Internship
at
NRHM Gujarat

Submitted By
Niteen Gujarathi

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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 Program Coordinator at Porbandar in Gujarat in Health Department. It deals with preventive and curative health through a chain of 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) 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 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.

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

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 44, 87,752 persons live in 36 coastal Talukas.

Administratively, the state has been divided into 33 districts, sub-divided into 225 Blocks, having 18618 villages and 242 towns. District Tapi is recently created and the health system continues to administer district Tapi 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 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.

1.2.2 STATUS OF RCH KEY INDICATORS

Declined

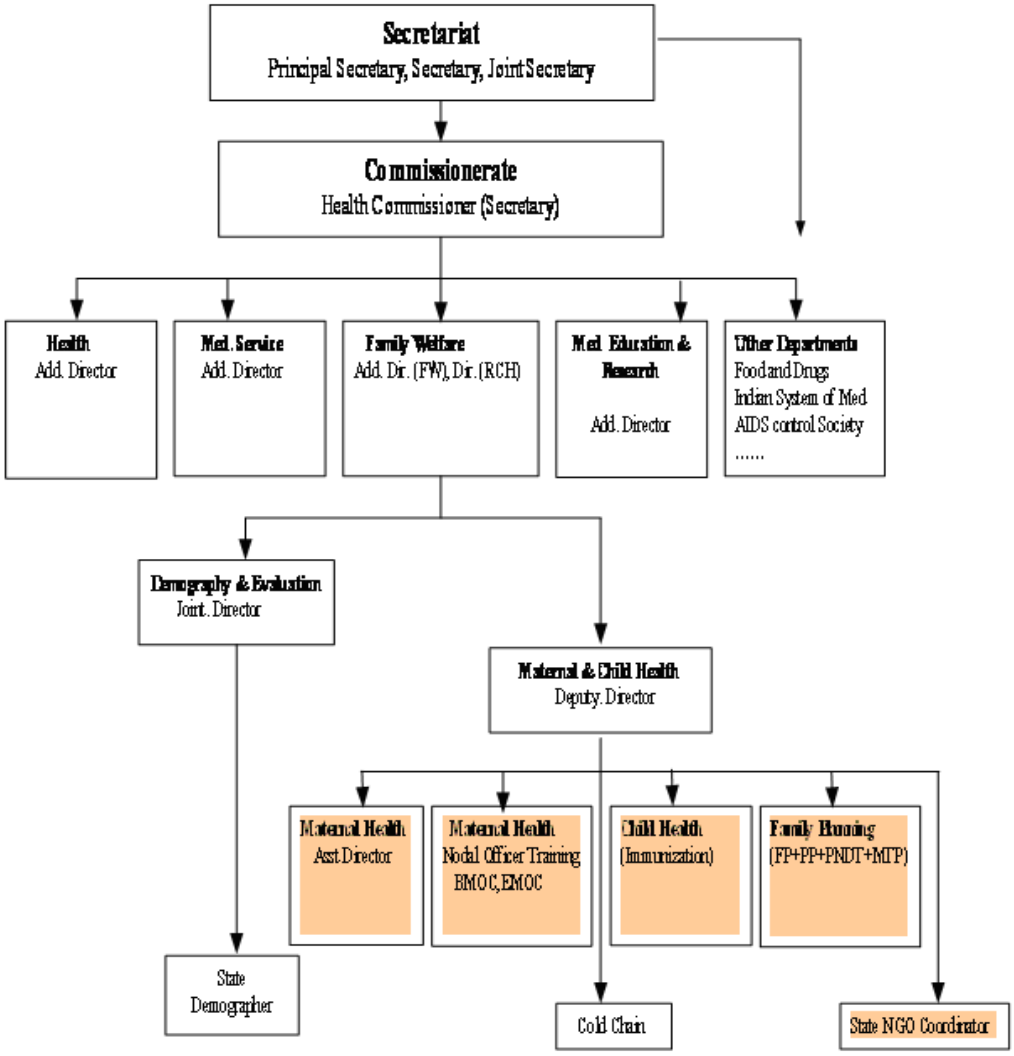
- ↓ MMR has declined from 172 to 122 (SRS 2012)
- ↓ IMR has declined from 44 (SRS-2010) to 38 (SRS-2013) per 1000 live births
- ↓ Total Fertility Rate (TFR) has decreased from 3.0 (NFHS-I) to 2.4 (NFHS-III, SRS 2011)
- ↓ Percentage of children under age 3 who are underweight has marginally declined from 48 percent (NFHS-I) to 47 percent (NFHS-III).

Increased

- ↑ Institutional deliveries have increased from 37 (NFHS-I) percent to 55 percent (NFHS-III)
- ↑ Antenatal Care has increased from 78 percent (NFHS-I) to 87 percent (NFHS-III)
- ↑ Contraceptive use has increased from 49 (NFHS-I) percent to 67 percent (NFHS-III)
- ↑ Infantile Sex ratio from 825 (2001) to 871 (CRS 2006-07)

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

Fig 1: Organizational Structure of Department of Health and Family Welfare, Government of Gujarat



1.2.4 An overview of Porbandar District:

Porbandar district 1 (Gujarati: પોરબંદર જિલ્લો) is one of the 33 districts of Gujarat state in western India. The district covers an area of 2,298 km². It had a population of 5,86,062 of which 48.77% were urban as of 2011 census . This district was carved out of Junagadh District. It lies on the Kathiawar peninsula. Porbandar city is the administrative headquarters of this district. This district is surrounded by Jamnagar district and Devboomi Dwarka to the north, Junagadh district and Rajkot district to the east and the Arabian Sea to the west and south.

As of 2011 it is the second least-populous district of Gujarat (out of 33), after Dang.

History

Gandhipuri, porbandar's descriptions has been done in 10th century's documents as pareva kul from thirteen centuries admirers and stone inscription. This place is known and for its proof in sakand (kartikay) puran sudamapuri and it asmavati, kedashwar and kedarkund are described. In older times among two know area of saurashira dwarkakshetra and prabhas kshetra, two pious areas borders meet porbandar so its religious importance is more is but natural.

In north of porbandar there is khimeshwar, kantelas Vishnu Temple hul dwarka and like its door keeper lord barhmayi and deve harsidhi are there. One times busy miyani port is situated here. ----- chamunda, nand keshwar kindarkhedas sun

temple hathla, dhumli, bhandvad, etc. protected places are there. In the east jaambuvants bhoyru, zhadeshwar, kokishaiya (bed) bileshwar, chadeshwar, auddar, balej, pata, madavpura, and maangrop port are situated. Rest of the area is covered by west's Arabian sea.

Sudamapuri or porbandar is situated at a distance of 105 km.from junagadh." pare" means small population. The population settled on Oceanside is also known as pare porbandar is famous as birth place of gandhiji and sudama. He was special friend of lord Krishna. They both stayed together at sandipni ashram. Sudamam had taken "Ayachalavarat" under which he will not ask for anything from anybody. So he has never asked for anything from lord Krishna.

In porbandar plantorium (tara mandir) is worth seeing to see firmament sky and science's wonders this place is worth seeing. Introduction of planet stars and constellations is obtained. Opposite it bharat darshan named worth seeing place is there. Here Indies all beautiful places, ancient events pictures and idol of great persons is there. In mahatma gandhi's birth place kirti mandir a lot can be known about gandhiji.

1.2.5 Demographic Profile of the District:

Highlights of 2011 Census-

According to the 2011 census, Porbandar district has a population of 586,062, roughly equal to the nation of Solomon Islands or the US state of Wyoming. This gives it a ranking of 529th in India (out of a total of 640). The district has a population density of 255 inhabitants per square kilometer (660 /sq mi). Its population growth rate over the decade 2001-2011 was 9.17%. Porbandar has a sex ratio of 947 females for every 1000 males, and a literacy rate of 76.63%

Districts name	**Porbandar**
Rage of population growth	14.35
Population density	236
Number of females per 1000 males	946
Urban population percentage	49.00
Total workers percentage	32.40
Workers percentage	7.82
Details about literacy rate	68.62

1.2.6 Available Health Facilities District Health Society:

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

1. Block Health Office- 2
2. PHCs- 11
3. SCs- 84

Other than these facilities there are following facilities-

1. CHCs- 4
2. Sub- District Hospital- 0
3. District Hospital- 1

Porbandar district has 3 talukas

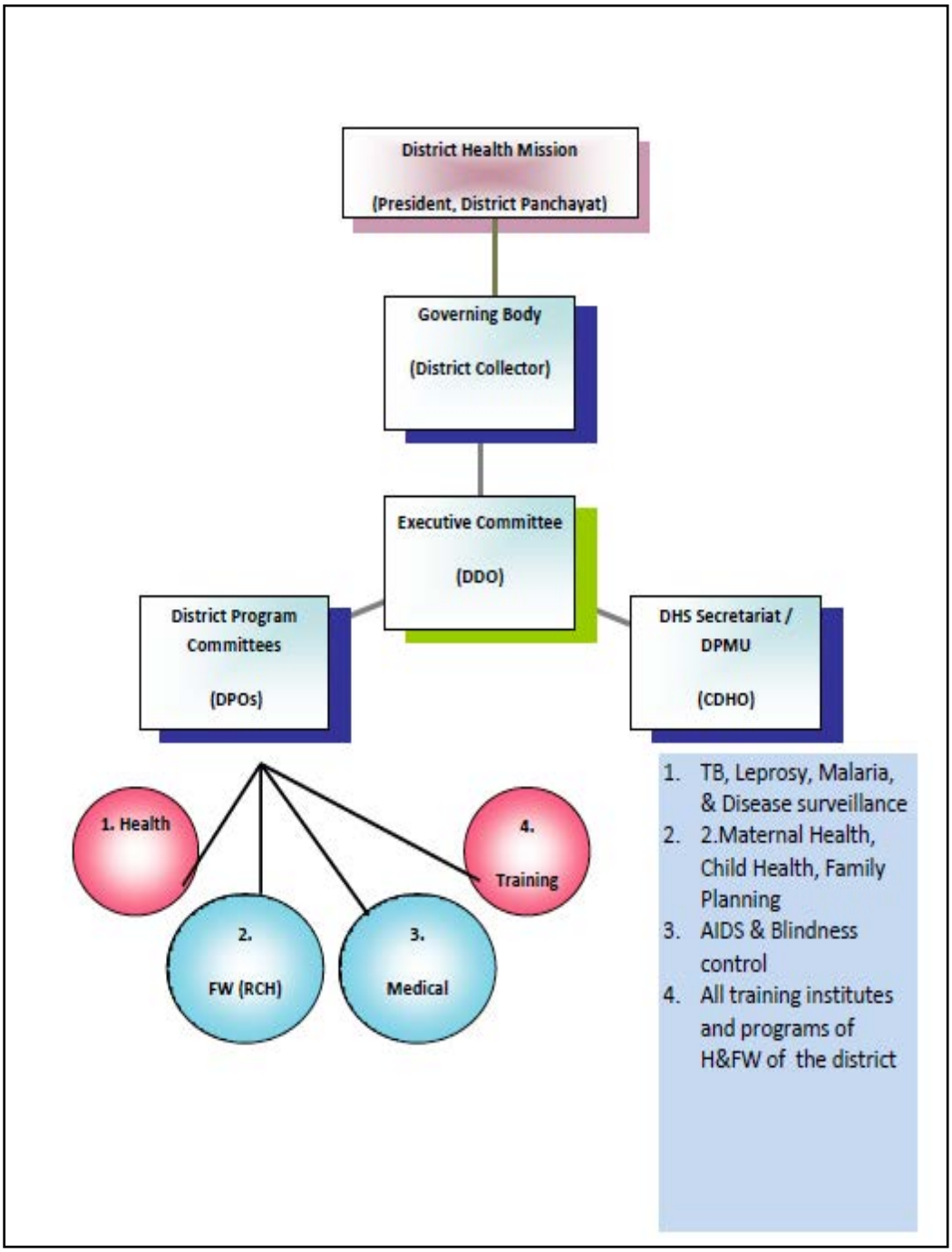
1. Porbandar 1

2. Ranavav 1

3. Kutiyana 1

1.2.7 Organizational Structure of District Health Society, Porbandar District

Fig 2: Organizational Structure of District Health Society, Porbandar District



1.2.8 Observations from the field visit:

- During my visits to CHC, PHC and SC, in general all of them were maintained properly. Having spent lot of money from the untied funds to improve the facility, unfortunately the toilets and sinks were not maintained properly.
- Expired medicines were found in the distribution stock.
- Safe disposal of BMW is not implemented.
- Instead of availability of hub cutter, syringes were recapped and hub cutters were not used.
- Mamta divas (VHND) sessions held is an example of inter-sectoral convergence of Health and ICDS.
- Only children were attended during the morning session.ANC is taken up in the afternoon, along with Adolescent girls.
- Height of children is not measured by Anganwadi worker.
- Instead of ANM having theoretical knowledge about 4 key messages after immunization but she is not implementing on beneficiaries.
- Health Counseling is not given by medical officer, ANM and AWW.

1.2.9 Specific Project –

1. Organized and Participated in Infant Young Child Feeding training for Medical Officer, FHS, FHW/ANM in Porbandar district.
2. Organized and Participated in Vitamin- A Supplementation training for MO and FHS in Porbandar District.
3. Organized and participated in Measles Surveillance Workshop for MO in Porbandar District.
4. Appointed as liaison officer for Polio Immunization Round
5. Also appointed as a Nodal officer for e- mamta by GOI.

!! Thank You !!