Internship
At
District Program Management Unit, district Kheda
under
National Rural Health Mission, Government of Gujarat
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Submitted By
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Dr. Kajal Chauhan

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List of Abbreviations

ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
BPL	Below Poverty Line
CDHO	Chief District Health Officer
CHC	Community Health Centre
DDO	District Development Officer
DH	District Hospital
DPMU	District Program management Unit
DPO	District Program Officer
HBNC	Home Based Newborn Care
IEC	Information Education and Communication
IMR	Infant Mortality Rate
LBW	Low Birth weight
LHV	Lady health Visitor
MMR	Maternal Mortality Ratio
NABH	National Accreditation Board for Hospital/ Healthcare.
NRHM	National Rural Health Mission
PCM	Paracetamol
PHC	Primary Health Centre
RCH	Reproductive and Child Health
SC	Sub Centre
SPSS	Statistical Package for Social Science
UNICEF	United Nation Children Fund
WHO	World Health Organisation

INTERNSHIP REPORT

1. Introduction

Internship is a part of the second year program at PGDHM , 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 had been appointed as the District Program Coordinator in district Kheda at the office of the District program management Unit (Department of RCH). It deals with maternal and child health through a chain of PHCs (Primary Health Centre) and Sub centres in the villages.

1. Objective of Internship

a) To understand the work pattern of District Health Society and its organizational structure.

b) 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 coordinate proper functioning of various programmes running in the district.

d) To identify existing gaps in human resource, service delivery quality, data collection, analysis and implementation of health programmes in the District .

2. State Profile

Gujarat state is geographically seventh largest state in India, 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.

Administratively, the state has been divided into 26 districts, sub-divided into 225 Blocks, having 18618 villages and 242 towns. It has a large three-tier health infrastructure comprising 24 district hospitals, 273 Community Health Centre (CHCs), 1158 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.

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.

4. Key RCH indicators :

a) MMR :

Table No # 1 : MMR comparison

	SRS, 2007 – 2009	**SRS, 2010- 2011**
India	212	178
Gujrat	148	122

b) IMR :

Table No.# 2 : IMR Comparison

	SRS , 2010	**SRS,2011**	**SRS, 2012**
India	47	44	42
Gujrat	44	41	38

c) Total fertility Rate:

Table No.# 3 TFR Comparison

	SRS , 2005	**SRS, 2011**
India	2.9	2.4
Gujrat	2.8	2.4

5. District Kheda (An Overview)

Historical Background:

The District of Kheda existed from the foundation day of Gujarat State. The division of Districts and Talukas in October 1997–1998 let to the foundation of Anand District. Kheda was the main Headquarters of the District during the time of the division. After the division, Nadiad was made the new headquarter.

Mahatma Gandhi had started his first 'satyagraha' movement upon his return from South Africa at nowhere else but in the district of Kheda and had resided in the alms-house of Nadiad.

Location:

Located on 22 and 42 latitudes and 72 and 52 longitudes, this town is a well-known junction on the western Indian railway lines of Ahmedabad-Mumbai;Nadiad-Kapadvanj and Nadiad–Bhadran.

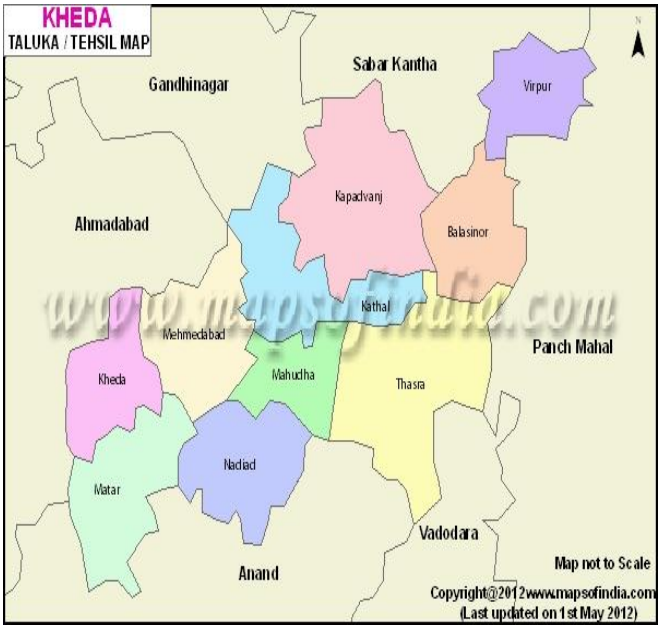
Boundaries of District Kheda:

North: Gandhinagar District and Sabarkantha District, Gujarat
South: Anand District and Vadodara District, Gujarat

East: Panchmahal District, Gujarat

West: Ahmedabad District, Gujarat

Map of District Kheda:



6. Demographic Profile:

Table # 4 : Demographic profile of District Kheda

District Kheda			
Characteristic		**2001(census)**	**2011(census)**
Population	**Total**	2024216	2299885
	Rural	1617766	1776276
	Urban	406450	523609
Proportion of Rural Urban Population	**Rural**	80.06	77.24
	Urban	19.94	22.76
Density of Population		479	541
Sex Ratio	**Total**	923	940
	Rural	923	941
	Urban	923	935
Child Sex Ratio (0-6 year)	**Total**	876	887
	Rural	882	894
	Urban	844	859
Literacy Rate	**Total**	71.90	84.31
	Rural	69.13	83.14
	Urban	82.60	88.21
Literacy Rate (Males)	**Total**	85.97	93.40
	Rural	84.93	93.28
	Urban	89.96	93.81
Literacy Rate (Females)	**Total**	56.80	74.67
	Rural	52.14	72.38
	Urban	74.73	82.27

Available Health facilities

Block Health office :10

Number of PHC's : 46

Number of Sub Centres: 278.

Others: CHC's : 12

SDH :1

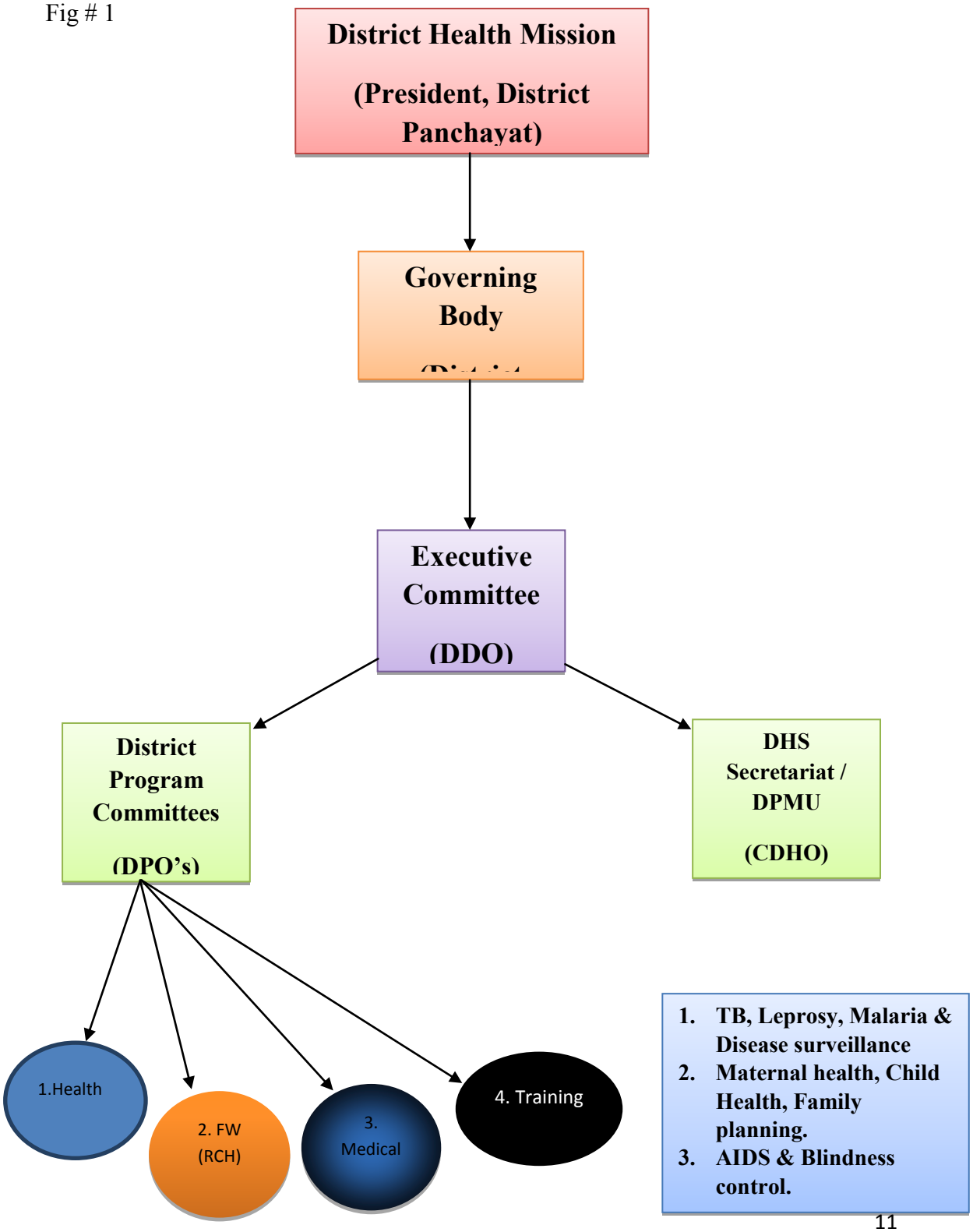
District Hospital :1

Total Number of ASHA : 1501

Number of PHC's within 10km /30 min walking distance = 64.

7. Organisational Structure of District health society :

Fig # 1



8. Observations and Learnings at the Organisation:

Field visits were an important part of the learning as it provided practical knowledge of how effective were the implementation of various programmes in District Kheda.

18 Sub centres, 5 PHC and 1 CHC were visited during the entire internship duration. Weekly visit to Mamta Divas revealed the following:

- Mamta Divas sessions were conducted as planned at the Sub centres / Anganwadis.
- Although majority of the Sub centres had Microplans for the sessions , some of them were working without any workplan generated.Many of the SC's were not updating microplan at the sessions.
- Immunisation was adequately done and registers were maintained , although were not updated on regular basis. Line listing of high risk mothers were not maintained by FHW's.
- Biomediccal waste management was not adequate at sub centres as equipments like hub cutter were missing in most of the sessions of Mamta Divas.
- Most of the facilities had adequate infrastructure at Sub centres and PHC Modaj had upgradation work going on.PHC Salun , was an exceptionally good PHC having good infrastructure and NABH accredition.
- MO's at PHC were not much aware of the performance of their own PHC.
- IEC display was good at PHC/CHC but some sub centres did not display IEC and no information for Mamta day sessions was displayed in most of SC's.

Learning Activities :

- Monitoring and supervisory visits were conducted and Checklist for various health facilities were filled up during visits and submitted to the Dpmcc .
- Various reports for RCH and NRHM programs were drafted and provided to the state as and when required.
- Cordinating for various trainings and meetings held at the district and Taluka level.
- Audit review for the various sub- committees under the DHS.
- Attended monthly review meetings / Workshops at district and taluka level.

Other activities:

- Conducted study on Maternal death Review for past five years based on MDR forms available at the RCH department .
- Provided active inputs for ASHA training session held at taluka level.