Internship

at

National Health Mission, Gujarat

By

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National Health Mission, Gujarat

NHM in India was launched on 12th April, 2005. It was conceived mainly to provide effective health care to the rural population, especially the disadvantaged groups including women and children, by improving access, enabling community ownership and demand for services, strengthening public health systems for efficient service delivery, enhancing equity and accountability and promoting decentralisation. It seeks to provide accessible, affordable and quality health care to the rural population, especially the vulnerable sections. It covers the entire country, with special focus on 18 states where the challenge of strengthening poor public health systems and thereby improve key health indicators is the greatest. These are Uttar Pradesh, Uttaranchal, Madhya Pradesh, Chhattisgarh, Bihar, Jharkhand, Orissa, Rajasthan, Himachal Pradesh, Jammu and Kashmir, Assam, Arunachal Pradesh, Manipur, Meghalaya, Nagaland, Mizoram, Sikkim and Tripura.

NHM is the combination of national programmes, namely, the Reproductive and Child Health II project, (RCH-II) the National Disease Control Programmes and the Integrated Disease Surveillance Project. NHM also enable the mainstreaming of Ayurvedic, Yoga, Unani, Siddha and Homeopathy Systems of Health (AYUSH).

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 Programme Implementation Plan (PIP). The PIP shall have following parts:

- Part I : NHM RCH Flexipool
- Part II : NUHM Flexipool,
- Part III : Flexible Pool for Communicable Diseases
- Part IV : Flexible Pool for Non Communicable Diseases, Injury and Trauma
- Part V : Infrastructure Maintenance

Core Values

- To protect the health of the vulnerable and disadvantaged, poor people and nurture them.

- To make the public health systems efficient and strong in terms of universal access, social protection against the rapidly increasing out of pocket expenditure on health.

- To create an environment and aura of trust between the people and the health care providers.

- To empower the society by enabling active participation in the process of achieving highest possible levels of health.

- To institutionalize transparency and accountability in the process across the nation.

- To improvise the efficiency and effectivity for optimal use of available resources .

Routine Immunization

Delivering effective and safe vaccines through an efficient delivery system is one of the most cost-effective public health interventions. Immunization programs aim to reduce mortality and morbidity due to vaccine preventable diseases (VPDs).
Following the successful global eradication of smallpox in 1975 through effective vaccination programs and strengthened surveillance, the Expanded Program on Immunization (EPI) was launched in India in 1978 to control other VPDs. Initially, six diseases were selected: Diphtheria, Pertussis, Tetanus, Poliomyelitis, Typhoid and childhood tuberculosis. The aim was to cover 80% of all infants. Subsequently, the program was universalized and renamed as Universal Immunization Program (UIP) in 1985. Measles vaccine was included in the program and typhoid vaccine was discontinued. The UIP was introduced in a phased manner from 1985 to cover all districts in the country by 1990, targeting all infants with the primary immunization schedule and all pregnant women with tetanus-toxoid Immunization.
The UIP envisages achieving and sustaining universal immunization coverage in infants with three doses of DPT and OPV and one dose each of measles vaccine and BCG, and, in pregnant women, with two primary doses or one booster dose of TT. The UIP also requires a reliable cold chain system for storing and transporting vaccines, and attaining self-sufficiency in the production of all required vaccines.