

**Internship
at
National Health Mission,
Gujarat**

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2014-2016*

The logo for IIHMR University, featuring a stylized 'i' in a square followed by the letters 'IIHMR' in a large, bold, serif font, and the word 'UNIVERSITY' in a smaller, sans-serif font to the right.
**The IIHMR University, Jaipur
2016**

Index

Sl no	Topic	Page no
1	Objective of internship	4
2	Key responsibility	4
3	Organization profile	5-12
3.1	Geography	5
3.2	History	5
3.3	Health profile	6
3.4	Demographic profile	7-9
3.5	District profile	10-12

1. Objectives of Internship

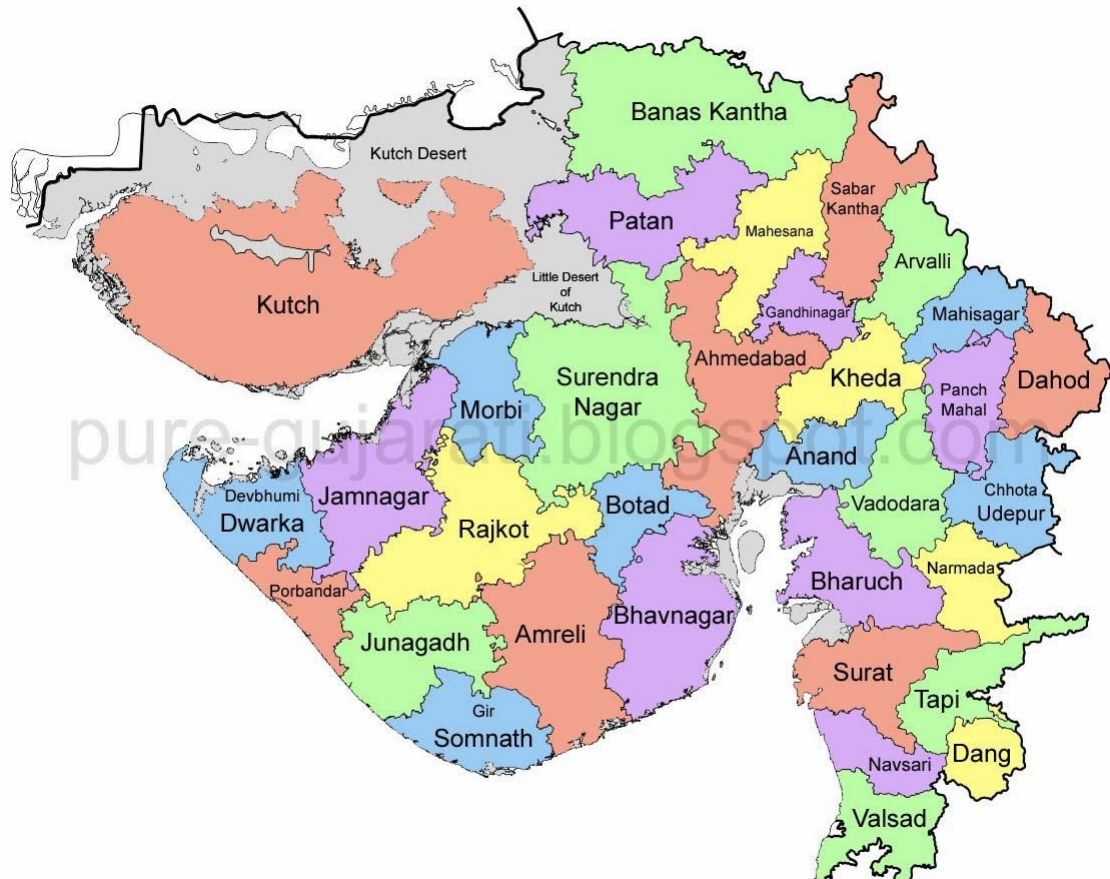
- a) To understand the work pattern of National Health Mission.
- b) To learn various managerial and administrative skills which can effectively implement all the health related programmes, overall benefit of the community.
- c) To identify existing gaps in, service delivery equality, data collection, analysis and implementation of health programs in the district and to propose probable solutions to them.

2. Key responsibilities

- a) Delivery of quality and effective trainings and meetings to be conducted under the project.
- b) Provide technical support to district ICDS and health officials in holding field visits, supportive supervision of all government health facilities.
- c) Work in close with training teams at different levels in order to identify the support and resources they need for strengthening training mechanisms.
- d) Regularity and quality of monthly meetings and other project related activities.
- e) Develop close working relationships with all project participants and stakeholder at various levels to establish a shared vision of the project objectives and envisaged outputs.

3. Organization Profile

Gujarat State Profile:



3.2 Geography

Gujarat is situated between 20°1' and 24°7' north latitudes and 68°4' and 74°4' 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.

The state of Gujarat occupies the northern extremity of the western sea-board of India. It has the longest coast line 1290 km among Indian states. The state comprises three geographical regions.

- The peninsula, traditionally known as Saurashtra. It is essentially a hilly tract sprinkled with low mountains.
- Kutch on the north-east is barren and rocky and contains the famous Rann (desert) of Kutch, the big Rann in the north and the little Rann in the east.
- The mainland extending from the Rann of Kutch and the Aravalli Hills to the river Damanganga is on the whole a level plain of alluvial soil.

3.3 History

Gujarat forms an area that housed the regions of the Indus Valley civilization and Harappan sites. Around 50 Harappan sites are found in Gujarat. Lothal, Rangpur, Amri, Lakhabaval, Rozdi etc. are some of these sites. This makes it an important territory that reveals the history of India. The Dravidian tribes were said to be the original inhabitants of this region. Even before the Aryan occupation of Gujarat, it is said to have had trade contracts with Sumer, the Persian Gulf in about 1000-750BC. Rock edicts in the Girnar hills indicate that Ashoka extended his domain into Gujarat. It was during the Mauryan rule that this region witnessed the influence of Buddhism. The Mauryans also promoted trade and helped in spread of its culture. In about 150BC the Bactarian Greeks under Meander is said to have instilled their rule. Till 40AD they are said to have had trade contracts with Rome. From about AD130-390 the Scythians ruled it. After 300AD the Guptas established their reign which lasted till 460AD. The Vallabhi established their sway in between (500-700AD). After the death of Harshvardhana, the Gujjars controlled it till 746AD. The Solankis ruled over Gujarat till 1143. Gujarat attained its greatest territorial extent under the Solanki dynasty, from the 9th century. Muhammad of Ghazni attacked Somnath in Gujarat leading to the downfall of the Solankis. The conquest of Ala-ud-din Khilji king of Delhi in 1288 also influenced the conditions in Gujarat. The Sultans of Delhi had their sway over Gujarat from 1298-1392AD. Ahmad Shah I, the first independent Muslim ruler of Gujarat founded Ahmadabad in 1411. Then the Mughals ruled for about 2 centuries till the Marathas terminated their rule in the mid 18th century. It was during the 18th century that Gujarat was divided among number of chiefs. From 1803-1827 the British set up their administration. The British East India company first head quarters in India was at Surat. It was later moved to Bombay. Finally on May1, 1960, the state of Gujarat was formed from the north and west portions of Bombay state, the remainder being renamed the state of Maharashtra. The state of Gujarat has an area of 196,024 sq. km. and a population of 60.38 million. There are 25 districts, 170 blocks and 18539 villages. The State has population density of 258 per sq. km. (as against the national average of 312). The decadal growth rate of the state is 22.66% (against 21.54% for the country) and the population of the state continues to grow at a much faster rate than the national rate.

3.4 Health Profile

The Total Fertility Rate of the State is 2.3. The Infant Mortality Rate is 38 and Maternal Mortality Ratio is 122 (SRS 2010 - 2012) which are lower than the National average. The Sex Ratio in the State is 919 (as compared to 943 for the country). Comparative figures of major health and demographic indicators are as follows:

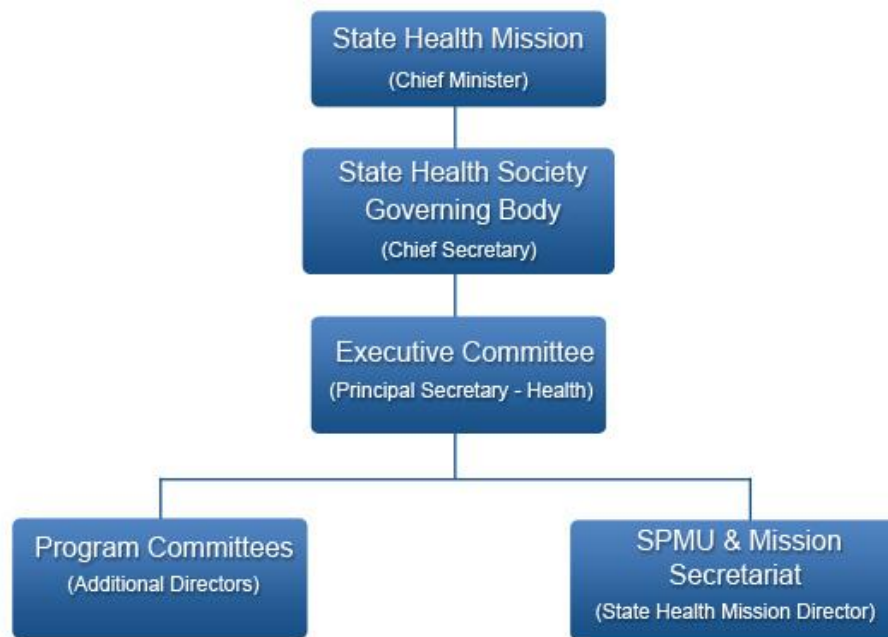
3.5 Demographic, Socio-economic and Health Profile as compared to India:

Indicator	Gujarat	India
Total population (In crore) (Census 2011)	6.04	121.01
Decadal Growth (%) (Census 2011)	19.3	17.64
Infant Mortality Rate (SRS 2013)	38	42
Maternal Mortality Rate (SRS 2010-12)	122	178
Total Fertility Rate (SRS 2012)	2.3	2.4
Crude Birth Rate (SRS 2013)	21.1	21.6
Crude Death Rate (SRS 2013)	6.6	7.0
Natural Growth Rate (SRS 2013)	14.4	14.5
Sex Ratio (Census 2011)	919	943
Child Sex Ratio (Census 2011)	890	919
Schedule Caste population (in crore) (Census 2011)	0.40	20.1
Schedule Tribe population (in crore) (Census 2011)	0.89	10.4
Total Literacy Rate (%) (Census 2011)	78.0	73.0
Male Literacy Rate (%) (Census 2011)	85.8	80.9
Female Literacy Rate (%) (Census 2011)	69.7	64.6

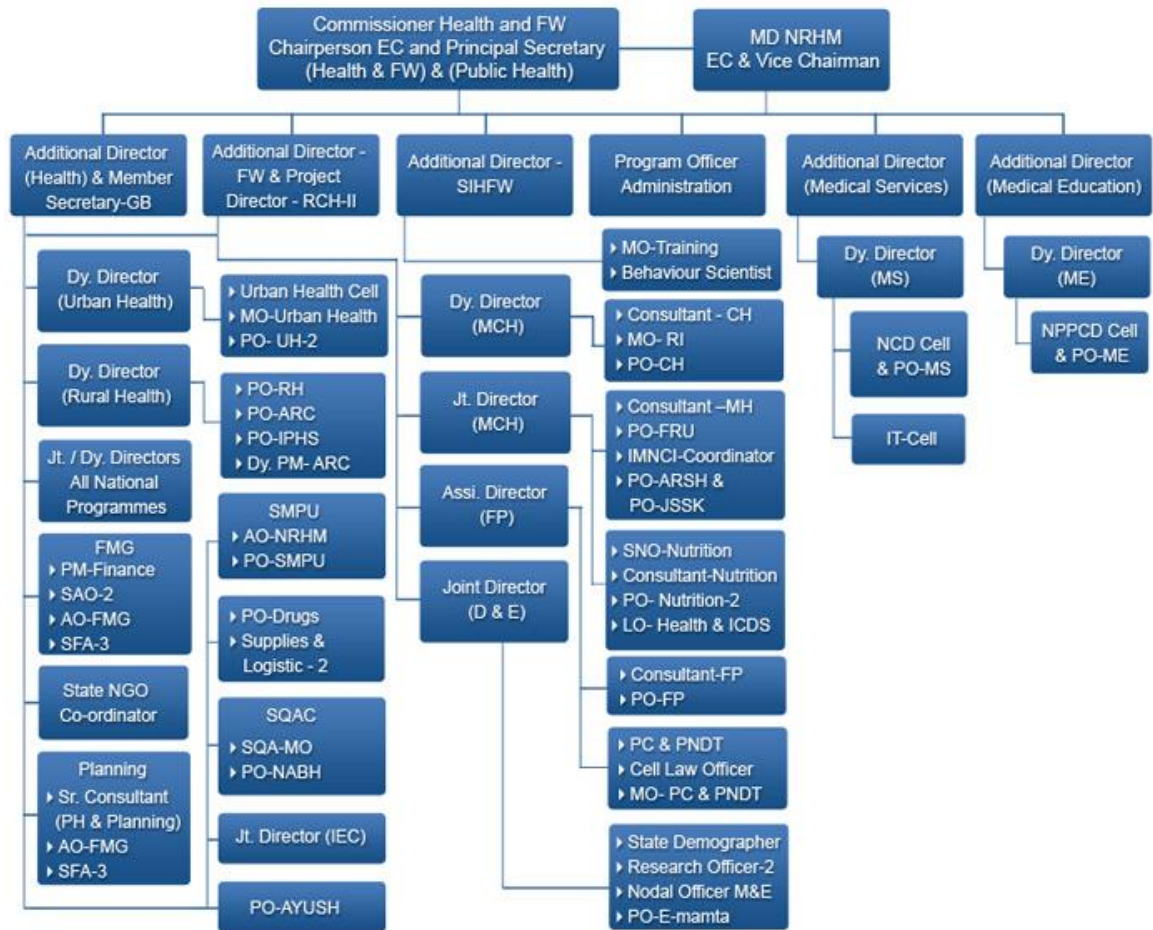
Particulars	Required	In position	shortfall
Sub-centre	9156	7274	1882
Primary Health Centre	1433	1158	275
Community Health Centre	358	300	58
Health worker (Female)/ANM at Sub Centres & PHCs	8432	6431	2001
Health Worker (Male) at Sub Centres	7274	4874	2400
Health Assistant (Female)/LHV at PHCs	1158	875	283
Health Assistant (Male) at PHCs	1158	758	400
Doctor at PHCs	1158	778	380
Obstetricians & Gynaecologists at CHCs	318	9	309
Paediatricians at CHCs	318	3	315
Total specialists at CHCs	1272	76	1196

Particulars	Required	In position	shortfall
Radiographers at CHCs	318	168	150
Pharmacist at PHCs & CHCs	1476	1428	48
Laboratory Technicians at PHCs & CHCs	1476	1365	111
Nursing Staff at PHCs & CHCs	3384	2705	679

Health system Structure



Organogram

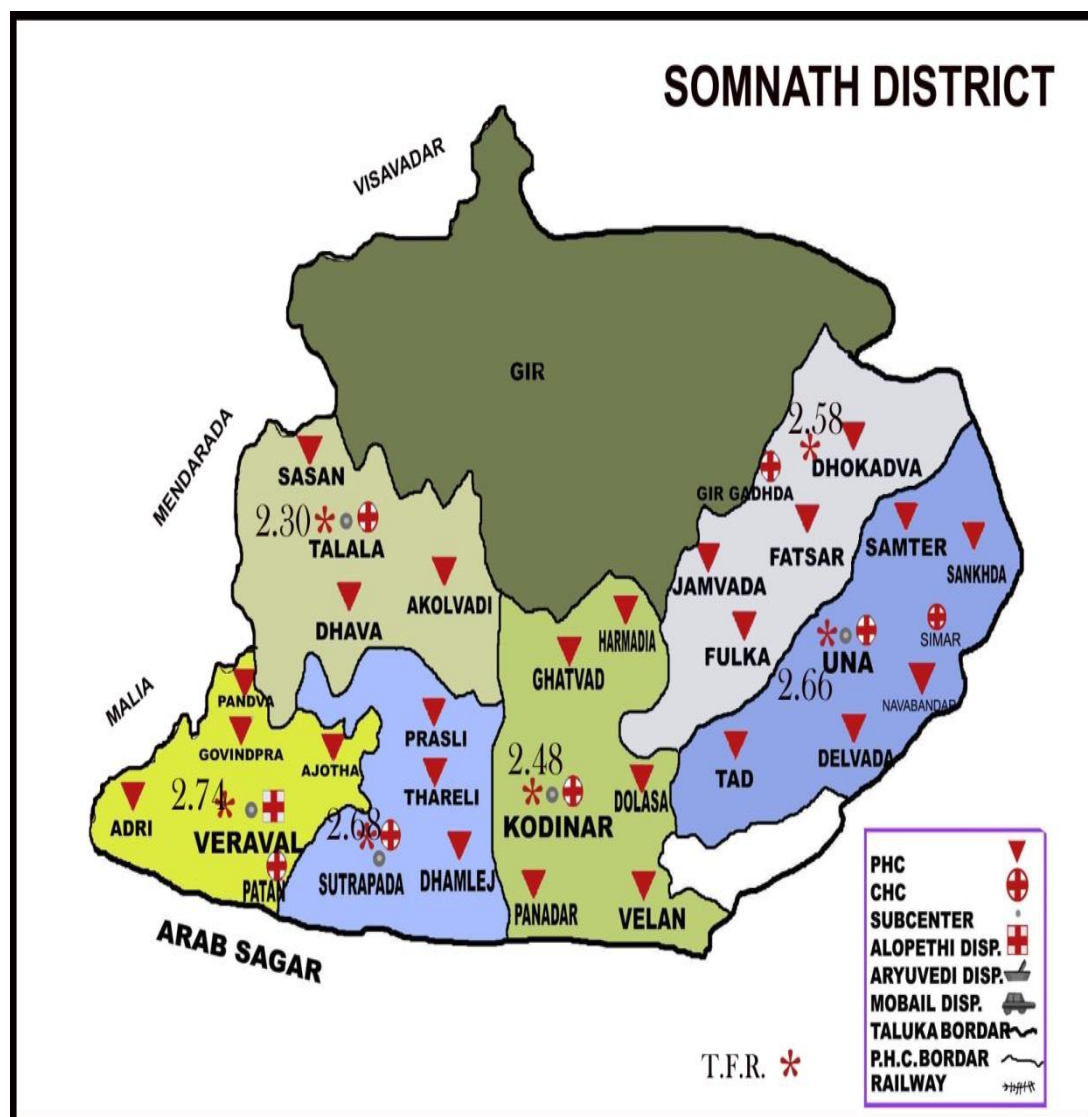


3.6 District Profile

GirSomnath District is a district of Gujarat, India. It is located on the southern corner of the Kathiawar peninsula with its headquarters at the town of Veraval.

GirSomnath District was split from Junagadh district in August 2013, when seven new districts came into existence in Gujarat.

Veraval, Talala, Sutrapada, Kodinar, Una and Gir-Gadhada are the talukas of GirSomnath District.



Demographic Profile-

Indicator	Gujarat	GirSomnath
Total Population (Census 2011)	60439692	1210749
Sex Ratio (Census 2011)	918	952
Total Literacy Rate (%) (Census 2011)	79.31%	77 %

Infrastructure Profile-

Number of Sub District Hospital	1
Number of Community Health Centres	8
Number of Primary Health Centres	25
Number of Sub Centres	173
Number of Urban Centres	4

Details of Human Resource:

Regular Staff:

H R	Year 2016-17		
	Sanctioned	Filled	%
Specialists (Gyane&Obs/Paed/Surgery/A naesthetist etc.	24	0	na
Doctors (General Physician - MBBS)	27	20	74%
Doctors (AYUSH)	25	0	0
Staff Nurses	0	0	0
Pharmacist	25	14	56%
Laboratory Technician	25	17	68%
FHWs	185	140	76%
MPHWs	173	133	77%
FHS	25	14	56%
MPHS	25	6	24%

H R	Year 2016-17		
	Sanctioned	Filled	%
Doctors (AYUSH)	25	25	100%
Staff Nurses	18	8	44%
Pharmacist	0	1	0
Laboratory Technician	0	2	0
FHWs	0	8	0

HR Under NRHM: