Internship
at
NHM,
Gujarat

By

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NATIONAL HEALTH MISSION (NHM)

INTRODUCTION

The Union Cabinet vide its decision dated 1st May 2013 has approved the launch of National Urban Health Mission (NUHM) as a Sub-mission of an over-arching National Health Mission (NHM), with National Health Mission (NHM) being the other Sub-mission of National Health Mission.

Outcomes for NHM in the 12th Plan are synonymous with those of the 12th Plan, and are part of the overall vision. The endeavor would be to ensure achievement of those indicators in Box 1. Specific goals for the states will be based on existing levels, capacity and context. State specific innovations would be encouraged. Process and outcome indicators will be developed to reflect equity, quality, efficiency and responsiveness. Targets for communicable and non-communicable disease will be set at state level based on local epidemiological patterns and taking into account the financing available for each of these conditions.

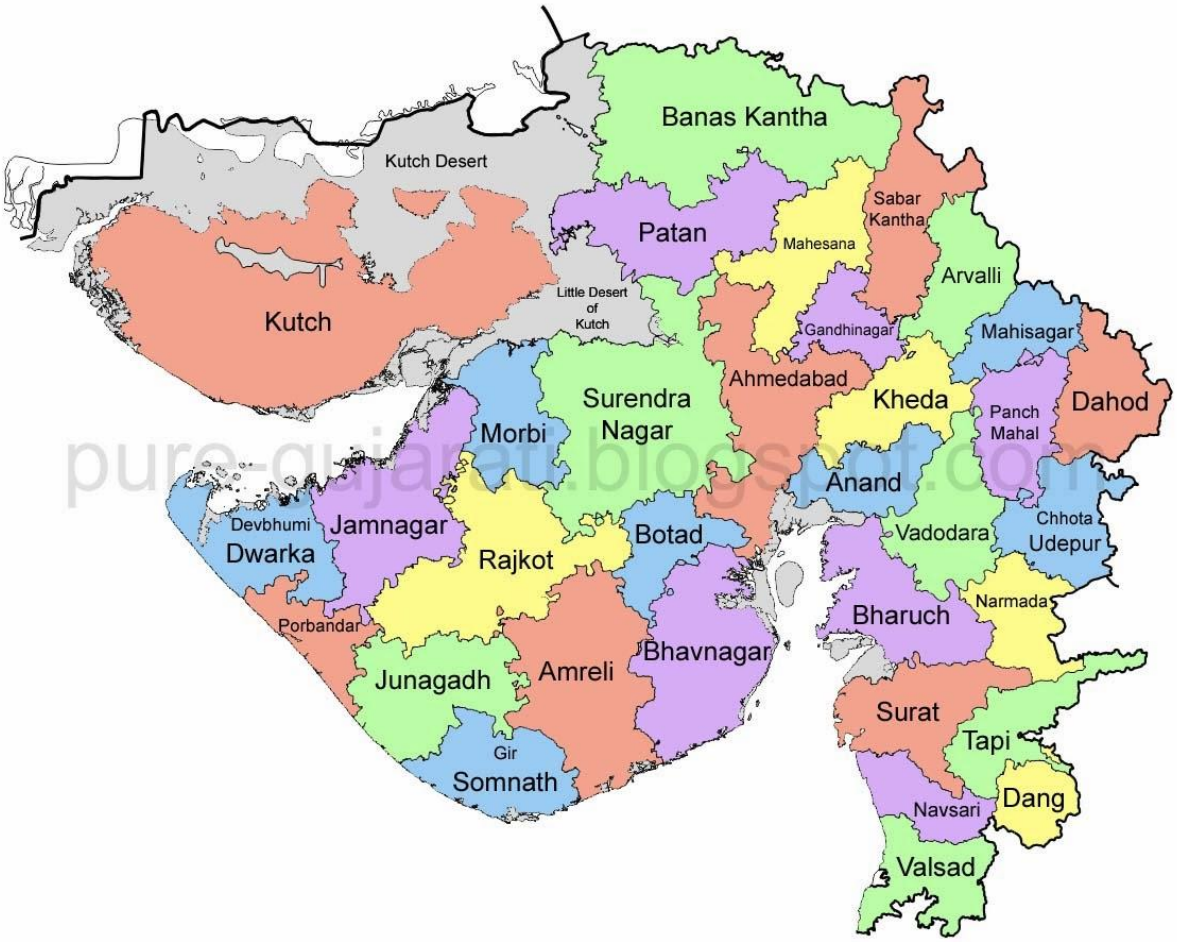
GOALS

- Reduce MMR to 1/1000 live births
- Reduce IMR to 25/1000 live births
- Reduce TFR to 2.1
- Prevention and reduction of anaemia in women aged 15–49 years
- Prevent and reduce mortality & morbidity from communicable, non-communicable; injuries and emerging diseases
- Reduce household out-of-pocket expenditure on total health care expenditure
- Reduce annual incidence and mortality from Tuberculosis by half
- Reduce prevalence of Leprosy to <1/10000 population and incidence to zero in all districts
- Annual Malaria Incidence to be <1/1000
- Less than 1 per cent microfilaria prevalence in all districts
- Kala-azar Elimination by 2015, <1 case per 10000 population in all blocks

VISION OF THE NHM

"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".

GUJARAT NHM STATE PROFILE



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:

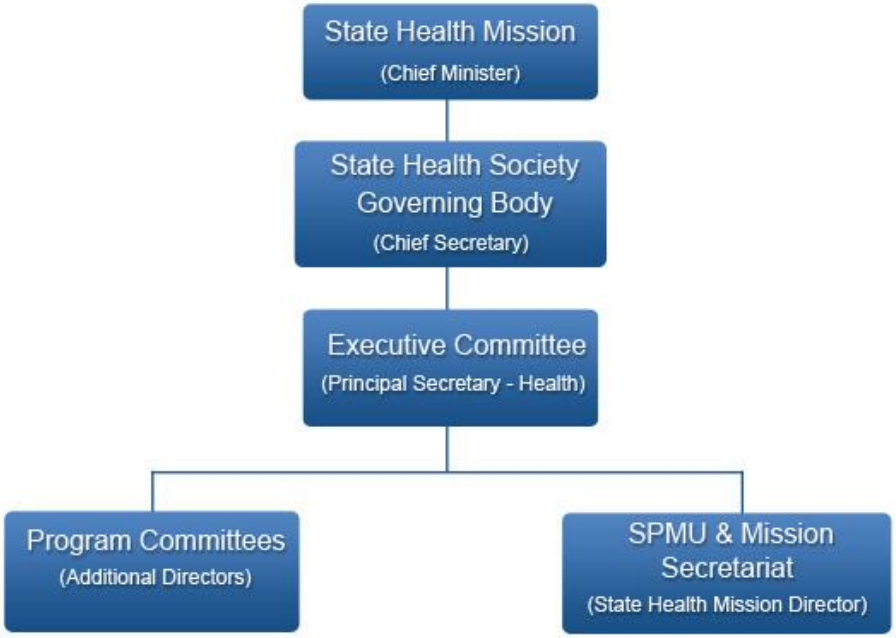
DEMOGRAPHIC, SOCIO-ECONOMIC AND HEALTH PROFILE AS COMPARED TO INDIA:

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

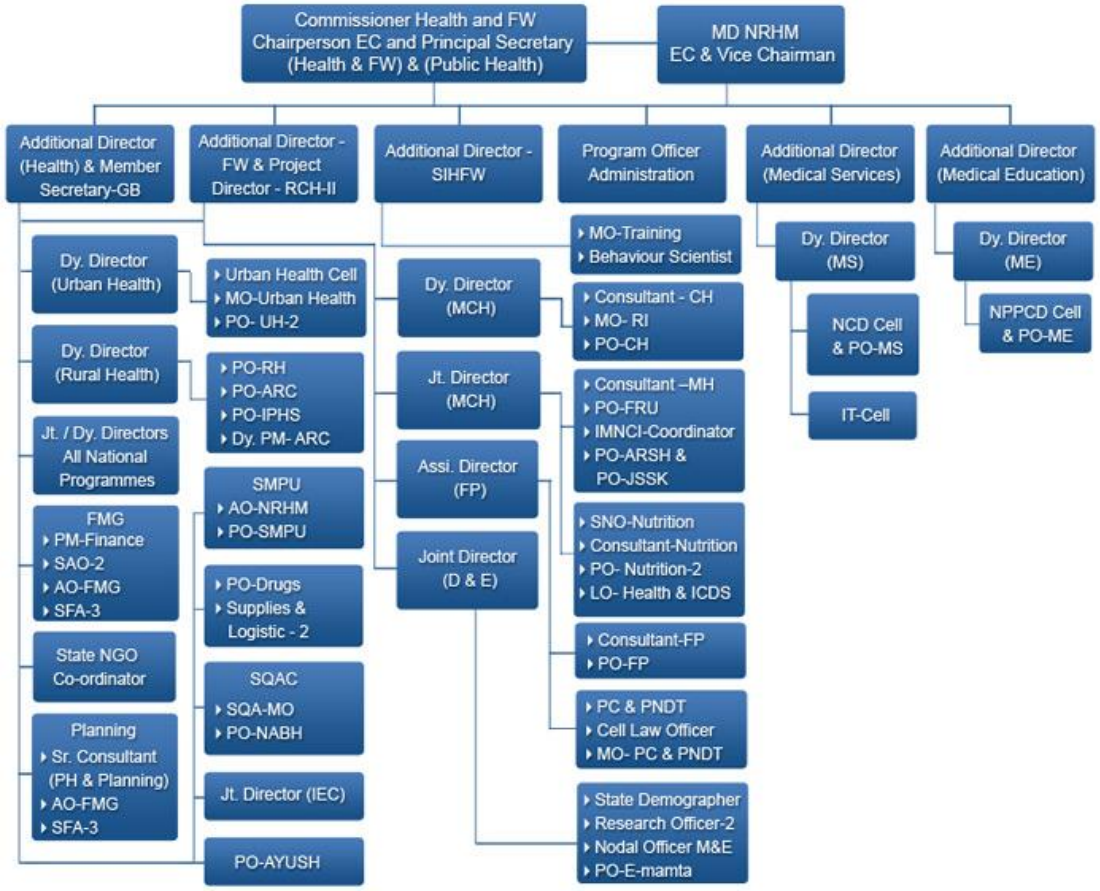
Particulars	**Required**	**In position**	**shortfall**
Sub-centre	9156	7274	1882
Primary Health Centre	1433	1158	275
Community Health Centre	358	300	58

Particulars	Required	In position	shortfall
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
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



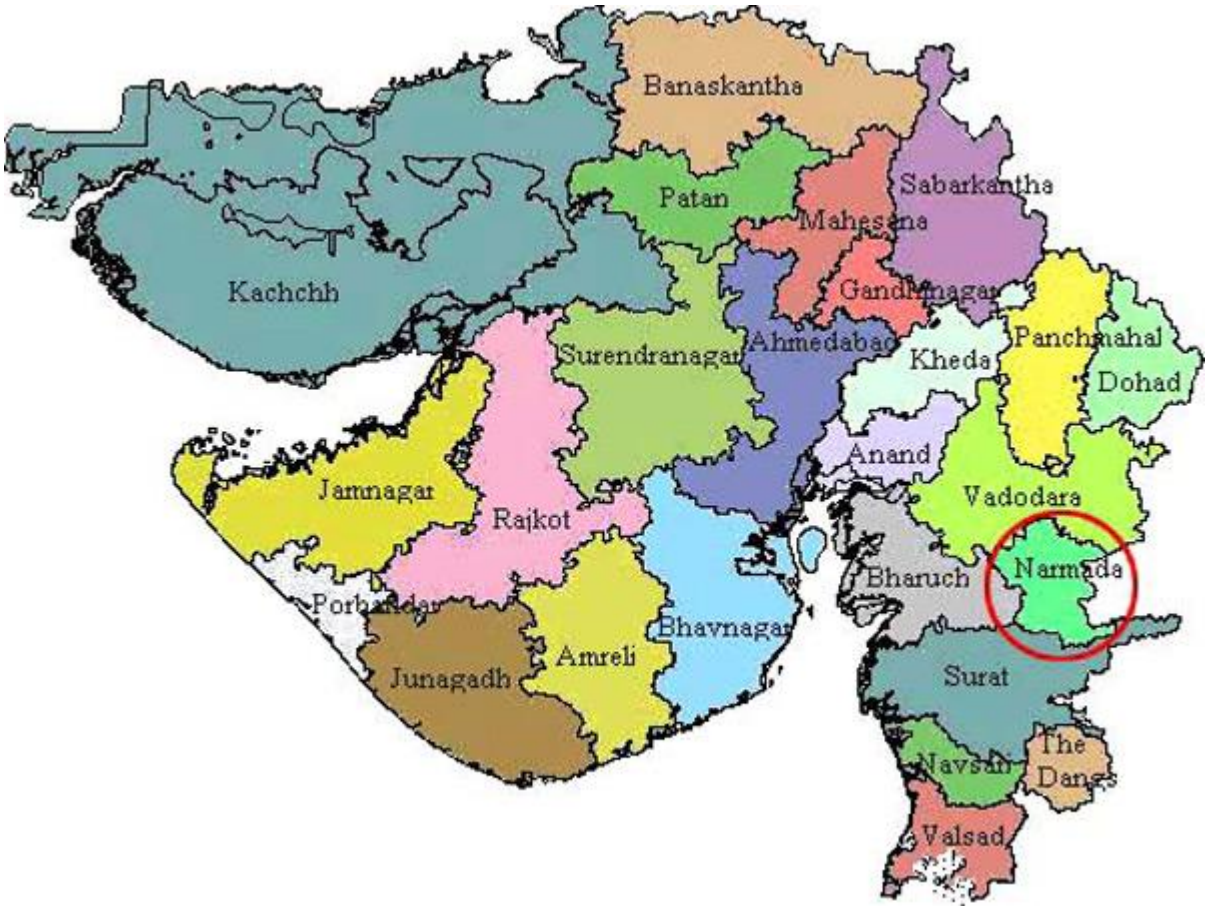
ORGANOGRAM



DISTRICT PROFILE:-

Geography

Narmada district is an administrative district in the state of Gujarat in India. The district headquarters are located at Rajpipla. The district is bounded by Vadodara district in the north, by Maharashtra state in the east, by Tapi district in the south and by Bharuch district in the west. The district occupies an area of 2,755 km² and has a population of 5,90,379 (as of Census 2011). It was 10.44% urban as of Census 2011. As of Census 2011 it is the third least populous district of Gujarat (out of 33), after Dang and Porbandar.



.History

This district was carved out on October 2, 1997. The newly formed district consisted of Tilakwada taluka of erstwhile Vadodara district and 3 talukas of erstwhile Bharuch district: Nandod, Dediyapada and Sagbara.

Divisions

The district consists of 5 talukas: Nandod, Sagbara, Dediyapada, Tilakwada and Garudeshwar .

Economy

In 2006 the Ministry of Panchayati Raj named Narmanda one of the country's 250 most backward districts (out of a total of 640). It is one of the six districts in Gujarat currently receiving funds from the Backward Regions Grant Fund Programme (BRGF).

Demographic Profile-

Indicator	Gujarat	Narmada
Total Population (Census 2011)	60439692	590,379
Sex Ratio (Census 2011)	918	960
Child Sex Ratio (Census 2011)	890	941
Total Literacy Rate (%) (Census 2011)	79.31%	73.29%

Infrastructure Profile-

Number of District Hospital	1
Number of Sub District Hospital	1
Number of Community Health Centres	3
Number of Primary Health Centres	25
Number of Sub Centres	174
Number of Urban Centres	1

Details of Human Resource:

Regular Staff:

H R	**Year 2016-17**		
	Sanctioned	Filled	%
Specialists (Gyane&Obs/Paed/Surgery/Anaesthetist etc.	**22**	**3**	**14%**
Doctors (General Physician - MBBS)	**69**	**26**	**38%**
Doctors (AYUSH)	**25**	**3**	**12%**
Staff Nurses	**50**	**41**	**82%**
Pharmacist	**25**	**21**	**84%**
Laboratory Technician	**25**	**25**	**100 %**
FHWs	**186**	**136**	**73%**
MPHWs	**176**	**141**	**80%**
FHS	**33**	**16**	**48%**
MPHS	**25**	**9**	**36%**

HR Under NRHM:

H R	**Year 2016-17**		
	Sanctioned	Filled	%
Doctors (AYUSH)	**8**	**5**	**100%**
Staff Nurses	**10**	**9**	**90%**
Pharmacist	**0**	**0**	**0**
Laboratory Technician	**10**	**8**	**80**

Trainings attended

1. 2ND – 3RD May 2016: Attended Workshop on SBCC(Social and Behaviour Change Communication)
2. 9th April 2016: Attended workshop of Switch from trivalent OPV to bivalent OPV

Training conducted

1. 7th April 2016 – Given training on district level to Data entry operators on e-mamta and HMIS.
2. 18th April 2016 – Refresher training to ASHA and ASHA facilitator on various programmes and CMAM program.