Internship at
National Health Mission, Gujarat

By

Snehlata

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 REPORT

GOALS OF INTERNSHIP

The main objective of internship is to gain exposure and hands on experience to work related to the field of managing a health care organization. The internship period is necessary to gather working knowledge of a organization setup and undergo on-the-job training to know about the various departments in a organization in detail. Training gives opportunity to relate theory with practical knowledge.

I had the privilege to pursue my internship at **National Health Mission Gujarat**, which provided an ideal and congenial atmosphere for learning.

The objectives of my internship were:

To learn and understand the functioning of various programmes initiated by National Rural Health Mission Banaskantha, Gujarat.

ORGANIZATIONAL PROFILE

The Government of India launched National Rural Health Mission (NRHM) on 12th April 2005 to address the health needs of rural population, especially the vulnerable section of the society. One of the key components of the National Rural Health Mission is to provide every village in the country with a trained female community health activist or Accredited Social Health Activist (ASHA) selected from the same village.

National Health Mission (NHM) encompassing two Sub-Missions, National Health Mission (NHM) and National Urban Health Mission (NUHM). It is both flexible and dynamic and is intended to guide States towards ensuring the achievement of universal access to health care through strengthening of health systems, institutions and capabilities.

The health set-up in Gujarat is thus designed in a three-tier fashion:

The primary tier has three types of health care institutions namely, a Sub-Centre (SC) for a population of 3000 to 5000, a Primary Health Centre (PHC) for 20,000 to 30,000 population and a Community Health Centre (CHC) for every 1,00,000 population.

The district hospitals function as the secondary tier of care for the rural population. Tertiary health care is provided by highly specialized hospitals and health care institutions that are well equipped with sophisticated diagnostic and investigative facilities.

HEALTH SERVICES

Class 1 District Hospitals are equipped with Operation Theatre, Intensive and Cardiac Care Units, X-Ray, Ultrasound and Laboratory facilities, E.C.G. and Blood Transfusion services. Sub-district (Taluka) Hospitals have limited specialties like Surgery, Obstetrics and Gynecology, Pediatrics and Dentistry. Ambulance services are available round the - clock in both the categories of hospitals.

Rural Health Structure:

Sub Centers

Manpower

- One Auxiliary Nurse Midwife.
- One Male Health Worker.
- One Lady Health Worker from the PHC - supervision of six Sub Centres.

Function

Interpersonal and Behavior Change Communication related to..

- Maternal and Child Health
- Nutrition
- Diarrhea Control
- Family Welfare
- Immunization
- Control of Communicable Diseases Programme

The Primary Healthcare Facility

Manpower

- One Medical Officer
- Fourteen paramedical and other staff

Function

- Out patients services
- In door patients - 4 - 6 beds
- Curative, preventive, promotional and Family Welfare Services

The Community Healthcare Facility

First Referral Unit with Specialized services

Manpower

- Four specialist doctors in the areas of Medicine, Surgery, Pediatrics and Gynecology, Obstetrics.
- Nursing and Para Medical staff.

- Function
- Out patients services
- In door patients; 30 beds
- Operation Theatre
- Labor Room
- X-ray Machine
- Pathological Laboratory
- Standby Generator
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Goals of NHM

- 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 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".

MISSION

Technical support and capacity building for strengthening public health systems in India.

SERVICES PROVIDED BY THE ORGANIZATION

There are eight practice areas where NHM is functional. They are

1. Community processes
2. Health informatics
3. Healthcare financing
4. Healthcare technology and innovations
5. Human resources for health
6. Public health administration
7. Public health planning
8. Quality improvement

COMMUNITY PROCESSES

"The community should emerge as active subjects rather than passive objects in the context of the public health system" - NRHM Framework for Implementation, MoHFW, GoI, 2005-2012

To achieve this goal, the program components in NRHM are the ASHA, the Village Health Sanitation and Nutrition Committee (VHSNC), community programs, involvement of NGOs and public participation in facility based committees. While the ASHA is intended to facilitate access to health services, mobilize communities to realize health rights and access entitlements and provide basic community level care, the other elements focus on promoting action by village level organizations and enhance people's participation in service delivery.

The task of developing policy frameworks and successful operationalization of this set of interventions at scale across the entire nation is complex and challenging.

Access this page for information about the various consultations and dialogues, studies and evaluations, and guidelines and training material that have shaped the program. Learn also the challenges this task faces and the dilemmas regarding the way ahead.

HEALTH INFORMATICS

Health Informatics is the intersection of information technology, information science with public health and health care. It deals with resources, devices, methods and institutions required to optimize the acquisition, storage, retrieval, and use of information in public health and health care.

To design a robust information system in health domain, it is essential to identify changing requirements and continuously improve system design. It enables the patient to access more health information, the providers to improve the quality of care, and empowers the health administrators for decentralized planning and management. It also supports policy making and strategic decisions at state and national levels.

The various sub-domains of health informatics include Hospital Information System, Human Resource Management Information System, Health Management Information System, Geographical Information System, mobile specific program monitoring system, and mobile health.

HEALTHCARE FINANCING

One of our national priorities in the health sector is to increase public health expenditure. This requires in the least a good tracking of current public health expenditure by both central and state governments, and to the extent possible by other government departments and local bodies. There is also the need for advocacy to support increases in public health expenditure.

HEALTHCARE TECHNOLOGY AND INNOVATIONS

Division of Healthcare Technology, a WHO Collaborating Centre for Priority Medical Devices & Health Technology Policy supports the following:

Technical Specifications of Medical Devices procured under National Health Mission

Biomedical Equipment Maintenance Program across all levels of public health facilities

Identification, assessment and uptake of innovations in National Health Programs

Support in Health Technology systems strengthening and providing technical support to Government's agenda on improving cost of technologies, safety profile of products

HUMAN RESOURCES FOR HEALTH

Human Resources for Health is the most important building block of public health systems. The major components are:-

1. Generating adequate skilled Human Resources
2. Strategy for recruiting and retaining public health workforce especially in rural and remote areas
3. Ensuring that appropriate skills are in place
4. Ensuring performance with quality in the staff

PUBLIC HEALTH ADMINISTRATION

Some of the most important challenges of strengthening public health systems are in governance and management. An important aspect is the Institutional framework of the health sector, especially in the context of reforms guided by the National Health Mission.

There are three key reform challenges of decentralization, integration and convergence, along with the tasks of professionalizing public health management and building the organizational capacity needed to achieve the desired health outcomes. The Implementation Framework of NRHM emphasizes the need to make public health delivery systems fully functional, responsive and accountable. There is a commitment to incentivize and support the states to

undertake the necessary institutional reforms, which are essential for improving the performance of health systems.

PUBLIC HEALTH PLANNING

Public Health Planning is a critical dimension of both health systems and health programs, and acts as the interface between the two. This practice area is not only important for developing the health plans and programs responsive to the needs of population, but it is also vital for budgeting and resource allocation in a systematic and equity sensitive manner. Successful and competent decentralized planning requires in the least

1. A grasp of epidemiology
2. A knowledge of program design
3. A systems approach to the organization of health services
4. An understanding of social determinants of health and health behaviors
5. Knowledge and learning from best practices and innovations

QUALITY IMPROVEMENT

Universal access to services implies universal access to good quality service - services that are effective, that are safe and satisfying to the patient, services that are patient and community centered and services that make efficient use of the limited resources available.

The approach for achieving these objectives, as envisaged in the 12th five year, requires ensuring that every single health facility is scored against pre-defined standards with periodic supportive supervision for ensuring continual improvement.

The 11th five year plan period saw a number of pilots in this practice area. The most important amongst these were organized by NHM, using the ISO platform. The ISO platform has been built upon and its standards were strengthened with mandatory inclusion of 24 procedures, which are specific to the Public Health. Over 140 facilities, ranging from Primary Healthcare Centers to District Hospitals were assessed against these ISO 9001:2008 plus NHSRC defined Standards. Another 388 made the effort and are struggling in this direction.

The main activity areas in this domain are:-

1. Developing Standards and Guidelines
2. Training and capacity building
3. Institutional Frameworks for building, monitoring and certifying for quality
4. Infrastructure Planning
5. Developing Resources and Publications for Quality Assurance
6. Advocacy and Policy

HEALTH CENTERS VISITED:

I visited District Hospitals, Community health centres, and Primary Health Centres and sub centres of Banaskantha in the first three months.

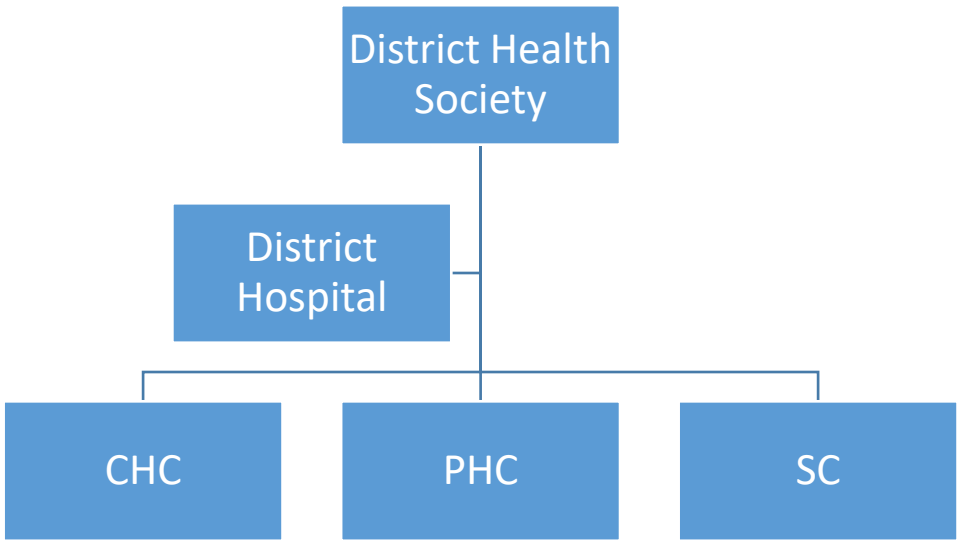

Figure 1: Organizational structure of District

ACTIVITIES UNDERTAKEN DURING INTERNSHIP

1. Through available data and records in terms of RMNCH+A indicators, district planning, financial expenditure, RKS, LR/OT practices, lab tests being done, blood bank/storage centre functionality, status of cold chain and immunization, status on key FP activities, status on new born care and capacity for treatment of childhood diseases, IP/BMW practices, assured referral linkages, implementation of JSSK, functionality of community processes like VHSNCs, HBNC, activities and programs related to ASHA, MDR/CDR implementation, GRS, capacity of DH to function as knowledge centre, Skill Lab, strengthening & Improving Immunization, cold chain, FP services
2. Identifying gaps in implementation and monitoring of NUHM, NCD and communicable diseases
3. Identifying gaps in implementation and monitoring of community processes and linkages like VHND, VHSNC etc.
4. Gap identification and action points for strengthening - OPD, IPD, LR, OT, Lab and infection prevention services, with an aim to get Quality Assurance certification as per GOI guideline.

5. Capacity building of HR for improving the clinical practices
6. Advocacy with district authorities for improving infrastructure related gaps,
7. Placing assured referral linkages and GRS
8. Holding meeting at SC with ASHA/AWW and other relevant community stakeholders for improving community processes
9. Introducing acknowledgement, appreciation and awards for performers and facilities
10. Strengthening implementation of key national programs like JSY, JSSK etc.
11. Strengthening implementation and monitoring of NUHM, NCD and communicable diseases
12. Strengthening implementation and monitoring of community processes and linkages like VHND, VHSNC etc.
13. Guidance in creating model MCH wing, if sanctioned in the district
14. Help in addressing local issues of service providers for improving service delivery