Internship
At
NHM District Dang,
Government of Gujarat

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Abbreviations

ANM	Auxiliary Nurse Mid Wife
AEFI	Adverse Events Following Immunization
ASHA	Acrediteted Social Health Activist
AWW	Anganwadi Worker
ANC	Ante Natal Care
BCG	Bacillus Calmette- Guerin
DLHS	District Level Household Survey
FHS	Female Health Supervisor
FHW	Female Health Worker
JSY	Janani Suraksha Yojna
JSSK	Janani Shishu Suraksha Karyakram
KPSY	Kasturba Poshan Sahay Yojna
MO	Medical Officer
PNC	Post Natal Care
VCE	Village Computer Entrepreneur
VHSNC	Village Health Sanitation And Nutrition Day
SRS	Sample Registration Survey
TT	Tetanus Toxoid Injection

INTERNSHIP REPORT

Introduction

Internship is the part of second year program where the students learn by observing and learning. Observation is the key to learning the minute details with which the organization carry out its day to day works. Orientation with different department and their activities is a part of internship.

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 Health Consultant in health department of Dang district in Gujarat. It deals with planning and monitoring of preventive and curative health services through a chain of PHCs (Primary Health Centre) and Sub centres in the villages. Reporting of all the health activities relating to maternal and child health program, loop holes, strengths and weaknesses are reported to the District Development Officer and Chief District Health Officer.

Objective of internship

(a) To understand the work 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.

(c) To identify existing gaps in human resource, service delivery quality, data collection, analysis and implementation of health programs in the District and to propose probable solutions to them.

Dang district profile

Dang also known as The Dangs, is a district in the state of Gujarat in India. The administrative headquarters of the district are located in Ahwa. The Dangs have an area of 1764 km² and a population of 2,26,769 (as of 2011).

History

Before Independence several wars were fought between the five tribal kings of Dang and the British. According to the history of Dang, the biggest ever war took place at Lashkaria Amba, in which kings of all five erstwhile states got together to protect Dang from British rule. The British were beaten and decided to discontinue war and resorted to compromise.

As per historic compromise treaty was signed in 1842 according to which the British were allowed to use the forests and their natural products against which they had to pay certain amount around 3,000 silver coins to the five kings of the then monarchy. However, currently the kings are offered monthly political pension by the Government of India, which is the main source of their income. This payment is continued even though all privy purses for the Princely states of India was stopped in 1970 since the agreement was between then monarchy of Dangs and the British.

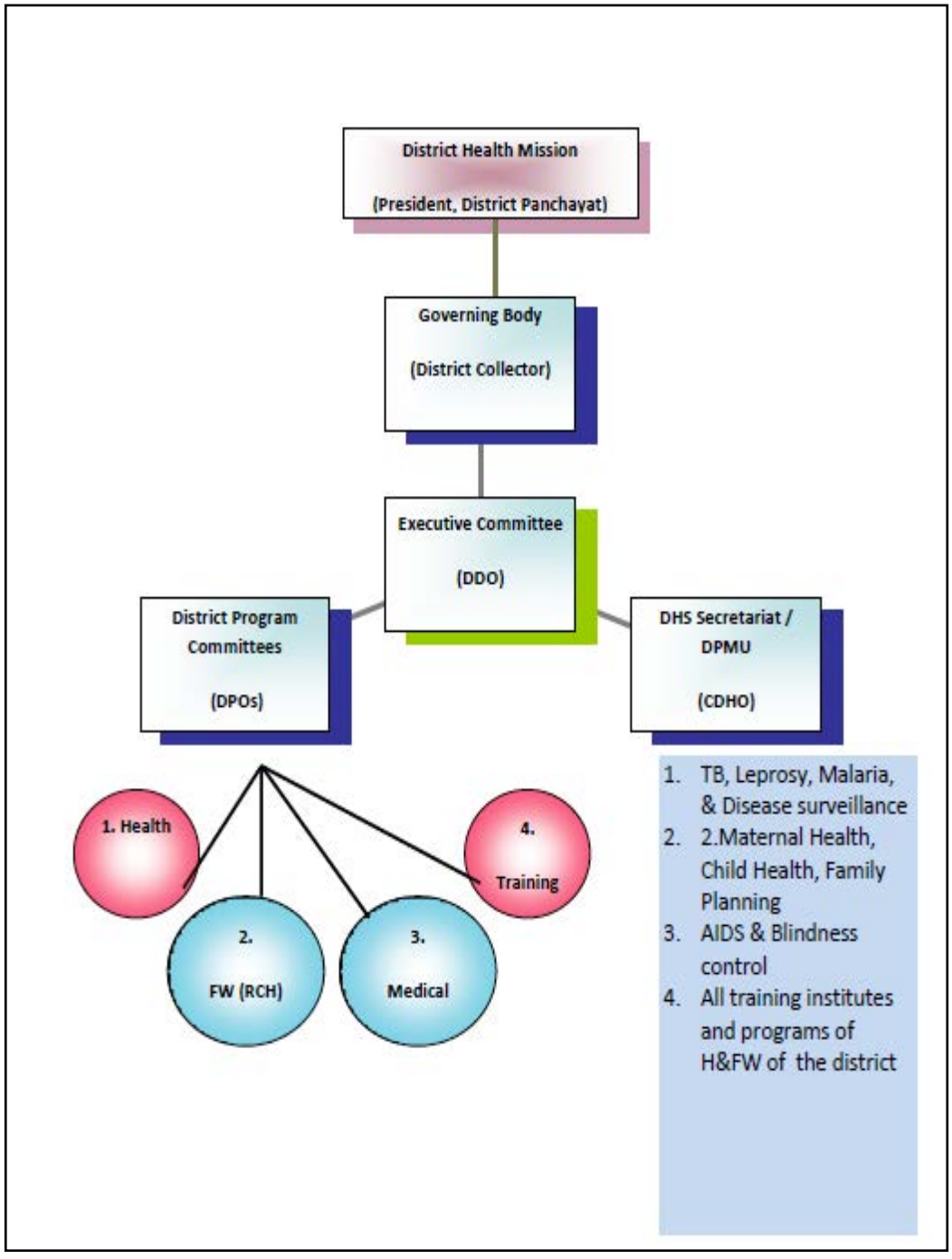
Every year during the financial end the Kings gather in Ahwa for a traditional royal ceremony in their richly decorated buggies, bands with tribal dancers to receive the payment as per the agreement of 1842. In ancient Indian Scriptures Dang is known as Dand Aranyaka, meaning Bamboo Forest.

Highlights of 2011 Census

- In 2011, The Dangs had population of 226,769 of which male and female were 112,976 and 113,793 respectively. In 2001 census, The Dangs had a population of 186,729 of which males were 93,974 and remaining 92,755 were females.
- There was change of 21.44 percent in the population compared to population as per 2001. In the previous census of India 2001, The Dangs District recorded increase of 29.59 percent to its population compared to 1991.

- The initial provisional data released by census India 2011, shows that density of The Dangs district for 2011 is 129 people per sq. km. In 2001, The Dangs district density was at 106 people per sq. km. The Dangs district administers 1,764 square kilometers of areas.
- Average literacy rate of The Dangs in 2011 were 76.80 compared to 59.65 of 2001. If things are looked out at gender wise, male and female literacy were 84.98 and 68.75 respectively. For 2001 census, same figures stood at 70.68 and 48.51 in The Dangs District. Total literate in The Dangs District were 143,908 of which male and female were 78,957 and 64,951 respectively. In 2001, The Dangs District had 89,586 in its district

Organizational Structure of District Health Society, Dang District



Observations of field visits

During my first visit in the village health sanitation and nutrition day (VHSNC) also known as Mamta day in Gujarat several observations were made. Some of the important observations were:

a. AEFI kit which is important in Mamta session was not available. Also, during my frequent visits I observed that adrenalin injection and hydrocortisone injection which is an important part of AEFI kit is not available with ANM. Upon further enquiry, it was told that these injections are not available in district pharmacy stock. Few injections were purchased by MO and ANM themselves to handle the stock out.

b. VHNSC session are not held in the SC on first Wednesday of the every month. It was told by the ANM that they had orders from district headquarter that Mamta session should be held in Anganwadi centre on all the immunization days. Some SCs are located on the outskirts of the villages and access for the service was difficult for the beneficiaries, this was the reason that was given. But because the sessions are not held at the SCs, basic Per-abdomen examinations had to perform on the floor of the Anganwadi centres.

c. Hub cutters are either not available and if available are non functional.

d. Biomedical waste generated at the vaccine session site are not disposed properly. Bags for biomedical waste disposal are not available at the session site.

e. Plotting of weight in growth chart is not done.

f. Counseling of adolescents was not done. Only the adolescents who are due for tetanus injection are called to the session.

Important projects

1. Family health survey- every year family health survey takes place in all the districts. But this year, teams were made by the districts health society to undertake this task. Two teams were made comprising of 8 members each. This team than visited major villages of the PHC and completed the family health survey of that area. And by the end of the day, summary sheet was also prepared. This method indirectly helped medical officers to understand the way in which the family health survey can be completed.

2. Changes were suggested for improving the institutional delivery in the district, these changes are also included in the PIP of the district for the year 2014-2015.

3. New review sheet has been prepared to stream line the data collection from the health facilities.

4. Streamlining of the flow of information in the health society. Earlier all the reports were prepared by the district M&E along with the District Data Manager, now the reports from PHCs are compiled at the block level.