Internship
At
Government of Gujarat
UNICEF, Dahod, Gujarat

Submitted By
Nidhi Gupta

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PART 1

INTERNSHIP REPORT

1.1 Introduction-

Internship is a 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 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 am appointed as District Child Survival Officer at Dahod in Gujarat in Health Department. It deals with preventive and curative health through a chain of DH (District Hospital), SDH (Sub district Hospital),FRU(First Referral Unit),CHCs(Community Health Centre), PHCs (Primary Health Centre) and Sub centres in the villages.

Objective of Internship-

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

(b) The next objective of internship was to learn various managerial and administrative skills needed to work in a government system and to effectively implement all the health and health related programs 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 under RMNCH+A intervention in the District and to propose probable solutions to them.

(d) To coordinate proper functioning of various programs running in the district.

(e) To understand the technical protocols and procedures under unicef support.

1.2.1 Gujarat State Profile-

Gujarat state, 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. About 4487752 persons live in 36 coastal talukas.

Administratively, the state has been divided into 26 districts, sub-divided into 225 Blocks, having 18618 villages and 242 towns. District Tapti is recently created and the health system continues to administer district Tapti from Surat. It has a large three-tier health infrastructure comprising 23 district hospitals, 273 Community Health Centre (CHCs), 1073 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. **(mohfw.nic.in/NRHM/State%20Files/gujarat.htm)**

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 program, 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 program. Meeting unmet demands of the target population, and provision of assured, equitable, responsive quality services are central to program strategies. Based on experience gained during the

implementation of RCH II, the department anticipates that current RCH program would produce equitable reproductive and child health outcomes and contribute to raise the status of the girl child.

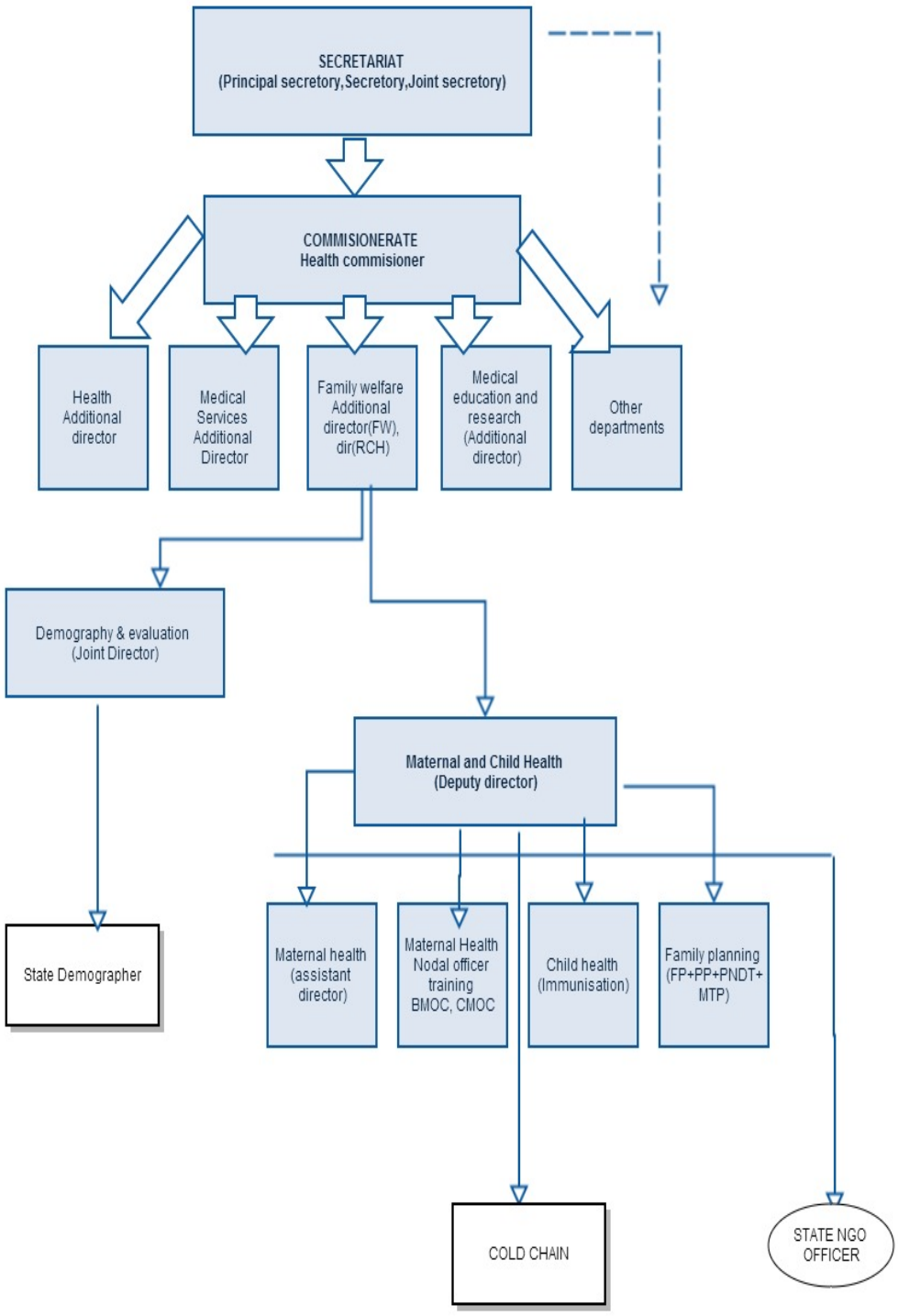
1.2.2 STATUS OF RCH KEY INDICATORS OF GUJARAT

NRHM has successfully served its purpose to a large extent but still there is some scope of improvement in terms of key indicators of RCH.

To further improve the RCH indicators RMNCH+A strategy has come into place. IMR, MMR and TFR of the state has improved with time and interventions in RCH program. RMNCH+A has evolved with many such interventions which will help in further improvement of these indicators and it includes adolescent health which was not a part of RCH directly. On the other hand RMNCH+A has included Adolescent health and which means it is a Life cycle approach and talks of continuum of care including reproductive health, maternal health, child health, neonatal health and adolescent health.

- IMR – Declined from 44(SRS 2010) to 38 Deaths/1000 Live births (SRS 2013).
- MMR – Declined from 389(SRS2003) to 122 Deaths/100000 Live births (SRS 2013).
- Total Fertility Rate (TFR) has decreased from 3.0 (NFHS-I) to 2.4 (NFHS-III)

1.2.3 Organizational Structure of Department of Health and Family Welfare, Government of Gujarat:


SECRETARIAT
(Principal secretory,Secretory,Joint secretory)
COMMISIONERATE
Health commisioner
Health Additional director
Medical Services Additional Director
Family welfare Additional director(FW), dir(RCH)
Medical education and research (Additional director)
Other departments
Demography & evaluation (Joint Director)
Maternal and Child Health (Deputy director)
State Demographer
Maternal health (assistant director)
Maternal Health Nodal officer training BMOC, CMOC
Child health (Immunisation)
Family planning (FP+PP+PNDT+ MTP)
COLD CHAIN
STATE NGO OFFICER

1.2.4 An overview of Dahod District:

Dahod District, also known as Dohad District, is located in Gujarat state in western India. The city of Dahod is the district's administrative headquarters. The district has an area of 3,642 km², and a population of 21,26,558 (2011 census), with a population density of 583 persons per km². Dahod District was created on 2 October 1997, and was formerly part of Panchmahal District

History

The actual name is "Dohad", which later got transformed into Dahod. The Mughal Emperor Aurangzeb was born in a mosque within the fort of Dahod. There is a government polytechnic college since 1963 and it was started by Indian Prime minister Mr. Moraraji Desai and now government degree engineering college is also there. The degree college is affiliated to Gujarat University.

History of Dahod spans regions of Gujarat and Malva. The later has since been reorganized as districts in Madhya Pradesh and Rajasthan. The name Dahod derives from its former name Dohad. The name Dohad was given to the region due to its location between borders of Rajasthan (north) and Madhya Pradesh (east). Dohad literally translates to "two borders". It is estimated that Dahod is 1,000 years old.

The Mughul Empire

The Mughal Empire had an historical presence in Dahod. During the reign of Mughal emperor Jahangir, son of emperor Akbar, Jahangir made his son Shah Jahan, who went on to succeed Jahangir, the Subedar (governor) of Gujarat. In November 1618, Mumtaz Mahal, wife of Shah Jahan, gave birth to Aurangzeb at the fort of Dahod. Aurangzeb, who later succeeded Shah Jahan as the Mughul emperor in 1658, was quoted to have ordered his ministers to show favors to this town, since it was his birthplace.

Revolution Era

Tatya Tope, the well-known freedom fighter, came to this city during the freedom fighting movement in 1857. During the British Rule, a dharma shala (free sleeping facility) in Dahod that was constructed under the reign of the Mughul Emperor Aurangzeb was converted into a small fort or gadhi. While camped in Nain Kharaj, a village in Dahod district, the revolutionary Tatya Tope attempted to capture the gadhi. A lone soldier from Bhopal was left to defend the gadhi from attacking of Tope. Colonel Iwat came rushing to the aid and began a counter attack on Dahod. Tatya Tope fled from Dahod as a result to nearby areas of Limdi-Jhalod and Banswada. He is believed to have lived his last days in this region.

1.2.5 Demographic Profile of the District:

Indicator	Gujarat	Dahod
Total Population (Census 2011)	60439692	2127086
Crude Birth Rate	21.8	30.3
Crude Death Rate	6.7	8
Natural Growth Rate	19.17	22.3
Sex Ratio (census 2011)	918	990
Child Sex Ratio (census 2011)	890	948
Total Literacy Rate (%) (Census 2011)	79.31	58.82%

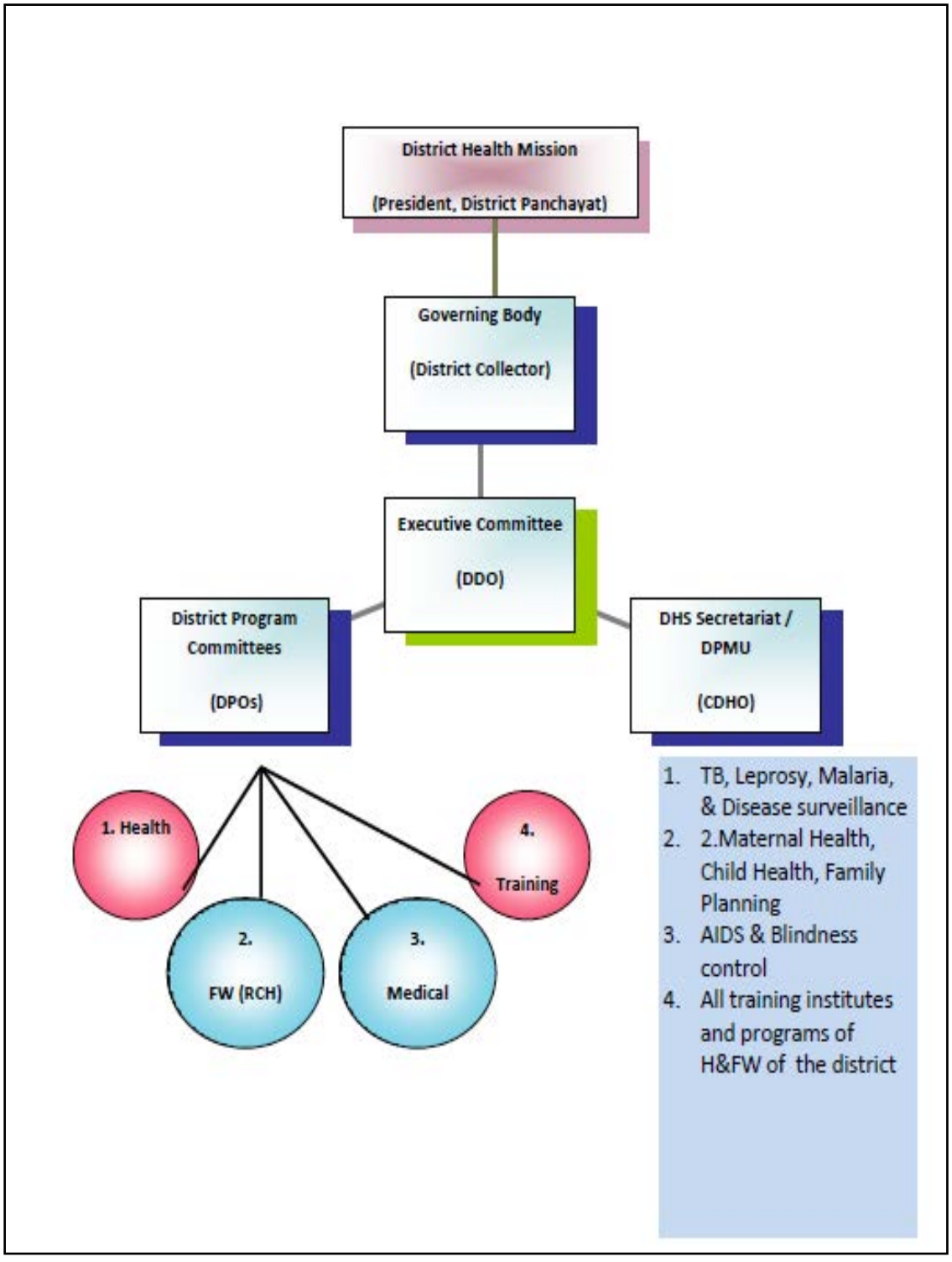
There are following Health facilities which are under in control of District Health Society-

1.2.6 District Health Organization profile

Total Population (Census 2011)	2126558
Urban Population (Census 2011)	191095
Rural Population (Census 2011)	1935463

No. of Taluka	8
No. of High Priority Taluka	8
Number of Villages	696
Number of District Hospital	1
Number of Community Health Centres	11
Number of Primary Health Centres	65
Number of Sub Centres	332

1.2.7 Organizational Structure of District Health Society, Dahod District



Responsibilities given during internship

- Block Monitoring of the high priority Taluka.
- Finding major gaps in the RMNCH+A interventions and enlisting in detail and developing strategic options to rectify.
- Preparing PIP for the district with the help and coordination of other stakeholders for the year 2014-17 and rationalizing the reason behind the each head.
- Review all the monthly and quarterly reports of the district and send it to state.
- Analyze key data and give feedback to CDHO and DDO about the key issues so that improvement can take place.
- Give supportive supervision to the office staff and frontline workers in order to improve their work and ultimately help the purpose of serving community.
- Do field visit which included PHC and Sub-centre and Aanganwadi centres and report lacune to UNICEF(Gandhinagar), Commissionerate of Health and Medical services(Gandhinagar), CDHO, DDO.

1.2.8 Observations of the field visit:

- In 2 months20 Days I had covered 11 CHC, 65 PHC and 332 Subcentres and attended 11 mamta session which takes place on every Wednesday.
- During the visit to the PHC the general status of the infrastructure, equipment and the facility services provided was observed.
- The guidelines for the infrastructure and equipment provision and maintenance was seen.
- The Infrastructure including the distance of the community to the facility and building status, provision of water, electricity and power back was observed.

- Status of the essential drugs including Vit A, IFA tablets, ORS, Zinc, Magnisium sulphate ,Oxytocin, Gentamycin availability and the status for expiry date was observed and respective Block health officers

- Safe disposal of BMW was observed with 72 Non referral facility out of total 76 Non referral facility.
- ASHA guidebook was found missing during the sessions during the mamta diwas sessions. So ASHAs were instructed to bring the ASHA guidebook and IEC material on the session day and procure one day before the session.
- Number of Beneficiaries present at the session site were found less than the number to be present according to the work plan of the day. The medical officers were instructed to create and take review of each session.
- Anangwadi worker and helper were found missing at few sessions which facilitates the session.
- The growth chart used for recording growth monitoring of child were found filled wrong at few session sites.
- The natal weighing scale and spring weighing scales were found non working at few session site.
- The counseling regarding the hygiene and sanitation to the adolescent group were found satisfactory at few session site.
- The technique for the immunization was observed and found satisfactory correct at most of the session site.

1.2.9 Specific Project –

1. Attended one day Orientation workshop at Gandhinagar for the overall understanding of the organization and system at Unicef, Gandhinagar.
2. Attended Three day training on the data management arranged by IIHMR and UNICEF at Ahemdabad for improving the quality of the data and use of data while analyzing the major portions to utilize it for the critical decision making. Use of CT lens and knowledge regarding the data registry system and manual recording system was discussed. Data

validation, triangulation and verification were explained with live examples. The knowledge shared at the training was shared at the district headquater.

3. Attended one day workshop on Sickle cell anemia management at the district headquarter addressed to all THOs and MOs. After workshop discussed practices for the identification of cases with sickle cell anemia, utilization of resources and planning was done.
4. Attended one day interdepartmental workshop on the management of the Severely malnourished Children management with Health and ICDS department.
5. Fabricated the concise module for beneficiaries aiming toward the improvement of the knowledge in the adolescents regarding the National Iron Plus Initiative in conjunction with ICDS department.
6. Attended one day UNICEF RCH Review meeting at Gandhinagar with discussion regarding the most critical issues like the operationalization of blood storage units, supportive supervision for VHND,IMNCI,HBNC and SNCU operationalization,
7. Documentation of the major issues observed during the field visits and the strategic options to rectify the problems.