Internship at
National Health Mission, Madhya Pradesh

By

Arpit Datey

MBA Hospital and Health Management

Academic year, 2015-2017

The IIHMR University, Jaipur

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

OBSERVATIONAL LEARNING:

About the Organization:

The GoI launched National Rural Health Mission (NRHM) to address the health needs of under-served rural areas. Launched in April 2005, the NRHM was primarily tasked with looking after the health needs of states that has been identified as having weak public health infrastructure and indicators. The Union Cabinet on 1 May 2013, has approved the launch of National Urban Health Mission (NUHM) as a Sub-mission of an principal National Health Mission (NHM), with National Rural Health mission (NRHM) being the other Sub-mission of National Health Mission.

The National Health Mission (NHM) incorporates its two Sub-Missions, the National Rural Health Mission (NRHM) and the newly launched National Urban Health Mission (NUHM). The main programmatic components include Health System Strengthening in rural and urban areas-Reproductive-Maternal- Neonatal-Child and Adolescent Health (RMNCH+A), and Communicable and NCDs. The NHM visualizes achievement of universal access to equitable, quality and affordable health care services that are liable and responsive to people's needs.

Goals

The endeavor would be to ensure achievement of those indicators in Specific goals for the states will be based on existing levels, capacity and context. Innovations of states would be encouraged. Development of process and outcome indicators to reflect equity, quality, efficiency and responsiveness. Targets for communicable and non-communicable disease will be established at state level based on epidemiological patterns and taking into account the finances available for each of these conditions.

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 anemia 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 per cent microfilaria prevalence in all districts
11. Kala-azar Elimination by 2015, <1 case per 10000 population in all blocks

NHM COMPONENTS:

NHM Finance -

Financial Management Group(FMG) working under NHM Finance Division of Ministry of Health & Family Welfare is involved in planning, accounting, financial reporting, budgeting and internal controls including internal audit, external audit, procurement, distribution of funds and observing the physical and financial performance of the programme, with the main aim of managing resources competently and attaining pre-determined objectives. Sound financial management is a precarious input for decision making and programme success. Accurate and appropriate financial information provides a basis for well-versed decisions about the programme, fund release and assistances in reducing delays for smooth programme carrying out. FMG tries to ensure that all programmes get their funds in an appropriate manner after obeying to all the GFR provisions and DoE conditional ties. Under NHM, it is the effort of the Government of India to construct effective financial management competences for managing the funds delivered to the State Health Societies. The States have also been cheered to set up Financial Management Groups (FMG) at the State and Make stronger financial management capacities at District level.

Health Systems Strengthening

Adoption of the (IPHS) Indian Public Health Standards: This well-defined not only the service package that each facility must provide, but also specified the minimum inputs required to ensure quality of care, in terms of equipment, Infrastructure skilled human resources, and materials. It was an promise to the states of financing the gaps between available levels of these inputs and the levels needed to attain the IPHS norms. A considerable increase in these inputs was motivated by facility surveys to find gaps and then preparation and supporting to close these gaps.

Quality standards have been demarcated with respect to clinical practices, administrative and administration processes and for support services. The Operational Guidelines for Maternal and New-born care published by the Ministry of Health and Family Welfare expansively defined such quality standards for RCH care.

Skill gaps and (STPs) Standard Treatment Protocols: Skill sets and standard treatment protocols essential for provide quality RCH services and preparation packages that would provide these skill sets were designed. These include the Skilled Birth Attendance (SBA) training for ANMs, the NavjatShishu Suraksha Karyakram (NSSK) and the IMNCI packages for ANMs, Home Based New-born Care (HBNC) for ASHAs, and the Emergency Obstetric Care (EmOC) for doctors. These training packages also familiarized the standard treatment protocols in each of these areas.

Hospital Management Societies Rogi Kalyan Samiti(RKS) and untied funds: The compulsory creation of a hospital management society (Rogi Kalyan Samiti) and authorizing this body with untied funds has allowed public involvement also contributed to improved quality of care. RKS members were skilled and prepared on quality of care issues. Before the onset of NRHM, many states created funds from user fees; however the untied grants to all public health facilities were made accessible under NRHM which decreased financial barriers to access of health care. This is clearly obvious from the improved utilization of indoor and outdoor amenities at health facilities

Quality Improvement Programmes: NRHM also had been backings initiatives for construction quality management systems. These range from creation of quality assurance teams which use check lists and periodic monitoring visits to evaluate quality gaps, to more organized quality management systems primary to a third party audit and quality authorisation- either using ISO 9001: 2008 or NABH.

Reproductive, Maternal, New-born, Child and Adolescent Health (RMNCH+A)

Introduction

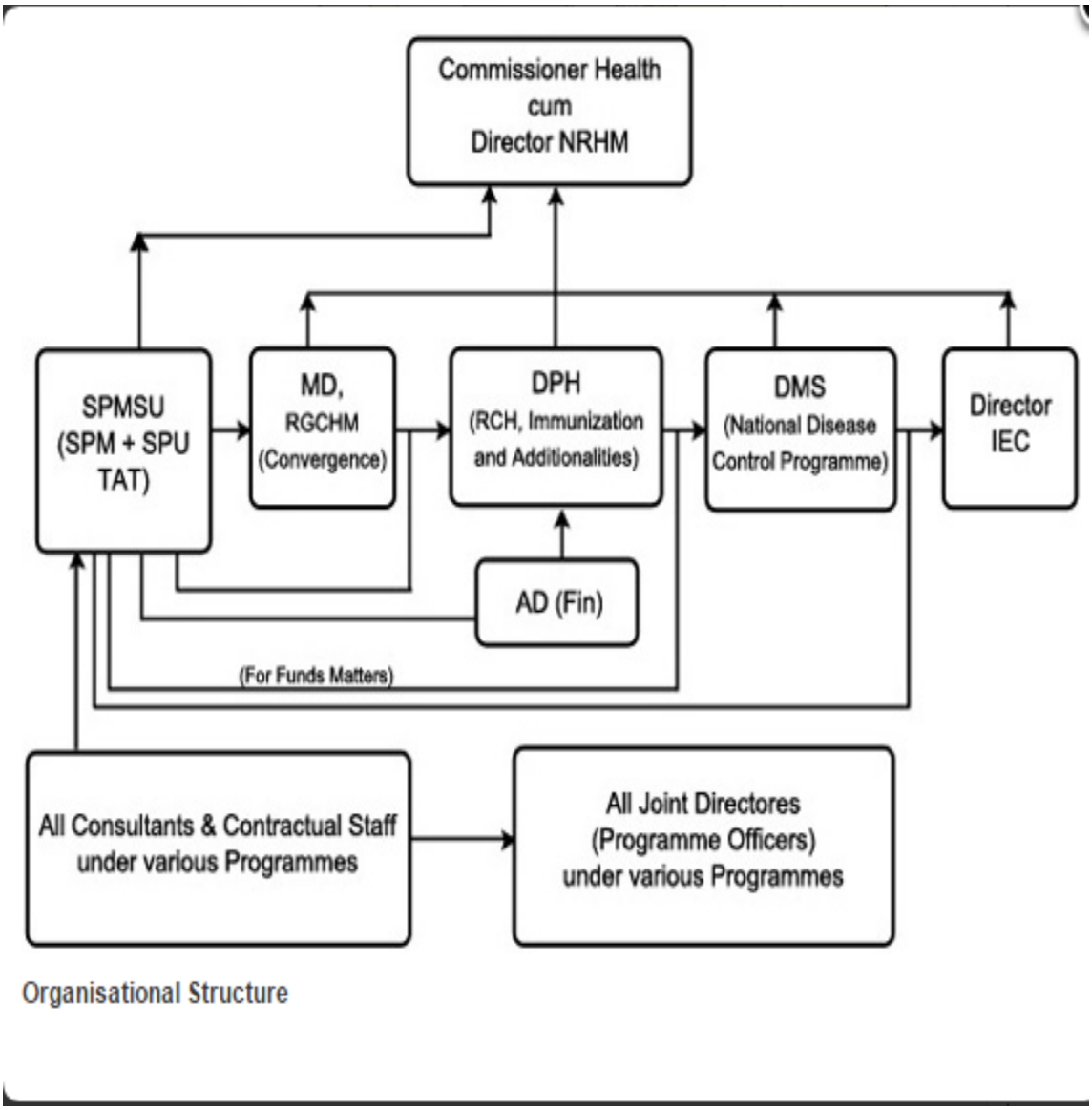
RMNCH+A approach has been launches in 2013 and it principally looks to address the major causes of mortality among children and women as well as the delays in accessing and using health care and services. The RMNCH+A strategic approach has been established to provide an understanding of 'continuum of care' to ensure equal focus on all life stages of life cycle. Significance interventions for each thematic area have been included in this to ensure that the linkages between them are contextualized to the same and successive life stage. It also introduces new initiatives like the use of Score Card to track the performance, For Anaemia across all age groups there is the National Iron + Initiative and the Comprehensive Screening and Early interventions for defects at birth, diseases and deficiencies among children and adolescents. The RMNCH+A appropriately directs the States to focus their efforts on the most exposed population and underprivileged groups in the country. It also highlights on the need to strengthen efforts in those poor execution districts that have already been identified as the (HPDs) high focus districts.

Objectives:

The Five Year Plan (12^{th}) has demarcated the national health results and the three goals that are related to RMNCH+A strategic approach are:

1) Reduction of Infant Mortality Rate (IMR) to 25 per 1,000 live births by 2017
2) Reduction in Maternal Mortality Ratio (MMR) to 100 per 100,000 live births by 2017
3) Reduction in Total Fertility Rate (TFR) to 2.1 by 2017

Organogram of NHM Madhya Pradesh:



Organisational Structure

District Burhanpur

[11]**General Profile:**

General Information	Statistics
(i) Geological Area	3427 km²
(ii) Administrative Division : Number of Tehsils	4
Number of Blocks	2
Number of villages	263
(iii) Population	757847
(iv) Proportion of Rural population to total population	65.7
(v) Population Density (per sq. Km.)	221
(vi) Sex Ratio	951
(vii) Literacy Rate	64.4