Internship at
National Health Mission, Madhya Pradesh

By

Amanjot Kaur

MBA Hospital and Health Management

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The IIHMR University, Jaipur

1, Prabhu Dayal Marg, Sanganer Airport
Jaipur-302029, Rajasthan
Ph: 0141 3924700, Fax: 3924738
Website: www.iihmr.edu.in

Internship

The National Health Mission was launched on 12th April, 2005 by the Honourable Prime Minister, with the vision to provide accessible, affordable and quality healthcare to the rural population, with special emphasis on the vulnerable groups. The driving force of the mission is on establishing a fully functional, community owned, decentralized health delivery system with inter-sectoral convergence at all levels, to ensure instant action on a wide range of determinants of health such as water, sanitation, education, nutrition, social and gender equality. Institutional integration within the fragmented health sector was expected to provide a focus on outcomes, measured against Indian Public Health Standards for all health facilities.

The Union Cabinet vide its decision dated 1st May, 2013 approved the launch of two sub-missions of an over-arching National Health Mission (NHM): National Urban Health Mission (NUHM) and National Rural Health Mission (NRHM).

Vision of 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.

Though the vision of the Mission is same for the entire country, specific goals for states will be based on the existing levels, capacity and context. The endeavour would be to ensure the achievement of following indicators:

1) Reduce MMR to 1/1000 live births
2) Reduce IMR to 25/1000 live births
3) Reduce TFR to 2.1
4) Prevention and reduction of anaemia aged 15-49 years
5) Prevent and reduce mortality and morbidity from communicable, non-communicable; injuries and emerging diseases.
6) Reduce household out of pocket expenditure on total healthcare 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 per cent micrifilaria prevalence in all districts
11) Kala-azar elimination by 2015, <1 case per 10000 population in all blocks

NHM Components:

1) NHM Finance

Financial Management Group (FMG) working under NHM Finance Division of MoHFW is involved in planning, budgeting, accounting, financial reporting, internal controls including internal and external audit, procurement, disbursement of funds and monitoring the physical and financial performance of the programme, with the main aim of managing resources efficiently and achieving pre-determined objectives. Sound Financial Management is a critical input for decision making and programme success. Accurate and timely financial information provides a basis for informed decisions about the programme, fund release and assists in reducing delays for smooth programme implementation. FMG tries to ensure that all programmes receive their funds in a timely manner. Under NHM, it is the endeavour of the GoI to build effective financial management capabilities for managing the funds provided to the State Health Societies. The states have also been encouraged to set up Financial Management Groups (FMG) at the state and strengthen financial management capacities at District level.

2) Health Systems Strengthening

Mobile Medical Units:
MMU is a mechanism to provide outreach services in rural and remote areas. This is not meant to transfer patients.
MMUs comprise of one/two/three vehicles, varying state wise.
Each unit has one doctor, one nurse, one radiologist, one lab attendant, one pharmacist and a helper and driver.
There is provision for medicines in the unit.

Patient Transport Service (National Ambulance Service):
One of the achievements of NHM is the patient transport ambulances operating under 108/102 ambulance services. 108 is predominantly an emergency response system, primarily designed to attend to patients of critical care, trauma and accident victims. 102 services essentially consist of basic patient transport aimed to cater the needs of pregnant women and children though other categories are also taking benefits and are not excluded.

Infrastructure:
Under NHM, financial support is provided to states to strengthen the public health system including upgradation of existing or construction of new infrastructure. Under NHM, high focus states can spend upto 33 per cent and other states upto 25 per cent of their NHM funds on infrastructure.

Human Resource:

Under NRHM, financial support is provided to states to strengthen the health system including engagement of nurses, doctors and specialists on contractual basis based on the appraisal on requirements proposed by the states in their annual Programme Implementation Plans. Support under NRHM is also provided by the way of additional incentives to serve in remote underserved areas, so that health professionals find it attractive to join public health facilities in such areas. Performance based incentives are also being given to motivate service providers to give better service delivery.

Drugs and Logistics:

Provision of free drugs under NHM:

Expenditure on drugs constitutes more than 70 per cent of the health care cost. Provision of free drugs in Public Health Facilities can, therefore, bring enormous relief to people and substantially bring down Out Of Pocket Expenditure on health.

3) RMNCH+A

RMNCH+A approach aims to address the major causes of mortality among women and children as well as the delays in accessing and utilizing health care services. This approach directs the states to focus their efforts on the most vulnerable population and disadvantaged groups in the country. It also emphasizes on the need to reinforce efforts in those poor performing districts that have been identified as High Priority Districts (HPDs).

TOR of MCH Consultants:

1. Operationalization of Delivery Points
    - Supportive Supervision visits in CEmONC and ensuring corrective actions
    - Supportive Supervision visits in BEmONC and ensuring corrective actions
    - Supportive Supervision visits in Level 1 and ensuring corrective actions
2. Operationalization of Blood Transfusion Services
3. JSSK
    - Ensuring free entitlements in delivery points during field visits.
    - Ensuring free investigations in delivery points during field visits.
    - Ensuring free diet in delivery points during field visits.
4. Comprehensive Abortion Care
    - MCH Consultant should visit the training centres to maintain the quality CAC training
5. Ensuring quality 4 ANC check up
    - Monitoring of quality ANC in facilities and VHND.
6. MSS and PMSMA
    - Visit to MSS, both village and block level for ensuring delivery of services.

7. Back tracking of severe anaemia and eclampsia
8. Ensuring quality intrapartum and immediate postpartum care
9. Maternal Death Review
    - At least one MDR with DHO1
10. Functionality of facility based Neonatal services.
    - SS visits for dissemination of guidelines/ infection prevention practices/ biomedical waste protocols
    - To accompany CMHO during field visits.
11. Functionality if facility based paediatric services
12. Child Death Review
    - Assist DHO 1 to ensure FBIR of all community deaths and 2 verbal autopsies per block per month