Internship at National Health Mission, Gujarat

By

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ABBREVIATIONS

CHC - Community Health Centre

PHC - Primary Health Centre

UHC - Urban Health Centre

SHP - School Health Programme

CMSO - Central Medical Stores Organisation

DLIMS – Drugs & Logistics Information Management System

TAB - Tablet

INJ - Injection

CDHO - Chief District Health Officer

ADHO - Additional District Health Officer

DH - District Hospital

SDH – Sub- District Hospital

IT – Information Technology

DDO – Direct Demanding Officer

RC – Rate Contract

IFA - Iron Folic Acid

NRHM - National Rural Health Mission

SC - Sub Centre

NUHM - National Urban Health Mission

GMSCL – Gujarat Medical Services Corporation Limited

AMC – Ahmedabad Municipal Corporation

BMC – Bhavnagar Municipal Corporation

RMC – Rajkot Municipal Corporation

JMC – Jamnagar Municipal Corporation

JuMC – Junagarh Municipal Corporation

VMC – Valsad Municipal Corporation

RWH – Regional Ware House

1. Organizational Profile

1.1 Introduction

The Union Cabinet vide its decision dated 1st May 2013 has approved the launch of National Urban Health Mission (NUHM) as a Sub-mission of an over-arching National Health Mission (NHM), with National Health Mission (NHM) being the other Sub-mission of National Health Mission.

NHM has 6 financing components

- NHM-RCH Flexi pool
- NUHM Flexi pool
- Flexible pool for Communicable disease
- Flexible pool for Non communicable disease including Injury and Trauma
- Infrastructure Maintenance
- Family Welfare Central Sector component

1.2 Goals

- 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

1.3 Concept of NHM

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.

1.4 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".

- 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.

1.4 Health Profile of Gujarat State

1.4.1 Total No. of Services in State

Particulars	No. of Services
District Hospitals	23
Sub District Hospitals	36
Community Health Centres	363
Primary Health Centres	1474

Table 1.1. Table showing the total number of health services in the state of Gujarat

Figure1.1. Figure showing the map of Gujarat

The Total Fertility Rate of the State is 2.3. The Infant Mortality Rate is 38 and Maternal Mortality Ratio is 122 (SRS 2010 - 2012) which are lower than the National average. The Sex Ratio in the State is 919 (as compared to 943 for the country). Comparative figures of major health and demographic indicators are as follows:

1.4.2 Demographic, Socio-economic and Health Profile as compared to India

Indicator	**Gujarat**	**India**
Total population (In crore) (Census 2011)	6.04	121.01
Decadal Growth (%) (Census 2011)	19.3	17.64
Infant Mortality Rate (SRS 2013)	38	42
Maternal Mortality Rate (SRS 2010-12)	122	178
Total Fertility Rate (SRS 2012)	2.3	2.4
Crude Birth Rate (SRS 2013)	21.1	21.6
Crude Death Rate (SRS 2013)	6.6	7.0

Indicator	Gujarat	India
Natural Growth Rate (SRS 2013)	14.4	14.5
Sex Ratio (Census 2011)	919	943
Child Sex Ratio (Census 2011)	890	919
Schedule Caste population (in crore) (Census 2011)	0.40	20.1
Schedule Tribe population (in crore) (Census 2011)	0.89	10.4
Total Literacy Rate (%) (Census 2011)	78.0	73.0
Male Literacy Rate (%) (Census 2011)	85.8	80.9
Female Literacy Rate (%) (Census 2011)	69.7	64.6

Table 1.2. Table showing Demographic, Socio-economic and Health Profile of State of Gujarat

1.4.3 Health Infrastructure

Particulars	Required	In position	shortfall
Sub-centre	9156	7274	1882
Primary Health Centre	1433	1158	275
Community Health Centre	358	300	58
Health worker (Female)/ANM at Sub Centres & PHCs	8432	6431	2001

Particulars	Required	In position	shortfall
Health Worker (Male) at Sub Centres	7274	4874	2400
Health Assistant (Female)/LHV at PHCs	1158	875	283
Health Assistant (Male) at PHCs	1158	758	400
Doctor at PHCs	1158	778	380
Obstetricians & Gynecologists at CHCs	318	9	309
Pediatricians at CHCs	318	3	315
Total specialists at CHCs	1272	76	1196
Radiographers at CHCs	318	168	150
Pharmacist at PHCs & CHCs	1476	1428	48
Laboratory Technicians at PHCs & CHCs	1476	1365	111
Nursing Staff at PHCs & CHCs	3384	2705	679

(Source: RHS Bulletin, March 2012, M/O Health & F.W., GOI)
Table 1.3. Table showing Health Infrastructure in state of Gujarat

1.5 Structure and Organogram

1.5.1 State Health Mission

Figure 1.2. Figure showing organogram of State Health Mission of Gujarat

1.5.2 Integration of SHM, SHS & Programs

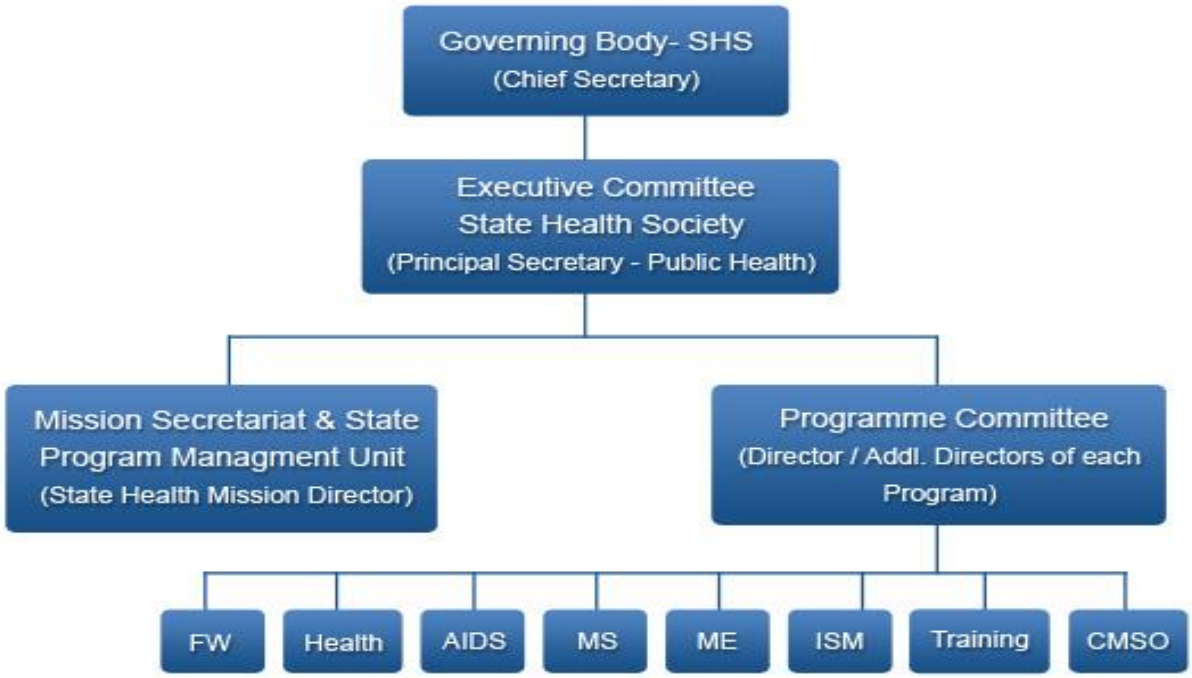

Figure 1.3. Figure showing Integration of State Health Mission, State Health Society and all the Programs

1.5.3 State level Integrated Organogram for SPMU, NRHM/RCH-II Programme

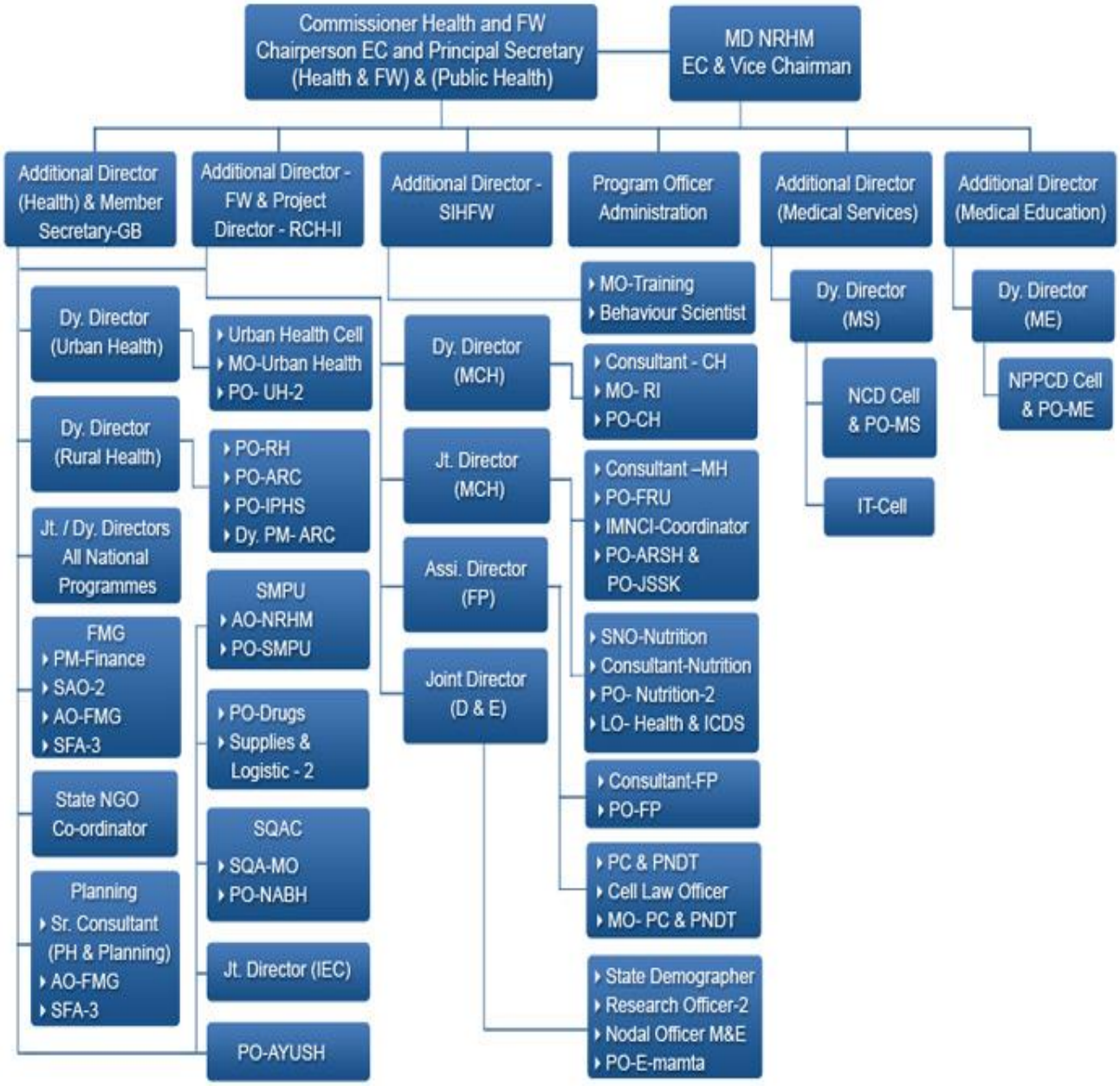

Figure 1.4. Figure showing State level Integrated Organogram for SPMU, NRHM/RCH-II Programme

2. e- AUSHADHI PROFILE

2.1 Introduction

e- Aushadhi is a web based supply chain management application deals with Purchase; Inventory Management & Distribution of various drugs, sutures and surgical items to various District Drug Warehouses (DWH) of State, District Hospitals (DH) their sub stores like Community Health Centre (CHC) and Primary Health Centre (PHC) to distribute drugs to patient, the final consumer of the supply chain.

- Monitor Drugs information
- Define the items into Groups, Sub groups, Categories, Codification of Drugs.
- Automatic Indent generation as per planning
- Maintain expiry Date / Shelf life for an item
- Search items using a number of search criteria
- Transfer of Drugs among Drug Warehouses
- Drug Distribution to Patients with all statistical Data about Drugs, Doctors
- Define and maintain various levels of Stores
- Link all drug warehouse hierarchically
- Maintain control (such as quantity tracking) on stocks and their replenishment.
- Reserve items within District WH / CHC / PHC.
- Record transactions while moving items from one location to another.
- Alarming Expiry Drugs, SMS facility at all levels
- Integration with GS1 compliance Bar Coding
- Dash Board Facility for the Senior Management

2.2 Advantages:

- Top down Approach helps Head Quarter in Better Monitoring & Control down the line
- Help in better Planning & Execution at all administrative level
- Efficient control on supply & Inventory.
- Complete Package for Centralized Supply Chain Management System supporting with best functionality
- Best Performance with high number of users
- Able to extend the functionality as per Department's choice and available Infrastructure.
- Quality Control on Drugs and monitoring & control on Quality of Drugs
- Online Drug Distribution to Patient on DDC
- Intra Depot Excess/Short drug transfer integrated with HQ
- Supplier Payment linked with Supplier Performance.
- Help & Solution Desk for Users

2.3 Key features:

- Provision to enter the Rate contract with suppliers
- Store, Maintain, Update, Search & Display information related to drugs through centralized Database server across multiple stores.
- Ease of Demand Generation at different level
- Online Indenting from RDWH to Head Quarter on annual demand basis or need based request for purchase basis.
- Purchase Order generation based on consolidated Indenting at HQ
- Online Purchase Order generation to suppliers
- Ease of entering Challan at RDWH against the issued Purchase Order.
- Online issue of Drug based on Drug Purchase and Availability.
- Provision to maintain expiry date / shelf life for an item wherever applicable.
- Quality Control for Drugs
- Ability of online tracking of Drug Inventory in all Institutions throughout the state.
- Help in better planning, execution and control on demand and supply throughout the state.
- Ability to generate customized Reports
- Various alert generation facility with different colors e.g. for expired items, re-order level, Quarantine etc.
- Ability to locate drugs using a number of search criteria in all Institutions throughout the state.
- Provision to link all drug warehouses hierarchically to understand their physical as well as functional structure
- Inter RDWH Drug Transfer with proper control by HQ
- Bar Code Interface for unique identification of product
- Integration with HMIS application in Hospitals.