Internship
at
Government of Gujarat, Municipal Corporation, Surat

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Submitted By

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BMI	Body Mass Index
BPL	Below Poverty Line
CPC	Corporation Programme Coordinator
Dy. MOH	Deputy. Medical Officer of Health
ICDS	Integrated Child Development Services
IMR	Infant Mortality Rate
MMR	Maternal Mortality Ratio
MOH	Medical Officer of Health
NFHS	National Family Health Survey
NRHM	National Rural Health Mission
NUHM	National Urban Health Mission
PIP	Project Implementation Plan
RCH	Reproductive and Child Health
RCHO	Reproductive Child Health Officer
SMC	Surat Municipal Corporation
SRS	Sample Registration System
TFR	Total Fertility Rate
U-PHC	Urban- Primary Health Centre
VCNC	Village Child Nutrition Centre

PART I

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 Corporation Program Coordinator at Surat Municipal Corporation in Gujarat in Health Department. It deals with preventive and curative health through a chain of U-PHCs (Urban- Primary Health Centre) and Anganwadis' in the Surat city.

1.1.1 Objective of Internship-

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

(b) To understand various managerial and administrative skills needed to work in a government system and to effectively implement all the health and related programmes in the public health system.

(c) To identify existing gaps in human resource, service delivery quality, data collection, analysis and implementation of health programs in the Corporation and to propose them the suggestions for improvement.

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

1.1.2 Highlights of Census 2011

Table 1: Highlights of Census 2011

Particulars		Gujarat	Surat Corporation
AREA (Sq.K.M.)		1,96,022	326.515
POPULATION	Persons	6,04,39,692	44,66,826
	Male	3,14,91,260	25,43,145
	Female	2,89,48,432	19,23,681
DECADAL POPULATION GROWTH	Persons	9768675(19.28%)	1590452 (55.29%)
2001 - 2011	Male	5105683(19.35%)	912299 (55.94 %)
	Female	4662992 (19.20%)	678153(54.45 %)
DECADAL GROWTH RATE	1971-81	27.67	-----
	1981-91	21.19	-----
	1991-2001	22.66	76.02%
	2001-11	19.28	55.29%
VARIATION IN GROWTH RATE Between			
1981-91 &			
1991- 2001		1.47	-----
1991- 2001			
2001- 2011		-3.38	-20.73
DENSITY OF		308	13680

POPULATION			
SEX RATIO (Females per 1000 Male)		919	756
POPULATION IN THE AGE GROUP	Persons	7777262(12.87%)	549810 (12.31%)
0-6 (% Age)	Male	4115384 (13.07%)	304122(11.96%)
	Female	3661878 (12.65%)	245688 (12.77%)
Sex Ratio		890	808
LITERATES	Persons	41093358 (78.03%)	3442541 (87.89%)
(% Age to Total Population)	Male	23474873 (85.75%)	2042459 (91.22%)
	Female	17618485 (69.68%)	1400082 (83.44%)
S. C.	Total	4074447 (6.74%)	105572 (2.36%)
S. T.	Total	8917174 (14.75%)	131552 (2.95%

1.2 Gujarat State Profile

Gujarat state, located in the western part of India, has an area of 196, 022 sq. km, representing about 6.19 % of the total area of the country. The state has a population of 6.03 crore (2011 Census), which is nearly 5 % 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 %. The population density of the state is 258 per square km as compared to the national average of 324. 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. Administratively, the state has been divided into 26 districts, sub-divided into 225 Blocks, having 18618 villages and 242 towns. The state has 8 corporations (Ahmedabad, Surat, Rajkot, Jamnagar, Bhavnagar, Vadodara, Junagarh and Gandhinagar). 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[1]. 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.

Status of RCH Indicators

- MMR is 148 (SRS 2007-2009)
- IMR is 41 (SRS-2011) per 1000 live births
- Total Fertility Rate (TFR) is 2.4 (SRS 2011)

- %age of children under age 3 who are underweight has marginally declined from 48 % (NFHS-I 1992-93) to 47 % (NFHS-III 2005-06).
- Institutional deliveries have increased from 37 (NFHS-I) % to 55 % (NFHS-III)
- Antenatal Care has increased from 78 % (NFHS-I) to 87 % (NFHS-III)
- Contraceptive use has increased from 49 (NFHS-I) % to 67 % (NFHS-III)
- Infantile Sex ratio is 886 (Census 2011)

1.3 An Overview of Surat Municipal Corporation

Surat is one oldest settlements of India with a historical reputation of trade and business hub. Modern Surat is the most rapidly growing city, with highest industrial growth zones and also a zero unemployment area.

Surat Corporation is located in western part of India in the state of Gujarat; Surat is referred as the silk city and the diamond city. Surat is one of the most dynamic cities of India with one of the fastest growth rate due to immigration from various parts of Gujarat and other states of India.

The launch of the National Urban Health Mission (NUHM) gives an opportunity to look at the innovative ways to focus urban health issues and strengthen the existing health programmes**.** The plan describes year wise performance in public health institution development, maternal health, child health, immunization, family planning, urban health, and Innovations. Plan also projects new interventions and strategies proposed for plan year along with sustaining ongoing interventions and the budget projection. Surat city is one of the cities on the list of draft NUHM.

Situation analysis of various components of Health program is done using Census-2011, CRS, NFHS, MICS and routine health monitoring data. Attempts have been made to identify gaps and design a strategy to strengthen ongoing interventions and/or new interventions.

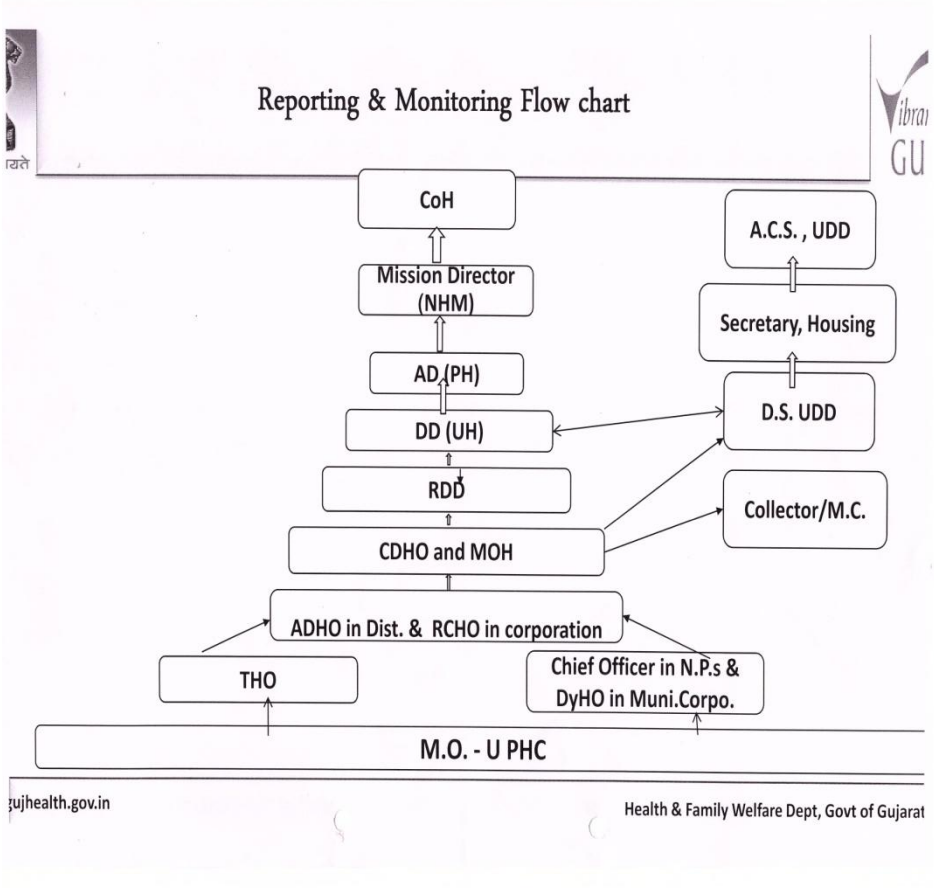
Surat city is a fastest growing city in the state, with rapid expansion of city limits, with a considerable amount of population living in slum and slum like area. A sizable migrant population from Surat district, Gujarat state as well as number of other states and due to vulnerability to climate change and disasters like floods city faces several public health challenges. On the other side by learning lessons from failures and success city has now a fairly well structured and developed urban health system to meet with upcoming challenges. Infect Surat city is now recognized as a laboratory for urban health[2].

All most all administrative posts are filled up from Deputy Commissioner Health and hospital, MOH, deputy MOH zone, program officers, paramedics, ICDS service functionaries. RCH resources have provided program management human resource as well as community level Link workers.

Home based and outreach centre based healthcare is the base of the services, which is then supplemented by primary health care at UHCs and supported by referral services at Medical college hospitals. Placement of ICDS under health department provides better environment of mainstreaming Nutrition. Solid waste management being one of the environmental prerequisite of urban health is also placed under health department. Well spread and developed water supply, drainage and sanitation infra structure is complementary to the public health programmes.

The unique public private health and medical care institution partnership is the strength of the SMC health services. All UHCs and ICDS centers are managed by SMC as a sole responsibility successfully[3].

Organizational Structure of Department of Health and Family Welfare, Government of Surat Municipal Corporation:



History of Surat city

The city of Surat has glorious history that dates back to 300 BC. The origin of the city can be traced to the old Hindu town of Suryapur during 1500 – 1520 A.D., which was later colonised by the Brigus or the King from Sauvira on the banks of River Tapi. In 1759, The British rulers took its control from the Mughals till the beginning of the 20th century. The city is located on the River Tapi and has about 6 km long coastal belt along the Arabian Sea. Due to these reasons, the city emerged as an important trade centre and enjoyed prosperity through sea trade in the 16th,

17th and 18th centuries. Surat became the most important trade link between India and many other countries and was at the height of prosperity till the rise of Bombay port in the 17th and 18th centuries. Surat was also a flourishing centre for ship building activities. The whole coast of Tapi from Athwalines to Dumas was specially meant for ship builders who were usually Rassis. After the rise of the port at Bombay, Surat faced a severe blow and its ship building industry also declined. During the post-independence period, Surat has experienced considerable growth in industrial activities (especially textiles) along with trading activities. Concentration of these activities combined with residential developments has resulted in considerable expansion of the city limits[2].

Mugalsarai Building: SMC Main Office

The Building which is used at present as an office complex by Surat Municipal Corporation (SMC) is one of the ancient monuments of Surat city and was built originally as a 'Sarai' or Musafarkhana (travellers' inn). It was built during the period of Mugal Emperor Shah Jahan in the year 1644 A.D. and was popularly known as 'Mugal Sarai'. During 18th century the same building was used as jail. Since 1867 the building was occupied by the present corporation[2].

This building with its considerable architectural qualities as disposed by the skilful composition of its various parts combined with harmonious combination of arches, cornices, decorated parapets, sculptured patterns on the exterior facade etc. each being disposed in an artistic and effective manner upon a sound foundation with coherent strength is still intact and is in a very good state of preservation.

However, some changes are made lately in the original building but due care is taken so as not to harm the overall harmony of the structure. The central courtyard which at present is used for

parking vehicles of the employees of the corporation still have huge trees in it hosting a wide variety of birds, giving it still the same touch of nature which it would have once enjoyed.

1.3.1 Demographics and Health Statistics

Current Surat population is a mix of original Surti's, migrants from rural and urban areas of other parts of Gujarat and other states. Surat is located in the state of Gujarat, which is in the western India. It is situated on the bank of the perennial river Tapti which flow into the Arabian ocean.

The Arabian Sea is to its west at a distance of about 22 kilometres along the Tapi and about 16 kilometres by road. The location of Surat is 21°15'N Latitude and 72°52'E Longitude[2].

Due to its geographical location and the proximity to the Arabian Sea, it enjoys a very pleasant climate throughout the year.

It enjoys a pivotal place in the Mumbai-Ahmedabad corridor and is 230kms away from Ahmedabad and 258 kms away from Mumbai

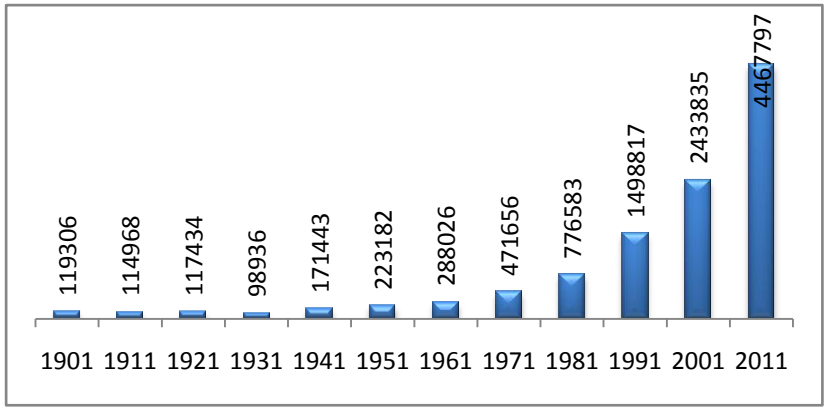
Table 2: Population and city area trend

Year	Area in Sq.Km	Population
1951	8.18	223182
1961	8.18	288026
1971	33.85	471656
1981	55.56	776583
1991	111.16	1498817

2001	112.27	2433785
2001	326.51	2876374
2011	326.51	4467797

Surat city is now spreading over 326.51 Sq.km. with a population of 4467797 (Census 2011). In last five decades (1951 to 2001) the city area has grown by 40 times and population has grown by 22 times.

Current population of Surat city is 4467797 (2011 census). Inter census comparison of total population reveals that rise in population between 1951 and 1971 was 2.1 times, between 1971 and 1991 was 3.1 times, between 1991 and 2011 it was 2.9 times. Thus in the three decades of 71- 91 a rapid peak growth was recorded which little slowed down in last three decades (1991-2011). In last decade 2001 to 2011 increase in total Surat population is 1.8 times.



Graph 1: Surat city Population trend (Census 19001-2011)

The increase in population is due to number of births, in migration of people as well as extension of city limits merging peripheral rural geography and population to Surat city.

- The peak growth in population by 1991 was followed by the historic outbreak of plague in the city which was as per the reviewer was associated with the stressed and disrupted infrastructure facility.
- Lesson learnt is when such an un-presidential population growth is observed the infrastructure and services needs to be strengthened on war footing.

1.3.2 Administrative Zones of Surat City

Administratively city is divided in to seven zones. Central (Old city), West (Rander), South (Udhna), South west (Athwa), East (Varachha), South East (Limbayat) and North (Katargam), 1/4 of the population lives in East zone and 1/5 in South zone, both of these are migrant dominant area, East with Gujarati migrants and South with migrants of other states.

Each of the North and SE zone contribute to 14% of population and have sizable in migrant population.

Central zone is a wall city area, it represents Surat before five decades and has lowest proportion of population <10%, this zone is influenced by intra city migration to new area and have remain more commercial zone.

West and south west zones are located on two opposite side of river, made-up of Surat peripheral rural area before 3-4 decades. Residents are original village families and more intracity migrant families.

Information about distribution of population and background of the residents' population is important confounder not only of health indicators but also for service needs.

1.3.3 Registration of Birth and Death

Total number of registered births with SMC have shown consistent rise. Total number of births registered in 2012 is 72,719. It was 18 thousand in 1990. Indicates rise in number of live births in last two decades by 3.8 times[2].

In 2001 total registered births are 47,114 and in this decade the rise in total number of registered births is by 1.5 times.

The detailed analysis indicates that around 105 registered children are born and registered in Surat city, but their parents are not residing in Surat so the child shall not be available for health services in the city.

- The implication of this is on the target for health and immunization services for children of the city, as well as denominator in calculation of various rates where live births are in use.

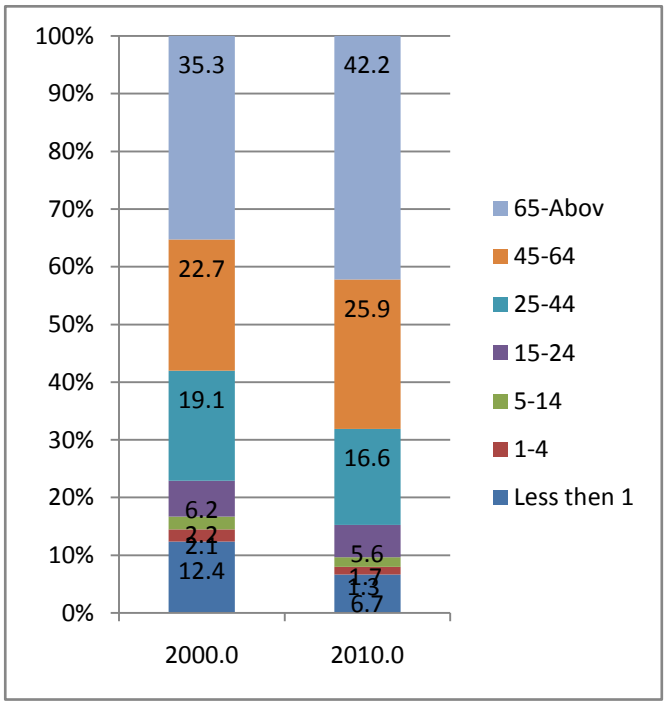
Total number of deaths registered in Surat city is showing rising trend every year. These absolute numbers are influenced by increasing population every year and may be by increasing trend of death registration also.

In 1991 total 4661 deaths were registered and the registration at the end of the decade reached to 9778 (2000), it almost doubled. Number of registered deaths in 2012 are 18740. Number of deaths registered in flood years 1998 and 2006 is not higher than adjacent years (before and after).

In the last decade (2001-2010) increase in total population is by 1.8 times, births are by 1.5 times and deaths by 1.8 times. The decadal velocity of rise in these indicators was higher in the previous decade (1991-2000).

- In last decade higher rate of population increase than birth rate is indicative of migration factor. The rise in population and number of deaths is same which indicates the increase in deaths is more associated with increase in population.

Graph 2: Registered births and deaths in 2000 and 2010



- The previous decade with higher velocity of rise also faced a challenge of plague like epidemic. Thus it is better for the city if the trend of last decade sustains/further improves with preventive health services and the reversal like previous decade shall be the danger sign.

Trend of Age specific deaths to total registered deaths:

Comparison of age specific proportional deaths in the year 2000 and 2010 shows a visible decline in contribution of under 4years. Children are 6.5%, which is mainly contributed by decline in Infant deaths (5.4%).

In fact the decline is observed up to the age of 45 years and subsequently relative increase is seen in above 45 years age group.

The decline is 0.5% in school age group (5-14 years), 3.1% in reproductive age group (15 to 24 & 25 to 45 years). The increase in contribution of 45- 65 years age group is 3.2% and that of >65 years age group is 6.9%[2].

The age specific contribution and cause specific contribution of deaths is revealing good match in context to time trend.

1.3.4 Heath Facilities at SMC

Surat Municipal Corporation perceives its role as the principal facilitator and provider of services as detailed below towards better quality of life of its citizens[2.]

As Provider:

i. Potable water supply in the whole city.
ii. Underground sewage system in the whole city.
iii. All weather roads.
iv. Efficient and sustainable solid waste management.
v. Health coverage focused to all but more on the poor.
vi. Primary education to the needy & Library facility to all.
vii. Upgradation of the amenities in the existing slums and alternative accommodation.
viii. Clean, green and pollution free environment.
ix. Places of healthy entertainment and recreation.
x. Fire Service.

xi. Efficient Urban Planning and Development.

xii. Efficient disaster management plan and resource

1.4 Observations at Office and during Field Visits:

i. The coordination within the departments under corporation is not proper. Staff appointed are hardly cooperative and most of the times wrong information is being provided.

ii. During my visits to U-PHC and Anganwadi, 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. Some facilities are being devoid of water, sanitation and electricity.

iii. Unavailability of vehicle at corporation for corporation programme management unit that delays the work and filed visits.

iv. The staff appointed at U-PHCs is under-qualified according the norms and standards due to political pressure.

v. Quality of services from staff especially the permanent staff is very poor.

vi. Reporting and validation is very poor. The base to prepare the reports is not well clear to the Monitoring and Evaluation Assistants at corporation and data entry operators at U-PHCs.

vii. Terms of References provided by state are not followed and work allocated and distributed according to need and their convenience.

viii. Expired medicines were found in the distribution stock.

ix. Drug inventory not properly managed.

x. Syringes were recapped and hub cutters were not used properly.

xi. Mamta divas sessions are not held properly according to the programmatic guidelines.

xii. Review meetings on monthly basis are not held by the supervisors.

xiii. No discussion regarding financial matters and no sharing of financial work plan in the office. Therefore, no transparency seen in the finance department.

xiv. The operational guidelines of various national programmes and Yojana are not being followed properly and the services are provided as per the convenience of the supervisors and the staff.

xv. CPC is not allowed to coordinate with their supervisor directly and is not allowed to participate in official decision making.

1.5 Learning at Surat Municipal Corporation

i. I have worked on revised PIP 2014-2017 to upgrade and improvise it and prepared NUHM PIP Action Plan for the financial year 2014-2015.

ii. I have visited various departments under Corporation including Main office-SMC, Vaccine Department, School Health Programme Office, Regional Office and U-PHCs and Anganwadi Centers.

iii. I have visited VCNC sessions, Mamta Diwas sessions and reviewed the reports and registers with the Public Health Managers on weekly basis.

iv. I have coordinated five- days HBNC Training for the link- workers held at our Udhna Health Centre.

v. I have proposed and coordinated monthly review meetings in my office that will be reviewed by the supervisors of corporation to review the monthly performance status of staff working at grassroot level.

vi. I have attended and participated in various state and regional meetings held at state and regional level.

vii. I have attended three days Data Management Training for Middle Level Managers held in Ahemdabad.

viii. I have acted as a key-person in opening 41 bank accounts of U-PHCs for strengthening and developing the UHCs and supported Public Health Managers.