Internship at National Health Mission, Gujarat and TAABAR Foundation, Jaipur

By

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Dissertation submitted for the partial fulfillment of the

MBA Hospital and Health Management

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The IIHMR University, Jaipur

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1. NATIONAL HEALTH MISSION

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 thrust of mission is on establishing of fully functional, community owned, decentralised health delivery system with inter-sectoral convergence at all levels, to ensure simultaneous 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 Standard for all health facilities.[1]

NHM has six financing components:

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

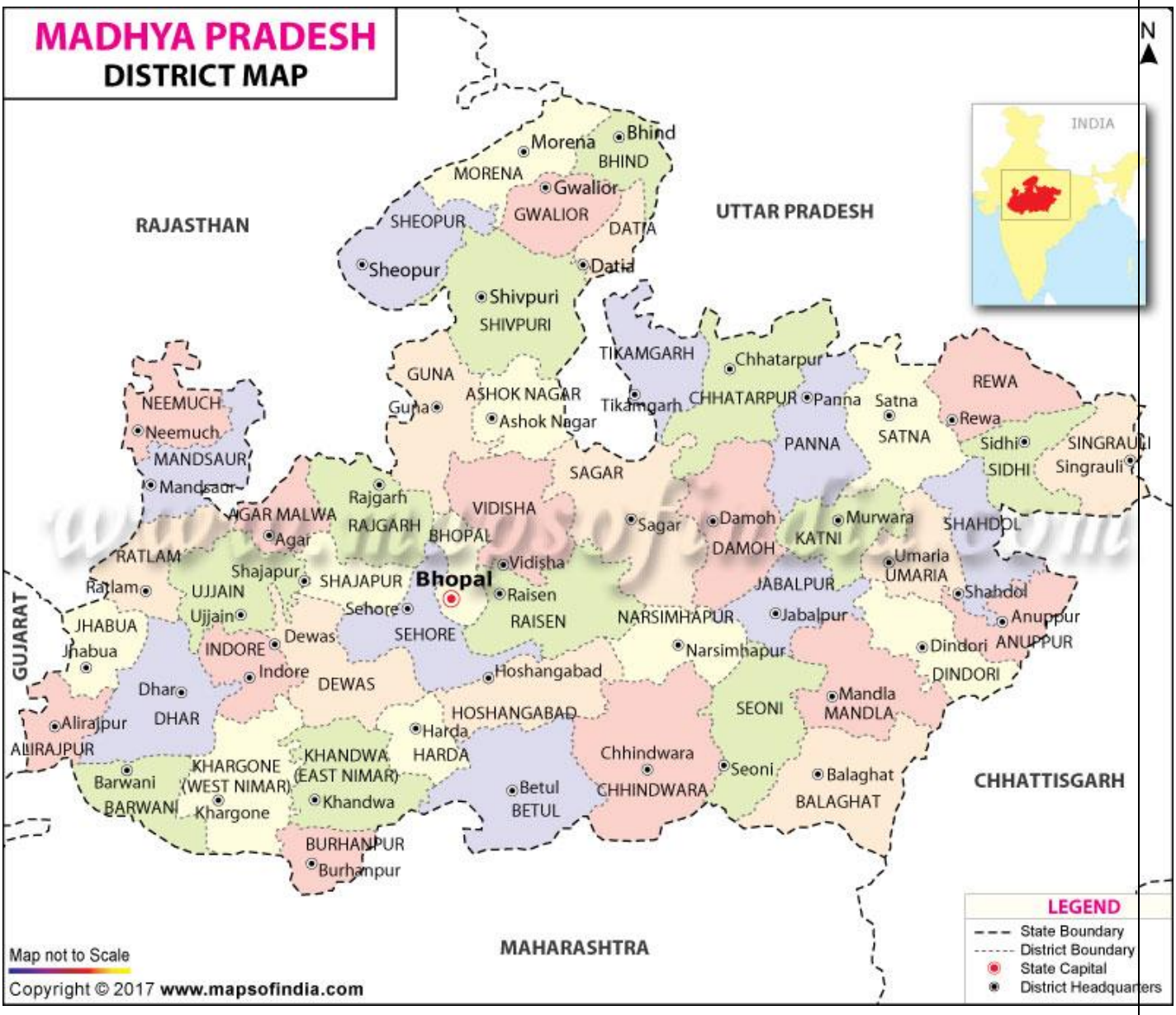
The state would be responsible for district action plans, and activities to be performed in state level. The state Program Implementation Plan (PIP) will also include individual district plan. It will strengthen local planning at district level, ensure approval of adequate resources for high priority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

1.1 STATE PROFILE

Madhya Pradesh is also known as the "heart of nation" covering an area of 3,08,252 sq. km, making it the second biggest state in the country after Rajasthan, bordering five other states- Uttar Pradesh, Chhattisgarh, Maharashtra, Gujarat, and Rajasthan. As per the census 2011 the state has a population of 7.27 crores. There are 51 districts, 313 blocks and 393 villages.



1.2 GOAL

Outcomes for NHM in the 12th Plan are synonymous with those of the 12th Plan, and are part of the overall vision. The endeavour would be to ensure achievements of those indicator in Box 1. Specific goals for the states will be based on existing levels, capacity, and context. State specific innovation would be encouraged. Process and outcome indicators will be developed to reflect equity, quality, efficiency, and responsiveness. Targets for communicable and non-communicable disease will be set at state level based on local epidemiological patterns and considering the financing available for each 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
11. Kala-azar Elimination by 2015, <1 case per 10000 population in all blocks

1.3 VISION OF THE 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."

1.4 CORE VALUES

- 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.

2. NATIONAL HEALTH MISSION

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2.1 STATE PROFILE

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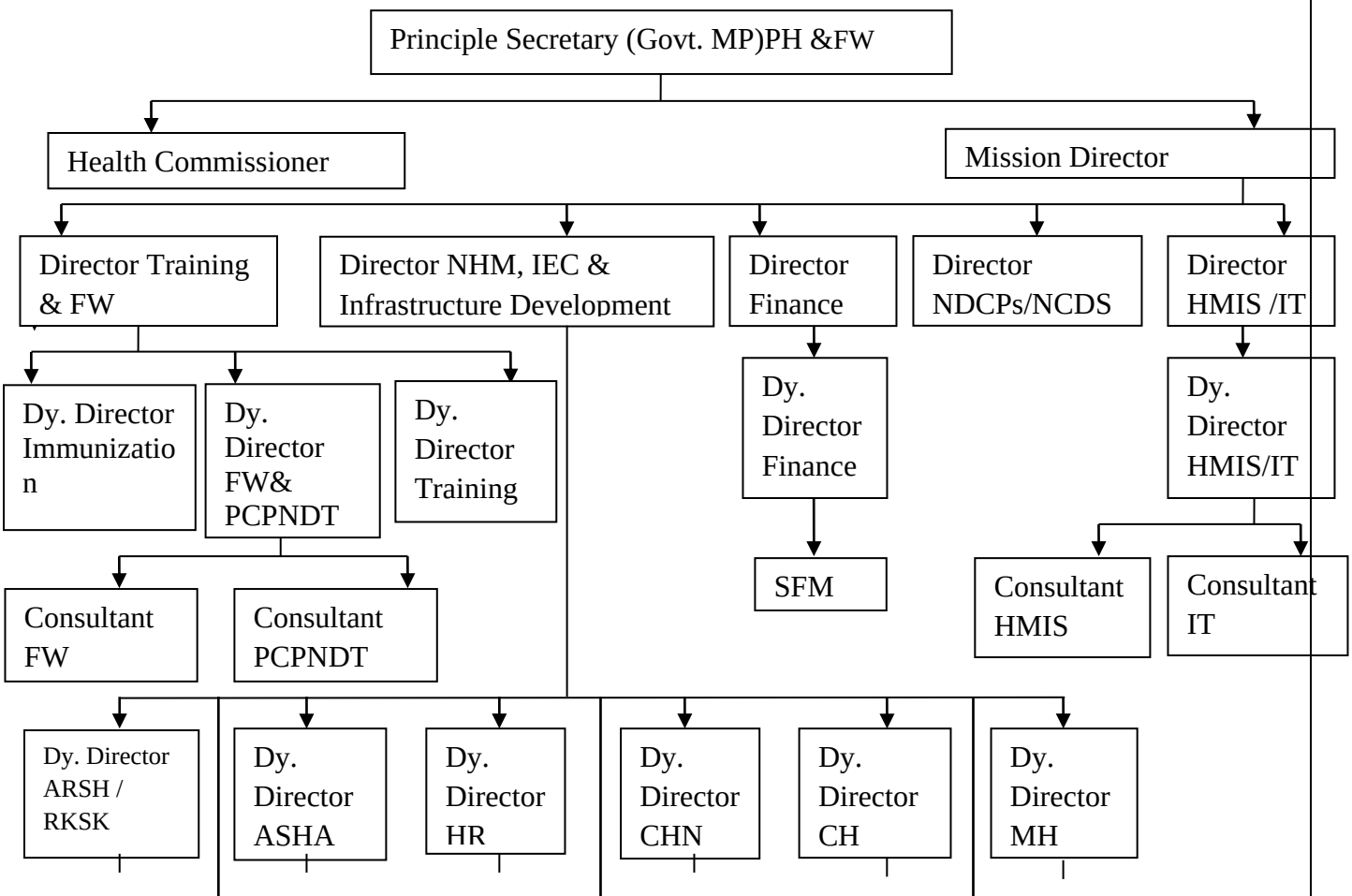
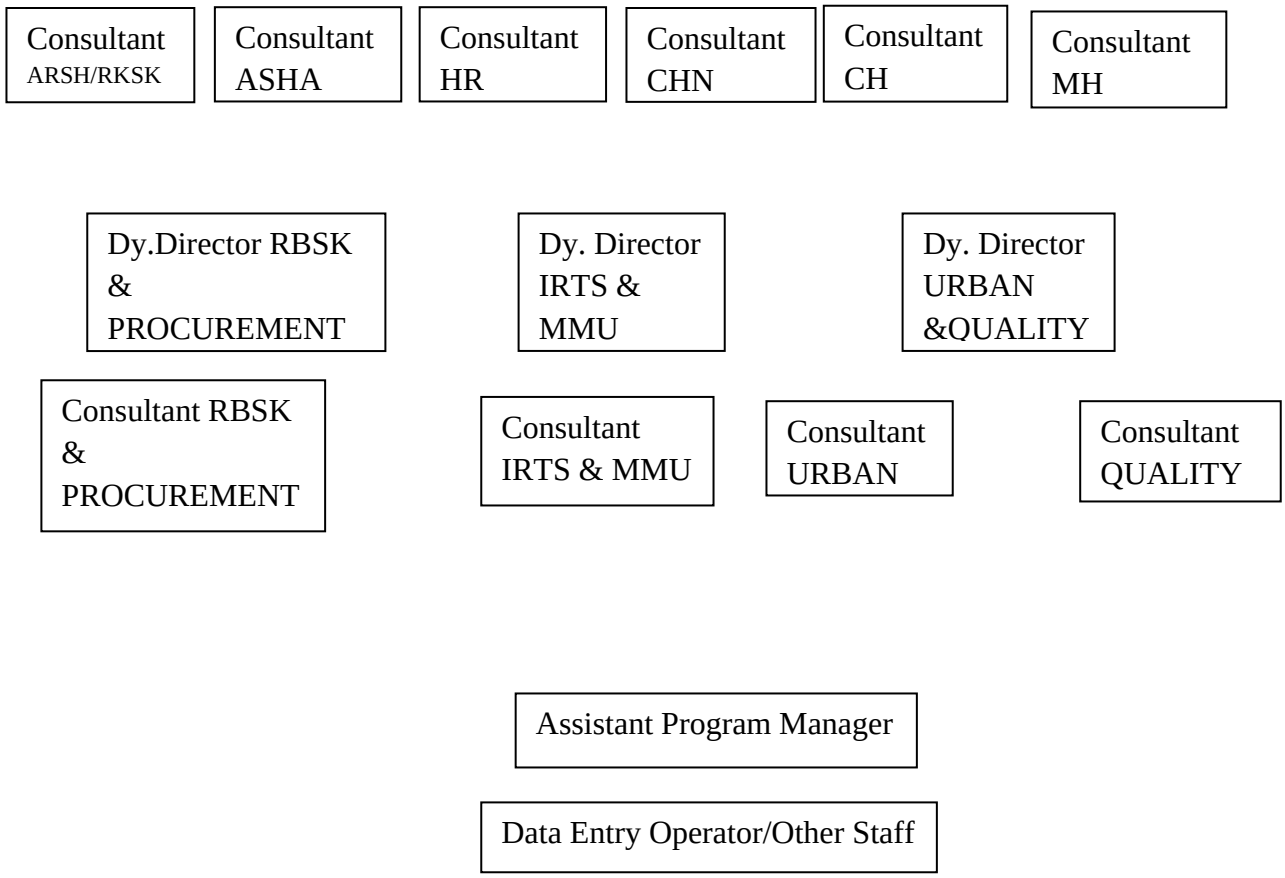
2.2 GOAL

3. STATE PROGRAM MANAGEMENT UNIT: ORGANOGRAM




Consultant ARSH/RKSK
Consultant ASHA
Consultant HR
Consultant CHN
Consultant CH
Consultant MH
Dy.Director RBSK & PROCUREMENT
Dy. Director IRTS & MMU
Dy. Director URBAN &QUALITY
Consultant RBSK & PROCUREMENT
Consultant IRTS & MMU
Consultant URBAN
Consultant QUALITY
Assistant Program Manager
Data Entry Operator/Other Staff

4. DISTRICT HEALTH SOCIETY: ORGANOGRAM