Internship
at
National Health System Resource Center (NHSRC), Odisha

By

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MBA Hospital and Health Management
2014-2016

The IIHMR University, Jaipur
2016

Introduction

Summer internship is a learning opportunity. NHSRC has been working on a project "Model Health District" in 13 selected states in India. The aim & objective of the project is to strengthen the chain of a selected hospital (District Hospital, Sub District Hospital, Community Health Center, Public Health Center and Sub Centers) in every aspect to a level which can be thus made as a model for the entire district and could be replicated further for the rest of the hospitals. The project has taken up two districts in on state, an intervention district and a replicating district. NHSRC has one inter/fellow posted at each state to provide handholding support to the state and district officials for the success of the project.

The project involves number of activities to improve quality of services and its availability for utilization. The activities are preparation of SOP's i.e. Standard Operating Procedure, cleanliness protocols and problem statement for each department of the hospital, working with other development partners at district level, giving inputs in PIP and budget preparation, use of FMR code, innovations and implementation of the present ongoing programs, adherence to the guidelines of GoI for several activities, organizing and conducting meetings with District Collector and state officials for MHD and more.

Strengthening district health system will further strengthen District hospitals to be upgraded as medical colleges. This will enhance the availability of more resources and quality facility services to the people.

Goals of internship

1. To obtain basic understanding of the organization and learn the working mechanism.
2. To identify the problems in the system. Plan and conduct a study based on the identified gaps.
3. To perform to the best of my abilities for the work assigned.

National Health Systems Resource Centre (NHSRC)

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.

It was established in 2007. The main Mandates of NHSRC 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 center 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 stakeholders at the national, state, district and sub-district levels through specific capacity development and convergence models.

Vision

We are 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.

Mission

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

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.

Functional Areas

The NHSRC currently consists of eight divisions. The activities of each division is mentioned below –

1. **Community Processes**

a. "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

b. 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.

c. While the ASHA is intended to facilitate access to health services, mobilise communities to realise health rights and access entitlements and provide basic community level care, the other elements focus on promoting action by village level organisations and enhance people's participation in service delivery.

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

e. The major consultations and dialogues, studies and evaluations, and guidelines and training material that have shaped the program.

2. **Human Resources for Health**

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

b. Generating adequate skilled Human Resources

c. Strategy for recruiting and retaining public health workforce especially in rural and remote areas

d. Ensuring that appropriate skills are in place

e. Ensuring performance with quality in the staff

3. **Public Health Administration**

a. 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.

b. 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.

c. The legal framework for health in India draws its mandate from the Constitution of India. Article 47 of the Constitution of India's Directive Principles, recognizes the duty of the state to raise the levels of nutrition and the standard of living and to improve public health as among its primary duties.

d. The division is providing technical support to MoHFW in programmatic areas where legal questions are involved. Specific areas of current intervention by NHSRC include;

i. Implementation of Clinical Establishments (Registration & regulation) Act, 2010

ii. Development of a Health Rights Act and the Public Health Act

iii. Responding to queries relating to legal issues from MoHFW on a number of areas

4. Public Health Planning

a. 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 decentralized planning requires in the least

   i. A grasp of epidemiology
   ii. A knowledge of programme design
   iii. A systems approach to the organization of health services
   iv. An understanding of social determinants of health and health behaviors
   v. Knowledge and learning from best practices and innovations

vi. And above all, the ability to build capacity in all these domains at the district level

5. **Quality Improvement**

a. 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.

b. 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.

c. 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 :-

i. Developing Standards and Guidelines
ii. Training and capacity building
iii. Institutional Frameworks for building, monitoring and certifying for quality
iv. Infrastructure Planning
v. Developing Resources and Publications for Quality Assurance
vi. Advocacy and Policy

6. Healthcare Financing

a. **Increasing Public Health Expenditure:** 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.

b. **More value for money:** Given the reality that the requirements of "fiscal consolidation" policies have a disproportionate impact on health budgets, there is the need to enhance effectiveness in utilization of existing budgets, and develop better costing and cost effectiveness to guide resource allocations for both provisioning and purchase of services. Flexible resource allocation, financing mechanisms and financial monitoring also need to be developed as tools of programme improvement.

c. **Financial Protection:** Another national health policy objective is financial protection from health care costs. The main strategy for achieving this is the availability of free or subsidised services provided by the public sector. A sub-component of this agenda is to ensure access to free drugs and diagnostics through the public health system. Supplementary strategies to achieve this are insurance schemes, different forms of public purchasing of services and demand side subsidies like the JananiSurakshaYojana. Monitoring progress in financial protection through measurement of out-of pocket expenditure and costs of care has gained importance and immediacy, thanks to the Universal Health Coverage discourse.

d. **Engaging the Private Sector:** Given the size of the private sector, and its contribution to both service delivery and health care costs, there has been a constant effort over the last two decades to work out partnership mechanisms**.** The challenge has been to design schemes that are cost effective, pro-poor, supplement rather than substitute public investment and provisioning and are sustainable. Good documentation and evaluation of existing and past efforts help, and so does technical assistance to design better contracts. One major area of success in this domain is the development of emergency ambulance and patient transport systems using public private partnerships. There is much to learn from the success and failures of other efforts in this direction.

7. Health Informatics

a. 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.

b. 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.

c. 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.
d. Interoperability: Presently, most of the information systems are developed in silos, causing redundancy/ ambiguity of information exchange/sharing. To uniform use of common terms and common methods for sharing information, interoperability allows user to extract required information from multiple sources through a single query.
e. Use of information: The challenge for the health information system is to bring together data production with data. It support users in synthesizing information regarding service delivery, preventive care, epidemics, clinical Management , alert/early warnings, Program Management, planning process, health situation, trend analyses, reporting, supervision and monitoring.
f. Monitoring and Evaluation: Well-designed evaluations provide the information that information system designers need to insure a system's performance, usability, security and functionality. Among other uses, evaluations are helpful in permitting system developers to develop and implement new health information systems, to inform public policy decisions, and even to understand how the public can use health information to make more informed healthcare decisions.

8. Healthcare Technology

a. Division of Healthcare Technology, a WHO Collaborating Centre for Priority Medical Devices & Health Technology Policy supports the following.
b. Technical Specifications of Medical Devices procured under National Health Mission.
c. Biomedical Equipment Maintenance Program across all levels of public health facilities.
d. Identification, assessment and uptake of innovations in National Health Programs
e. Support in Health Technology systems strengthening and providing technical support to Government's agenda on improving cost of technologies, safety profile of products.

f. 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

Area Visited

PHA i.e. Public health Administration division is presently working on the project of Model Health District.

DHH, SDH, CHC, PHC and SC are frequently visited every month.

Projects Undertaken

MHD- Model Health District

Extraordinary Observations

Planning & decision making activities in different programs at district and state level are mostly dominated by the state level officials. Even if the initiatives are taken at the district level for development of health system, the activities are performed as per instructed by the state.

Impediments

Every staff in Health or hospital works with their own mind set with different goals. Work would have been much easy with one goal at a time.