Internship at
National Health Mission, Gujarat

By

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Academic year, 2015-2017

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1.1 Gujarat State profile

Gujarat State is situated between 20o1' and 24o7' north latitudes and 68o4' and 74o4' east longitudes on the west coast of India. It is bounded on the west by the Arabian Sea, on the north-west by Pakistan, on the north by Rajasthan, on the east by Madhya Pradesh and on the south and south-east by Maharashtra. and area of 196024 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 approximately 4.99% percent of the total population of the country. About 42.6%of the State's population resides in urban areas, compared to 37.4 in 2001.The population density of the state is 308 as compared to the national average of. About 2, 23,722 (Census 2011) of Gujarat's population is estimated to be BPL, while 4,074,447 percent and 89, 17,174 (15 percent, 2011) are classified as SC and ST respectively. Socio-economic indicators are, in general somewhat better than the India average 79.31 percent and 70.73 percent of its total and female population respectively are literate, the corresponding figures for India being 74.04 percent and 65.46 percent respectively.

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 33 districts, sub-divided into 225 Blocks, having 18618 villages and 242 towns. It has a large three-tier health infrastructure comprising 23 district hospitals 326 Community Health Centre (CHCs), 1342 Primary Health Centre (PHCs) and Sub-Centers (SCs). As Per RHS Bulletin, March 2012,M/O Health & F.W.,GOI, 778 doctors at PHC's, 76 specialists at CHCs,758 male and 875 female health (LHV) assistants are positioned in these facilities in addition to 4874 male and 6431 female health workers at sub-centers. (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 with respect to child and maternal mortality, RCH II / NRHM program me, The National Health Policy 2015

Gujarat. It aims to address the infectious diseases with respect to prevention or assess to treatment and global burden diseases of non-communicable diseases and reduce catastrophic expenditure contributes to poverty.

1.2. NHM Gujarat

National Health Mission (NHM) encompassing two Sub-Missions, National Health Mission (NHM) and National Urban Health Mission (NUHM). It is both flexible and dynamic and is intended to guide States towards ensuring the achievement of universal access to health care through strengthening of health systems, institutions and capabilities. (nrhm.gujarat.gov.in)

Vision

"Attainment of Universal Access to Equitable, Affordable and Quality health care services, accountable and responsive to people's needs, with effective inter-sectoral convergent action to address the wider social determinants of health".

Safeguard the health of the poor, vulnerable and disadvantaged, and move towards a right based approach to health through entitlements and service guarantees.

Strengthen public health systems as a basis for universal access and social protection against the rising costs of health care.

Build environment of trust between people and providers of health services.

Empower community to become active participants in the process of attainment of highest possible levels of health.

Institutionalize transparency and accountability in all processes and mechanisms.

Improve efficiency to optimize use of available resources.

The NHM shall be a major instrument of financing and support to the states to strengthen public health systems and health care delivery. This financing to the state will be based on the state's Program me Implementation Plan (PIP).

The PIP shall have following parts:

Part I: NHM RCH Flexi pool

Part II: NUHM Flexi pool,

Part III: Flexible Pool for Communicable Diseases

Part IV : Flexible Pool for Non Communicable Diseases, Injury and Trauma

Part V : Infrastructure Maintenance

Programme running under NHM Gujarat

RMNCH+A

NUHM

Routine immunization

NDCP

Scheme running under NHM Gujarat

Mukhiya Mantri Amrutam

Rogi Kalyan Samiti

Balsakha Yojna

JSY

NUHM

Goal

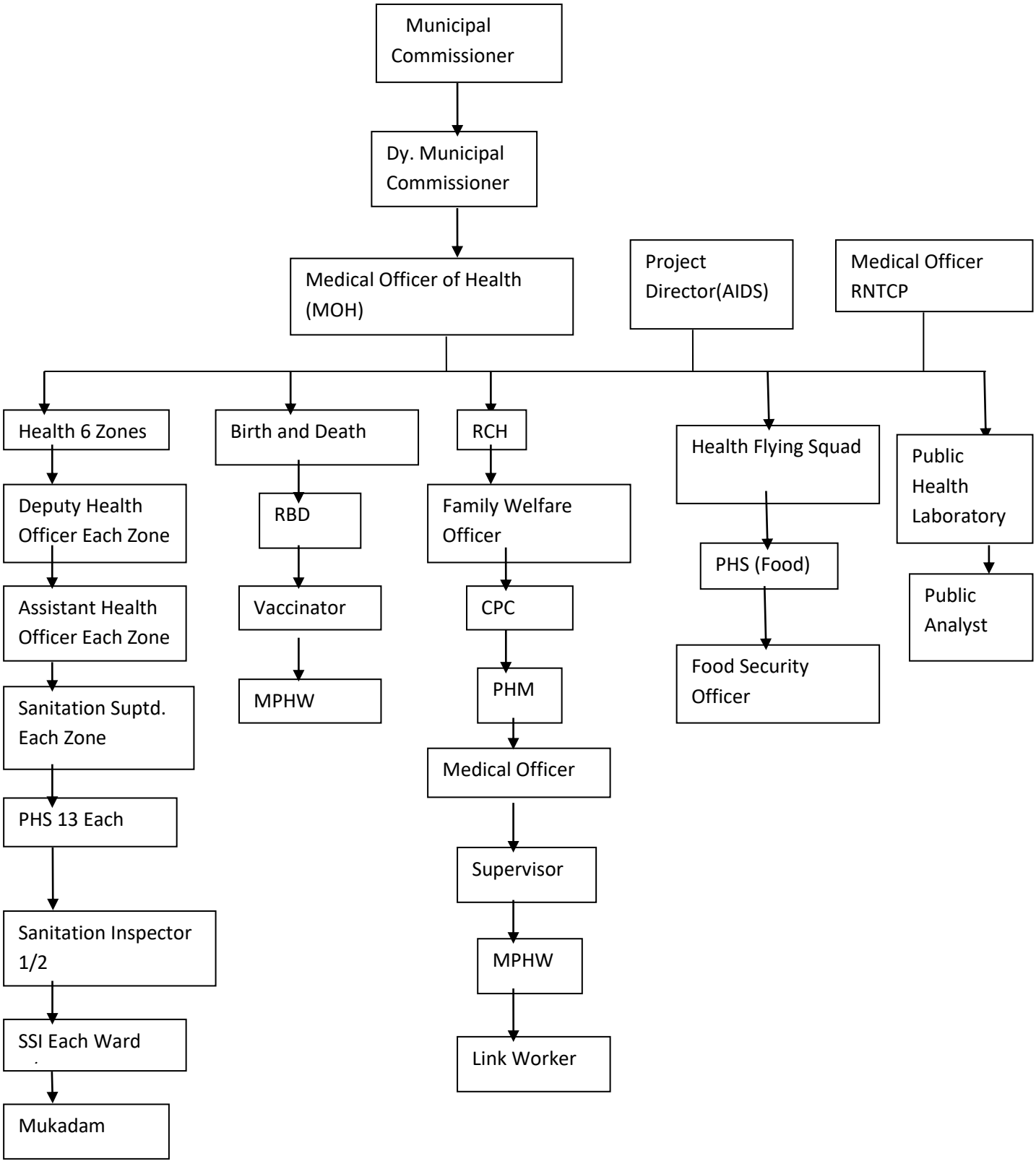
The National Urban Health Mission would aim to improve the health status of the urban population in general, but particularly of the poor and other disadvantaged sections, by facilitating equitable access to quality health care through a revamped public health system, partnerships, community based mechanism with the active involvement of the urban local bodies.

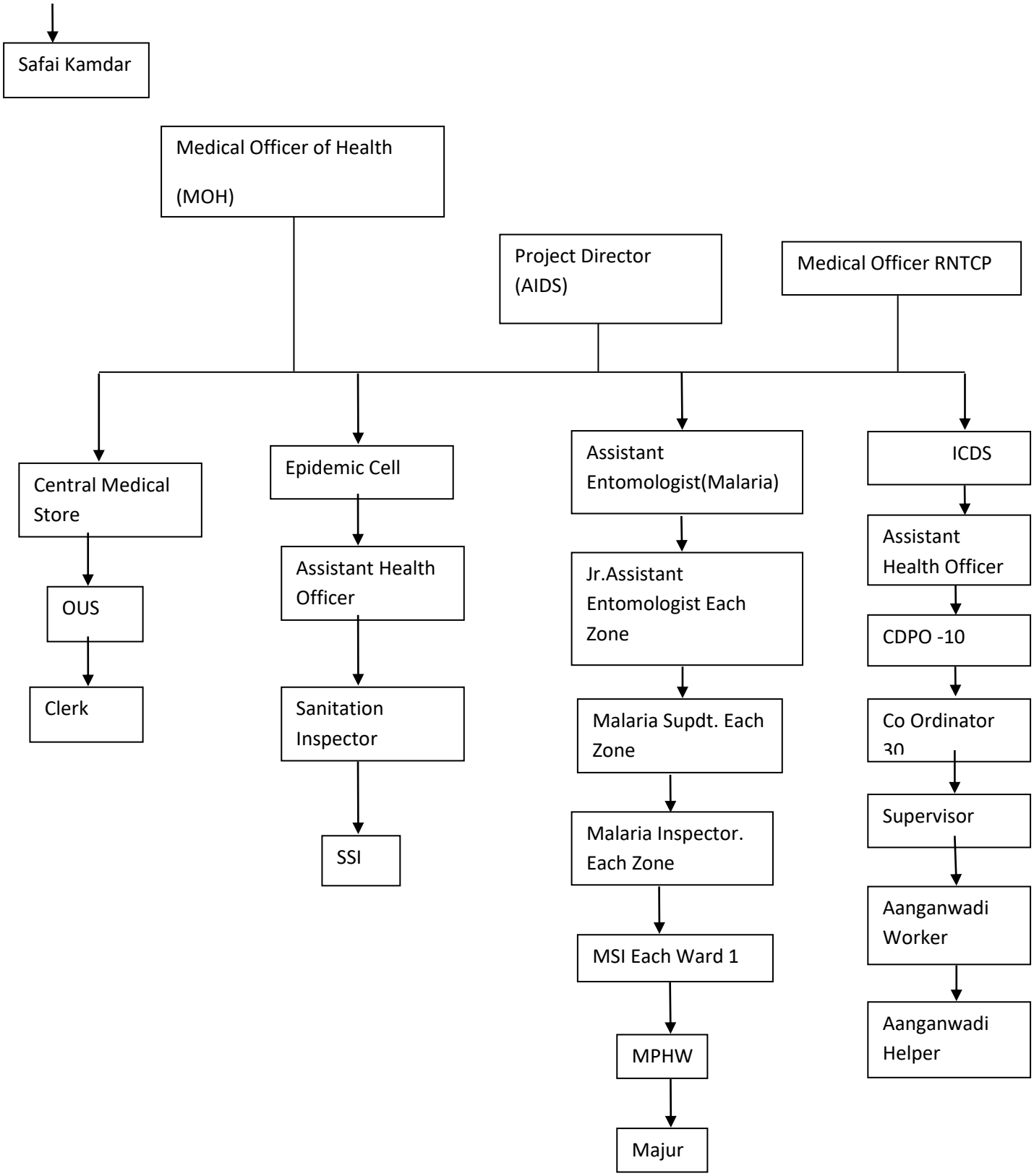
Strategies:

- Improving the efficiency of public health system in the cities by strengthening, revamping and rationalizing existing government primary urban health structure and designated referral facilities.
- Promotion of access to improved health care at household level through community based groups : Mahila Arogya Samitis.
- Strengthening public health through innovative preventive and promotive action.
- Increased access to health care through creation of revolving fund.
- IT enabled services (ITES) and e- governance for improving access improved surveillance and monitoring.
- Capacity building of stakeholders.

- Prioritizing the most vulnerable amongst the poor.
- Ensuring quality health care services.

1.3 Organogram of Department Of Health at Ahmedabad Municipal Corporation




Safai Kamdar
Medical Officer of Health
(MOH)
Project Director
(AIDS)
Medical Officer RNTCP
Central Medical Store
OUS
Clerk
Epidemic Cell
Assistant Health Officer
Sanitation Inspector
SSI
Assistant Entomologist(Malaria)
Jr.Assistant Entomologist Each Zone
Malaria Supdt. Each Zone
Malaria Inspector. Each Zone
MSI Each Ward 1
MPHW
Majur
ICDS
Assistant Health Officer
CDPO -10
Co Ordinator 30
Supervisor
Aanganwadi Worker
Aanganwadi Helper

1.4 Ahmedabad

Ahmedabad is a historical and industrial city of Gujarat. After acquiring the status of a mega city, its rate of growth and development has surprisingly increased.

The Ahmedabad Municipal Corporation or the AMC, established in July 1950 under the Bombay Provincial Corporation Act, 1949, is responsible for the civic infrastructure and administration of the city of Ahmedabad.

History

The local self government of the city, namely Ahmedabad Municipal Corporation, emerged as the first people's representative council or democratic body in India. Ahmedabad had set an example of an autonomous body administrating the city during the British rule for the first time. This institution was unique and rich with its diversity since its inception.

The fort of Ahmedabad was dilapidated from many places due to floods in the river. Hence, Mr. Bordel, the collector then convened a meeting of the citizens of the city and formed 'Town Wall Fund Committee' on 21st April, 1831 to collect the funds for repairing the wall. The formation of the committee sowed the seeds of the renovation of the city. The committee levied taxes at the rate of one percent on the sale of the commodities like ghee etc. Thus, a fund of two lakh rupees was raised and the committee took up the work of repairing the walls.

Sheth Ranchhodlal Chhotalal was nominated by the British Government as the first President of the municipality on 15th September, 1885. The Republic Municipality came into existence on 1st April, 1915 and Rao Bahadur Bhaishankar Nanabhai became the first elected president of the municipality. Ahmedabad Borough Municipality came into existence in 1925. The centenary of Ahmedabad Municipal was celebrated in 1935. In 1950, Ahmedabad Municipal Corporation came into existence and the designation of the Mayor was formed instead of President. The honor of being the last president and the first Mayor goes to Sheth Chinubhai Chimanlal. The central hall of Municipal Corporation was named as 'Gandhi Hall' and the administrative building of the corporation was named as 'Sardar Patel Bhavan’.

1.4.1 Geography:

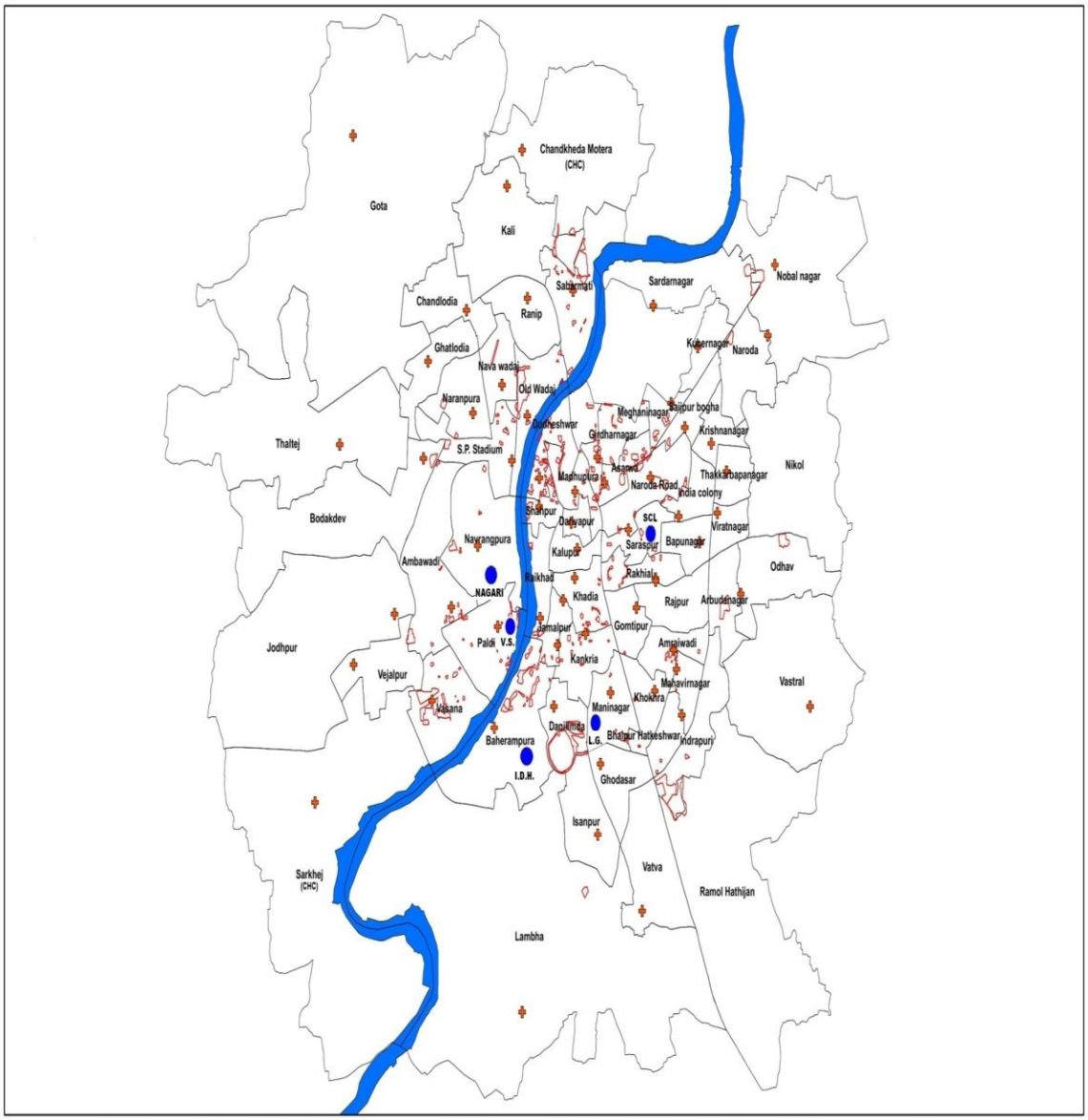
Ahmedabad lies at 23.03°N 72.58°E in western India at 53 metres (174 ft) above sea level on the banks of the Sabarmati river, in north-central Gujarat. It covers an area of 464 km^2 (179 sq mi).[1] The Sabarmati frequently dried up in the summer, leaving only a small stream of water, and the city is in a sandy and dry area. However with the execution of the Sabarmati River Front Project and Embankment, the waters from the Narmada river have been diverted to the Sabarmati to keep the river flowing throughout the year, thereby eliminating Ahmedabad's water problems. The steady expansion of the Rann of Kutch threatened to increase desertification around the city area and much of the state; however, the Narmada Canal network is expected to alleviate this problem. Except for the small hills of Thaltej-Jodhpur Tekra, the city is almost flat. Three lakes lie within the city's limits—Kankaria, Vastrapur and Chandola. Kankaria, in the neighbourhood of Maninagar, is an artificial lake developed by the Sultan of Delhi, Qutb-ud-din Aybak, in 1451.[41]

1.4.2 Corporation Profile:

AMC has total population of 557940 as per census 2011 and Urban Metroplitan Population 6630184 and Sex Ratio is 898 per 1000 Males and Child Sex Ratio is 848 per 1000 Males and Average Literacy Rate is 88.29 percent .

Currently AMC is having 6 Municipal Zones (each zone comprising of 10 to 12 UPHCs), 69 UPHCs (66 Functional,03 Non functional), 4 Functional CHCs, 8 Functional Maternity Homes.AMC is planning to functional another 9 New UPHCs and 3 UCHCs. Construction Process of the same is going on.

1.5 Urban Health Society Ahmedabad,AMC



Urban Health Centers of Ahmedabad Municipal Corporation

Thematic Maps For AMC Health Department

Prepared For :
Ahmedabad Municipal Corporation

N
W E
S

Map not to Scale

All Data Presented in Maps is Provided By AMC

Legend

- Hospital
- Urban Health Center
- slums
- Sabarmati River

The Urban Health Society,Ahmedabad is consisting of two committees namely; Governing body and Executive committee. The Governing committee has Municipal Commissioner as the chairperson, Medical officer of Health as member Secretary, Chief District Health Officer, Chief District Medical Officer, and Corporation Programme Coordinator as Member of the committee. The Executive Committee consists of Medical Officer of Health as Chairman, Urban RCH officer as member Secretary, and rest Corporation Programme Coordinator, Medical Officers, RMO civil hospital, Block Health Officer, ahmedabad, and biologist as members are part of the community.

Urban Health Society,Ahmedabad is implementing the urban RCH in the Municipal Corporation, its scope of work includes providing health services through existing Urban Health Centers, building and renovating the service delivery points for RCH services, effective Implementation of government schemes like JSY and Chiranjeevi Yojana., providing family planning services, immunization services , capacity building of corporation health staff by regular training to the health workers to upgrade their skills and lastly but most importantly IEC services.

SWOT ANALYSIS

Strengths	***Weakness***
• *Good support from top level management* • *Availability of human resources at Urban Health Centers* • *Fully functional CPMU and Family Planning Bureau* • *Strong hold over grassroots level implementation* • *Proximity of private health sector* • *Good electronic printing media coverage.*	• *Lack of proper infrastructure to provide all RCH services* • *Lack of regular training of health staff of all cadres.* • *Limited supervision due to lack of mobility support to medical officers and supervisory staff* • *Weak political motivation and low priority for community*
Opportunities	***Threats***
• *Urban Health Project to be launched by state government* • *Changing mindset of the urban population.* • *Availability of adequate financial support.* • *Increased focus of government over urban slums.*	• *Limited tracking of Migrant population/daily wagers* • *Rising Non Slum Population* • *Migration (both In and Out migration)*