
- ✓ Strengthening Multi Purpose Workers (MPWs).
- ✓ Health Plan for each village through Village Health Committee of the Panchayat.
- ✓ Preparation and implementation of an inter sector District Health Plan prepared by the District Health Mission, including drinking water, sanitation, hygiene and nutrition.
- ✓ Strengthening HSCs & PHCs.
- ✓ Provision of 30-50 bedded CHC per lakh population for improved curative care to a normative standard.
- ✓ Inter Sectoral Convergence - Capacity Building & strengthening of Panchayati Raj Institutions (PRIs).

Health Issues in Gujarat:

- ✓ High Maternal Mortality ratio, High Infant Mortality Rate & High fertility rate.
- ✓ Deteriorated Sex ratio, Low coverage of Immunization.
- ✓ High level of malnutrition among children of age 0-6 years, High levels of Anemia among children, adolescent girls and pregnant women, Very low coverage for Vitamin A and salt Iodisation (15 ppm & above).
- ✓ Substantial gaps in essential requirements in terms of manpower, equipment, drugs and

  Consumables in the primary health care institutions.
- ✓ Substantial gaps in health facility at sub- centre, primary health centre, community health centre & other health facilities also.

At the same time NRHM is facing some current challenges & issues as: Monitoring of programme, Capacity Building, Human resources, Waste Management, Infrastructure management, Inter sectoral-Convergence. As there are huge need & challenges to make improvement in health status of Bihar so NRHM plays an important role. ASHA Program, VHSND and District Health Planning have been undertaken by the State in a focused manner. This encourages decentralization and community participation, convergence and improved accountability of health systems at the grass root levels. In order to improve the status of health some of key interventions planned under NRHM are as follows:-

A. Maternal Health & Child Health :

- ✓ Maternal Health (ANC, JSY, MCH Centres, FRU Operationalisation)
- ✓ Janani Shishu Suraksha Karyakaram (JSSK)
- ✓ Family Planning services
- ✓ Maternal Death Audit (MDR)
- ✓ Child Health (IMNCI, HBNC, FBNC)
- ✓ Nutrition Rehabilitation Centre (NRC)
- ✓ RBSK
- ✓ Routine Immunisation & Pulse Polio

B. Few Others Areas :

- ✓ ASHA
- ✓ Village Health Sanitation & Nutrition Day (VHSND) & Village Health Sanitation & Nutrition Committee (VHSNC).
- ✓ District Health Action Plan
- ✓ Referral Transport & MMU
- ✓ GMSCL
- ✓ HMIS, DHS2, HRIS & MCTS
- ✓ Promotion of PPP initiatives with NRHM.

As Gujarat is a state with not very effective indicators, hence understanding the health scenario & its challenges, GoG launched NRHM with varieties of programs to improve the health status and to reduce morbidity and mortality rates. These programs broadly cover the whole health aspect and some of the programs are: JBSY, JSSK, RBSK, Anemia Control Program, Blindness Control Program, Vitamin – A Supplementation Program, Routine Immunization, NCD etc.

MATERNAL HEALTH

Maternal Health is vital component of health systems and refers to the health of women during pregnancy, childbirth and the postpartum period. Motherhood is often a positive and fulfilling experience, whereas for too many women it is associated with suffering, ill-health and even death. Maternal Health is important to communities, families and the nation due to its profound effects on the health of women, immediate survival of the newborn and long term well-being of children, particularly girls and the well-being of families.

Fifth Indicator of Millennium Development Goal (MDG) is reduction of Maternal Mortality Ratio. Reducing maternal mortality has arrived at the top of health and development agenda. To achieve the Millennium Development Goal of 75% reduction in the Maternal Mortality Ratio between 1990 and 2015, countries throughout the world are investing huge amount of energy and resources in providing equitable, adequate maternal health services. This requires a focused attention, as current MMR for the year 2010-12 (SRS) is 122 per 100000 live births. Therefore, focused interventions within ongoing maternal health program through sustenance of the strategies have been suggested for ensuring the progress towards the goal.

Though National Rural Health Mission has led to substantial investment and attention in revitalizing public health systems with strengthening of community process, increase in deployment of skilled human resource and improved management and decentralized planning. More work is being undertaken to provide quality services to the person coming to the healthcare facility with the main ideology of customer satisfaction with improvement in service delivery standards. The challenge for the State in Maternal Health is to sustain and improve the acceleration in maternal health indicators, reduction in Maternal Mortality Ratio, improvement of service delivery and other deliverables which are essential for the improvement of everything about maternal health especially the Maternal Mortality Ratio in the years to come.

Maternal Health Objectives:

1. To reduce Maternal Mortality Ratio by 60 by the year 2017.
2. To increase the Early ANC registration to 80% by 2013.
3. To increase the Full ANC coverage to 55% by 2013.
4. To increase the 3 ANC visits to 80% by 2013.
5. To increase institutional deliveries to 95% by 2013.
6. To increase coverage of post partum care to 95 % by 2013.
7. To increase access to Emergency Obstetric Care for complicated deliveries through strengthening of FRUs.
8. To increase access to early and safe abortion services
9. To ensure the Maternal Death audit of all Maternal Deaths.
10. To ensure JSSK entitlements in all Govt. institutions deliveries.

KEY LEARNING DURING INTERNSHIP

- Learning of implementation and monitoring of Maternal Health programmes running under National Rural Health Mission.
- In depth understanding of the Maternal Death Review, Obstetric ICU, tracking of severe anaemic mother, JSY and JSSK etc.
- Understanding of the organizational culture and functions of NRHM Gujarat.
- Understanding of various PPP initiatives running in Gujarat for Maternal health.
- Meeting key resource persons from different developmental partners.
- Attending review meetings, workshops and seminars related to Maternal Health in Gujarat.

- Overseeing effective implementation of Maternal Health Programs in the State e.g. MDR, JSSK, JSY, Chiranjeevi Yojana, Mamta Abhiyan, Mamta Ghar etc.
- Participated in strategies planning for RMNCH+A at state level.
- Preparation of State Health Action Plan for Maternal Health.
- Assist Regional and District Program Coordinators to prepare maternal health component of Regional and District Health Action Plan.
- Monitoring Progress of High Priority Districts under RMNCH+A.
- Performance monitoring of Functional Delivery Points, First Referral Unit and 24X7 PHC.
- Analysis of HMIS data for performance measurement of District and to provide regular feedback.
- Monthly and quarterly reporting of different maternal health i.e. Functional delivery points, Maternal Death Review, FRU, 24X7 PHC progress report.
- Providing technical, strategic & management vision for the project
- Have to develop & update state related monthly/ Annual work plan
- Have to prepare monthly & quarterly narrative programmatic & financial reports
- Have to monitor the programme progress & achievement as per the goals and objectives set out at the beginning of the project.
- Have to establish/strengthen relationship with Govt. & partners/stake holders for project implementation.
- Have frequently organized, coordinated & facilitated training, workshops activities for the service providers.

- Have to monitor programmatic & financial compliances in relation to project activities as per pre-approved work plans.
- Have to supervise & support M & E Officers for data collection activities & verification as well as documentation, case study & success story.
- Supervise & support any other field staff or technical staff for result based on performance at the State/ Dist level.
- Assist Additional Director-Family Welfare in effective management of financial resources under Maternal Health as per Project Implementation Plan (PIP).
- Analysis of physical and financial progress reports of maternal health and take corrective measures to improve output.