Internship

at

National Health Mission, Gujarat

By

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NATIONAL HEALTH MISSION

About The Organization

The National Health Mission was launched by Hon'ble Prime Minister on 12th April 2005, to provide accessible, affordable, and quality health care to the rural population, especially vulnerable groups. The Union Cabinet vide its decision dated 1st May2013, as approved the launch of National Urban Health Mission (NUHM) as a Sub-mission of over-arching National Health Mission (NHM), with National Rural Health Mission (NRHM) being the other submission of National Health Mission.

The push of mission is on building up of completely useful, network possessed, decentralized wellbeing conveyance framework with between sectoral assembly at all dimensions, to guarantee concurrent activity on a wide scope of determinants of wellbeing, for example, water, sanitation, instruction, nourishment, social and sex equity. Institutional reconciliation inside the divided wellbeing part was relied upon to give an attention on results, estimated against Indian Public Health Standard for all wellbeing offices.

NHM has six financing components:

- NRHM-RCH Flex pool,
- NUHM Flex pool,
- Flexible pool for Communicable diseases,
- Flexible pool for Non-Communicable diseases including Injury and Trauma
- Infrastructure Maintenance and
- Family Welfare Central Sector component.

The state would be responsible for district action plans, and activities to be performed in state level. The state Program Implementation Plan (PIP) will also include individual district plan. It will strengthen local planning at district level, ensure approval of adequate resources for high priority districts plans and communicate plan to districts and state at the same time.

The state PIP is firstly appraised by the National Programme Coordination Committee (NPCC). NPCC includes Mission Director as a chairman and representatives of the state, technical and programme divisions of the MoHFM, national technical assistance agencies providing support to the respective states, other departments of the MoHFW and other Ministries as appropriate. After appraisal state PIP is approved by Union Secretary of Health & Family Welfare as Chairman of the EPC.

GOALS

Results for NHM in the twelfth Plan are synonymous with those of the twelfth Plan, and are a piece of the general vision. The undertaking is guarantee accomplishments of those marker in Box 1. Explicit objectives for the states will be founded on existing dimensions, limit, and setting. State explicit development would be supported. Procedure and result pointers will be created to reflect value, quality, proficiency, and responsiveness. Focuses for transferable and non-transmittable malady will be set at state level dependent on nearby epidemiological examples and considering the financing accessible for every one of these conditions.

Box 1

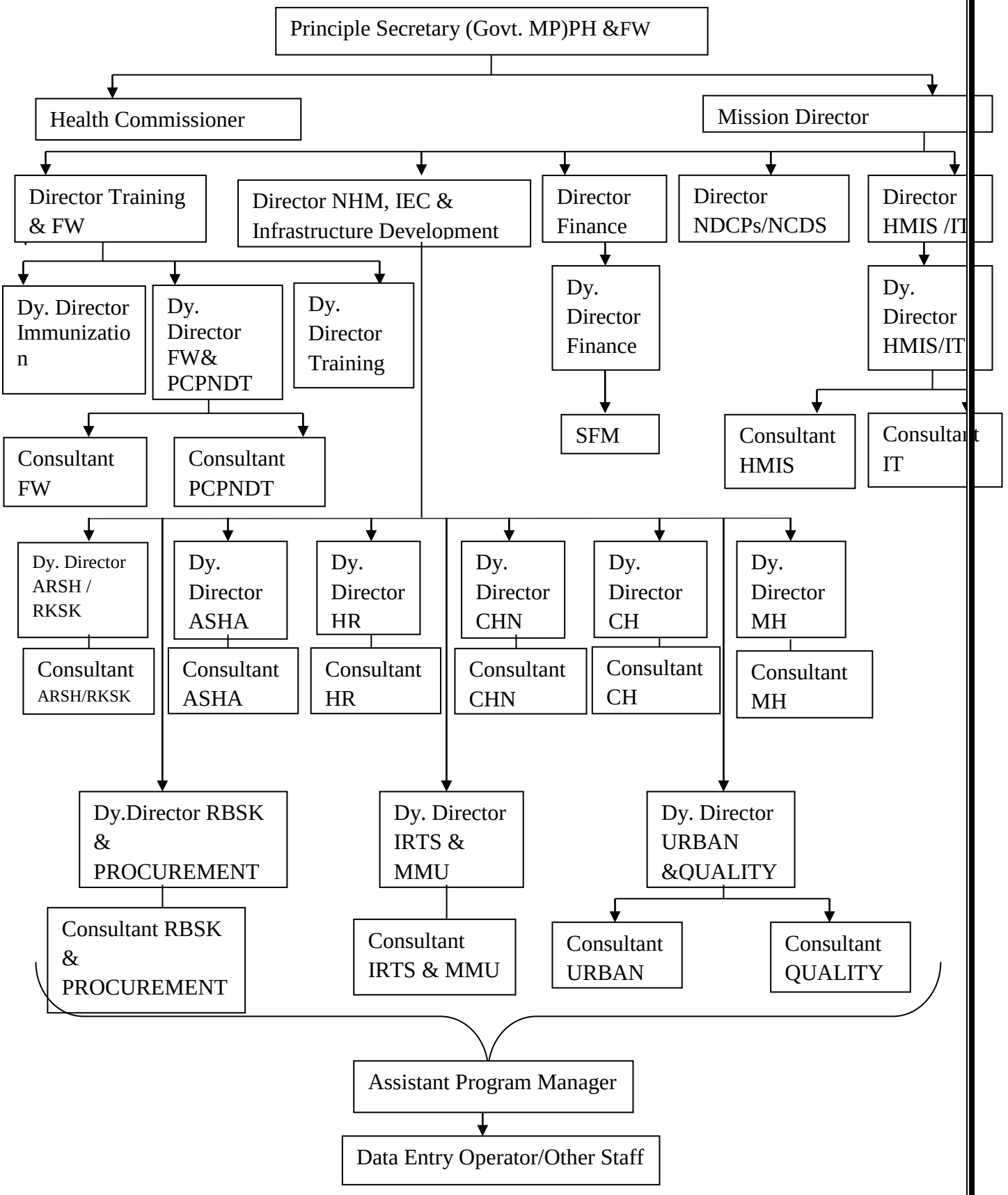
1. Reduce MMR to 1/100000 live births
2. Reduce IMR to 25/1000 live births s
3. Reduce TFR to 2.1
4. Prevention and reduction of anaemia in women aged 15-49 years
5. Prevent and reduce mortality & morbidity from communicable, non-communicable; injuries and emerging diseases
6. Reduce household out of pocket expenditure on total health care expenditure
7. Reduce annual incidence and mortality from Tuberculosis by half
8. Reduce prevalence of Leprosy to <1/10000 population and incidence to zero in all districts
9. Annual Malaria Incidence to be <1/1000
10. Less than 1% microfilaria prevalence in all districts

accountable and responsive to people's needs, with effective inter-sectoral convergent action to address the wider social determinants of health."

CORE VALUES

- To give compelling medicinal services to rustic populace all through the nation with extraordinary spotlight on 18 states, which have powerless general wellbeing markers and additionally feeble foundation.
- 18 unique center states are Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Himachal Pradesh, Jharkhand, Jammu and Kashmir, Manipur, Mizoram, Meghalaya, Madhya Pradesh, Nagaland, Orissa, Rajasthan, Sikkim, Tripura, Uttaranchal and Uttar Pradesh.
- To raise open spending on wellbeing from 0.9% GDP to 2-3% of GDP, with improved course of action for network financing and hazard pooling.
- To embrace building adjustment of the wellbeing framework to empower it to successfully deal with expanded designations and advance approaches that fortify general wellbeing the board and administration conveyance in the nation.
- To renew neighborhood wellbeing conventions and standard AYUSH into the general wellbeing framework.
- Effective mix of wellbeing worries through decentralized administration at locale, with determinants of wellbeing like sanitation and cleanliness, nourishment, safe drinking water, sexual orientation and social concerns.
- Address bury State and entomb region variations.
- Time bound objectives and report openly on advancement.
- To improve access to country individuals, particularly poor ladies and kids to impartial, reasonable, responsible and successful essential social insurance.

STATE PROGRAM MANAGEMENT UNIT: ORGANOGRAM



1. DISTRICT HEALTH SOCIETY: ORGANOGRAM