Internship
at
NHSRC, New Delhi

By

Amanpreet Kaur

MBA Hospital and Health Management
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The IIHMR University, Jaipur
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1 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 hospital setup and undergo on-the-job training to know about the various departments in a hospital in detail. Training gives opportunity to relate theory with practical knowledge.

I had the privilege to pursue my internship at **National Health Systems Resource Center, New Delhi**, which provided an ideal and congenial atmosphere for learning.

The objectives of my internship were:

- To learn and understand the functioning of Model District project initiated by MoHFW in Varanasi, Kannauj and Sonbhadra,Uttar Pradesh.
- To implement the project of model district in Varanasi, Kannauj and Sonbhadra,Uttar Pradesh.

1.1 UNDERSTANDING MODEL DISTRICT PLAN

NHSRC with approval of MoHFW has been assigned to develop model districts in States , which could serve as a model for replication by other districts within states. Under the Plan, the district hospital will be the nodal point for implementing the best practices and shall be linked with a CHC, PHC and SC. The Quality Assurance Unit of the State and District shall be the nodal in carrying out this activity since these institutions will be certified by QA(NQAS score of more than 80%)

2 ORGANIZATIONAL PROFILE

National Health Systems Resource Centre (NHSRC) has been set up under the National Rural Health Mission (NRHM) of Government of India to serve as an apex body for technical assistance.

Established in 2007, the National Health Systems Resource Centre's mandate is to assist in policy and strategy development in the provision and mobilization of technical assistance to the states and in capacity building for the Ministry of Health and Family Welfare (MoHFW) at the centre and in the states. The goal of this institution is to improve health outcomes by facilitating governance reform, health systems innovations and improved information sharing among all stake holders at the national, state, district and sub-district levels through specific capacity development and convergence models.

It has a 21 member Governing Board, chaired by the Secretary, MoHFW, Government of India with the Mission Director, NRHM as the Vice Chairperson of the board and the Chairperson of its Executive Committee. Of the 21 members, 11 are ex-officio senior health administrators, four from the states. Ten are public health experts from academics and civil society. The Executive Director, NHSRC is the Member Secretary of both the board and the Executive Committee. NHSRC's annual governing board meet sanctions its work agenda and its budget.

NHSRC is also a World Health Organization Collaborating Centre for Priority Medical Devices & Health Technology Policy

The NHSRC currently consists of eight divisions – Community Processes, Public Health Planning, Human Resources for Health, Quality Improvement in Healthcare, Healthcare Financing, Healthcare Technology, Health Informatics and Public Health Administration

2.1 VISION

NHSRC is committed to facilitate the attainment of universal access to equitable, affordable and quality healthcare, which is accountable and responsive to the needs of the people of India.

2.2 MISSION

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

2.3 POLICY STATEMENT

NHSRC is committed to lead as professionally managed technical support organization to strengthen public health system and facilitate creative and innovative solutions to address the challenges that this task faces.

In the above process, we shall build extensive partnerships and network with all those organizations and individuals who share the common values of health equity, decentralization and quality of care to achieve its goals.

NHSRC is set to provide the knowledge-centred technical support by continually improving its processes, people and management practices

3 SERVICE PROVIDED BY THE ORGANIZATION

There are eight practice areas where NHSRC 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

3.1 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 programmes, 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 operationalisation 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.

3.2 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.

3.3 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.

3.4 HEALTHCARE TECHNOLOGY AND INNOVATIONS

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

1. Technical Specifications of Medical Devices procured under National Health Mission
2. Biomedical Equipment Maintenance Program across all levels of public health facilities
3. Identification, assessment and uptake of innovations in National Health Programs
4. Support in Health Technology systems strengthening and providing technical support to Government's agenda on improving cost of technologies, safety profile of products

The Division has in place MoUs with Scientific Institutions such as IITs, SAMEER-DeitY, CSIR-CSIO; Sri ChitraTirunal Institute of Medical Sciences & Technology, ISID, National Innovation Foundation, Hindustan Life care Limited as well as other empanelled knowledge partners from private sector including testing laboratories. The division is institutional member of INAHTA and is country's first WHO Collaborating Centre for Medical Devices & Health Technologies

3.5 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

3.6 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.

3.7 PUBLIC HEALTH PLANNING

Public Health Planning is a critical dimension of both health systems and health programmes, and acts as the interface between the two. This practice area is not only important for developing the health plans and programmes 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 decentralised planning requires in the least

1. A grasp of epidemiology

2. A knowledge of programme design

3. A systems approach to the organisation of health services
4. An understanding of social determinants of health and health behaviors
5. Knowledge and learning from best practices and innovations

3.8 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 NHSRC, 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

4 HEALTH CENTERS VISITED:

For model health district understanding and implementation I was given Varanasi, Kannauj and Sonbhadra. I visited District Hospitals, Community health centers, Primary Health Centers and health sub centers of Varanasi and Kannauj in the first three months.

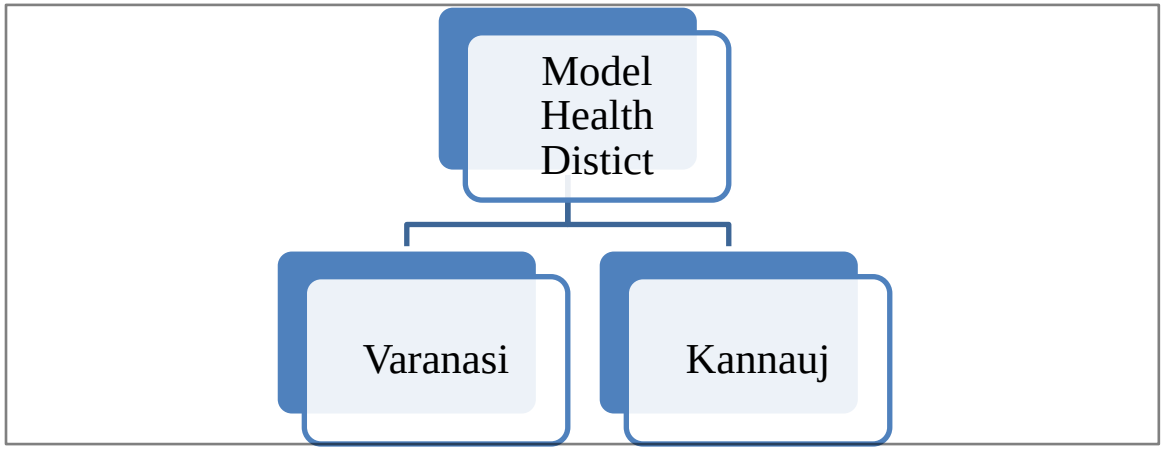

Figure 1: Model health districts in UP

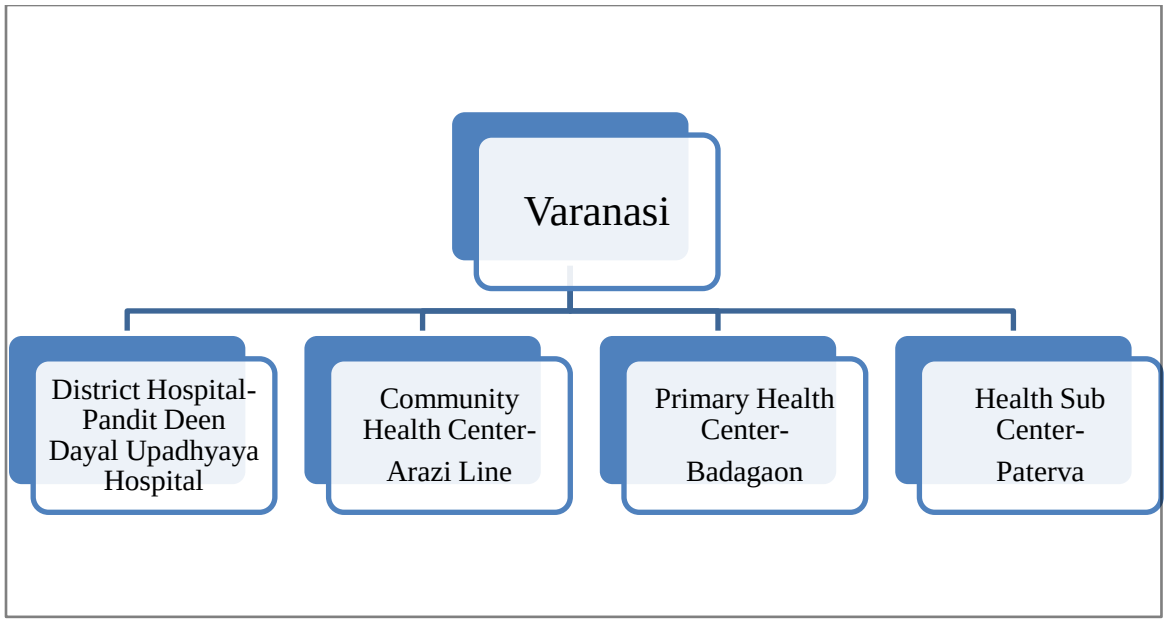

Figure 2: Health Centers Covered In Varanasi

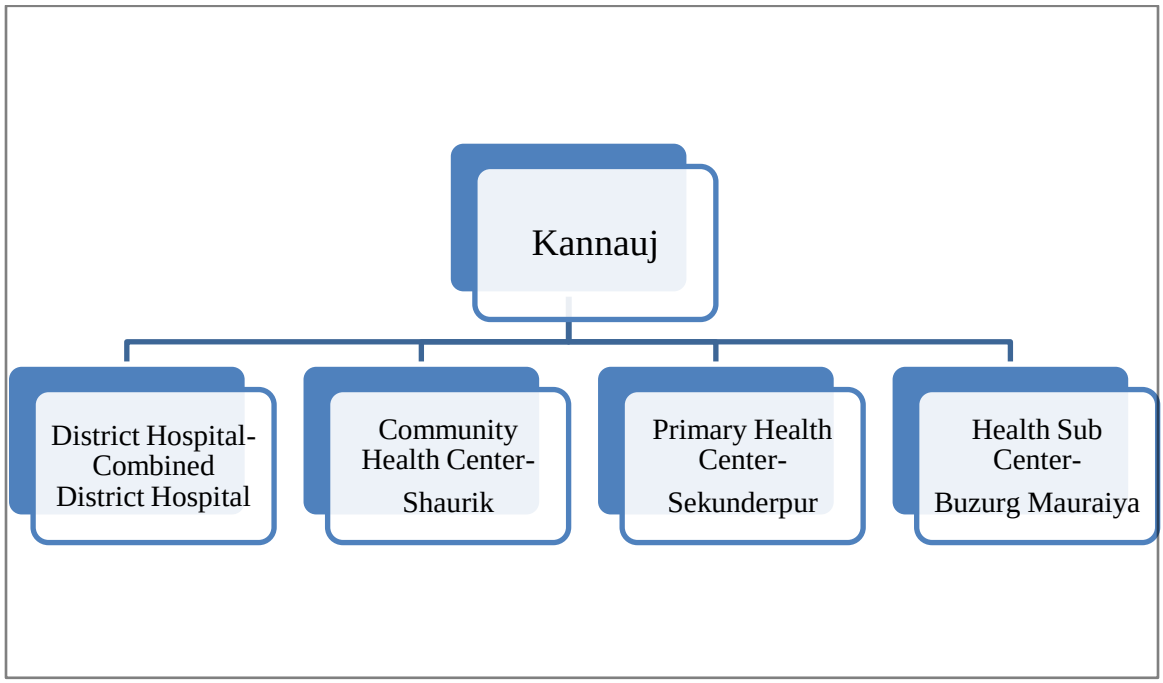

Figure 3: Health Centers Covered In Kannauj

5 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 programmes 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 programmes 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

Help in addressing local issues of service providers for improving service delivery