Internship
at
National Health Systems Resource Centre,
Munirka, New Delhi

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1. INTRODUCTION

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 mobilisation 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.

Under the leadership of the Executive Director, Dr. Sanjiv Kumar, 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.

The NHSRC has a regional office in the north-east region of India. The North East Regional Resource Centre (NE RRC) has functional autonomy and implements a similar range of activities.

Recently NHSRC has been designated as the WHO Collaborating Centre for Priority Medical Devices & Health Technology Policy on 20 March 2015.

1.1 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.

1.2 Mission

To provide technical support and capacity building for strengthening public health systems.

1.3 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 – centered technical support by continually improving its processes, people and management practices.

2. ORGANIZATIONAL PROFILE

NHSRC works in close association with the Ministry of Health and Family Welfare to provide technical assistance to states and centre for Health systems strengthening and capacity building. The organization comprises of eight divisions namely – Community Processes, Public Health Planning, Human Resources for Health, Quality Improvement in Healthcare, Healthcare Financing, Healthcare Technology, Health Informatics and Public Health Administration. Each division has contributed immensely in its area of expertise towards making operational various strategies under the National Health Mission and their monitoring and evaluation.

Each of the Division is working under the guidance of an Advisor to whom all the senior consultants, consultants, fellows report. Each division is assisted by a secretarial assistant for administrative work.

The administrative wing of NHSRC works under the supervision of Dr. Uddipan Dutta, Principal Administrative Officer. The support departments include a Human Resource Department with well defined HR Policy to streamline the functioning of the organization, the Accounts Department and the IT Executive.

The Public Health Planning Division is headed by Dr. Satish Kumar, Advisor and has made worthy contributions in the areas of

- Building the capacity in states and districts to make annual project implementation plans for implementing NRHM. Also jointly with a civil society network and an open university developed a training programme with 18 modules for capacity building for district health planning.
- Main coordinator of common review missions of the NRHM as well as a number of other programme evaluations and studies of NRHM components.
- Quarterly monitoring report on progress against approved project implementation plan, made by all states.
- Building up of State Health Systems Resource Centres (SHSRC) or equivalent bodies.

- Developing policy notes- especially as related to health systems strengthening and reproductive and child health, reviewing evidence from multiple sources- including studies, best practices and institutional memory of past efforts.

Apart from this the Public Health Planning Division has many publications to its credit.

The Community Processes Division has made noted contributions in the field of:

• Developed operational guidelines for ASHA and her supervisory cadre, and built capacity in states to manage this programme.

• Developed a competency- based training module that provides her the skills to fulfil the roles expected for her.

• Developed capacity in identified training organisations and individuals at state level to transact the competency based training modules.

• Has done a detailed programme evaluation of the ASHA programme in over 11 states- and this has been used to improve both programme management and policy.

• Built up a system of regular programme monitoring, and the summary of findings is published as a six monthly ASHA update.

• Provide assistance to states in identifying constraints and seeking joint solutions. • Building partnerships with civil society at both state and national level to expand the technical capacity available to implement this programme.

The Health Informatics Division has made significant contributions in

• Rationalization and choice of data elements and indicators.

• Building and maintaining systems of data collection, flow, management, processing and analysis to improve data quality. Establishing regular reporting from all 640 districts in the country.

• Building capacity and systems for use of information for planning and programme management at district, state and national level.

• Assessing state preparedness and data quality and assisting states in improving data quality.

• Building state capacity to manage the Health Management Information System (HMIS).

• Development of other areas of use of health information-GIS, Hospital Management Information Systems, Human Resources Information Systems, M-Health, and Name-based Tracking Systems.

• Web site development to facilitate and support decentralized health planning.

The Quality Improvement Division has made tremendous efforts in development of parameters, tools, techniques and guidebooks for assessing and improving quality in public health facilities. To enlist a few achievements to the merit of this division:

• Successfully achieved ISO9001:2008 certification of over 80 public health facilities and process ongoing in about 448 more facilities. Evaluation shows both positive gaps and concerns that need to be addresses when scaling up.

• Development and piloting quality standards and models for various specific areas like SNCU, State Health Societies, RKS, and Emergency Response System etc.

Human Resource for Health Division was constituted to support states and MoHFW in designing human resource (HR) strategies through evidence based policy making. One of the major areas of NRHM intervention has been in the development of human resources for health. Across the states, over 1,06,949 additional skilled personnel have been added to public health system by NRHM. It has also undertaken a number of programmes leading to skill up-gradation of those already in service and innovations that lead to retention of skilled professionals in rural areas. NHSRC's contribution is for sustained evidence based strategies for bridging the HR gaps. NHSRC also identifies and documents and shares interesting experiences from the states in regard to recruitment and retention of work force and performance improvements of the health workers especially in underserved areas. It also contributes by assisting states for systematic studies and then in formulating state specific plans to address the human resource situation.

Healthcare Financing division has contributed by undertaking expenditure Studies- - development of tools and building capacity for budget tracking at national, state and district levels and for improving absorption of funds and making financing responsive to local needs, Procurement and infrastructure audits in select states, Studies of Public-Private-Partnerships (PPPs) and alternative financing schemes – including insurance schemes- especially the dial 108 scheme, the dial 104 scheme and RSBY and contracting out of primary care facilities, Capacity building at the state and district levels on health financing, financial management, PPP, contracts management etc.

Public Health Administration division supports the High Focus states, especially Bihar in planning and implementing the state plans. The division responds to requests from the State or Centre. This division also helps with development of guidelines, and pursuant administrative orders to support implementation and is responsive to requests for assistance from the divisions of MoHFW, Govt. of India. The current focus area of the Public Health Administration Division is the scope and dimensions of a Public Health Act.

The **Healthcare Technology Division** has recently been recognized as the WHO collaborating centre for Priority Medical Devices & Health Technology Policy on 20 March 2015. The division is responsible for providing technical inputs on medical equipment and technology to centre and states.

3. PROJECTS

3.1 Worked in a team to develop a Draft Implementation Framework for the National Health Policy 2015.

The Ministry of Health and Family Welfare released the Draft National Health Policy 2015 in December, 2014. The draft document declares the primary aim of the National Health Policy, 2015 as to inform, clarify, strengthen and prioritize the role of the Government in shaping health systems in all its dimensions : investment in health, organization and financing of healthcare services, prevention of diseases and promotion of good health through cross sectoral action, access to technologies, developing human resources, encouraging medical pluralism, building the knowledge base required for better health, financial protection strategies and regulation and legislation for health. Though the document lays a broad roadmap towards achieving the said objectives, a Draft of Implementation Framework to highlight the Policies and suggest macro implementation strategies and define activities in order to meet the policy directions was developed by the Public Health Planning Division of National Health Systems Resource Centre. The Fellows from the Public Health Planning Division and HMIS Division were entrusted with the task of delineating the Policy Directions and Macro Implementation Plan as proposed under various sections of the Draft National Health Policy 2015 and developing a tabulated format for presenting the same. Following this, Focus group discussions were held at National Health Resource Centre for consecutive five days in the month of April. Under the able guidance of the Advisor, Public Health Planning Division the group which consisted of Senior Consultants, Consultants and Fellows from different Divisions of NHSRC completed the task of preparing the Draft Implementation Framework for the National Health Policy 2015 which was submitted to the Ministry of Health and Family Welfare.

3.2 Sorting and Analysis of the Responses on Draft National Health Policy 2015

Since Independence, India has twice drafted a National health policy framework- once in 1983 and then in 2002 – which have guided the approach towards the health sector in Five-Year plans

Thirteen years after the previous health policy, The Ministry of Health and Family Welfare released the Draft National Health Policy 2015 in December, 2014. The draft policy was placed in public domain until 10 March, 2015 inviting suggestions and feedback from stakeholders. An overwhelming response was received from the stakeholders putting forward their suggestions and comments on the Draft NHP 2015. The number of responses exceeded 3000. The Public Health Planning Division was involved in collating, sorting and analysis of the responses. The analysis of the comments on the Chapter Goals, Principles and Objectives was carried out independently during the internship. After sorting the responses 114 were classified as valid and these responses were given codes analysed using Microsoft Excel. The findings were discussed and shared with Advisor, Public Health Planning Division.

3.3 Recommendations on Mandatory and Desirable activities under the National Programme for the Healthcare of the Elderly.

The Ministry of Health and Family Welfare has proposed to merge the National Programme for the Healthcare of the Elderly (up to district level activities) with the National Health Mission. The Public Health Planning Division was required to provide technical inputs based on the guidelines of NPHCE for listing activities, mandatory and desirable, to be carried out at various levels of Health facilities. Under the guidance of the Advisor, Public Health Planning Division, a list of activities to be performed and the package of services to be offered at various levels under NPHCE were enumerated and shared with the Executive Director, NHSRC for further action.

3.4 Active participation in the Consultations on Draft National Health Policy, 2015

NHSRC organized Regional and National level consultations on the Draft National Health policy, 2015 to elicit feedback and comments of various stakeholders on the draft policy document. During my Internship I got the opportunity to attend and actively participate in two National level Consultations held at the National Institute of Health and Family Welfare Campus, Munirka, New Delhi. One of the consultations saw active participation of the Civil Society Organization representatives and the other consultation was held with the representatives

of various departments from state such as Health and Family Welfare, Women and Child Development etc. The consultations were chaired by Dr. Sanjiv Kumar, Executive Director, NHSRC along with Dr. Sheela Prasad, Economic Advisor, MoHFW and Dr. Satish Kumar, Advisor, PHP. A presentation on the contents of the Draft NHP 2015 was made by Dr. Satish Kumar following which the participants were divided into groups. The objective of the group work was to make recommendations based on fruitful discussions to rectify the shortcomings in the draft policy document before the final document takes shape.

4. LEARNING OUTCOMES

Internship with the National Health Systems Resource Centre was a valuable and enriching experience which helped forming a strong foundation for a progressive career. The support I garnered from the staff at NHSRC was helpful in making my Internship and Dissertation a rich learning experience. During my Internship at NHSRC I got ample opportunities to refine professional skills and experienced an environment conducive to inculcate the soft skills required to understand and adapt to the organization. The learning outcomes are many but to specify a few:

- Gained an understanding of the functioning of the organization and its various divisions along with the roles and responsibilities of various individuals.
- Expanded my data analysis and interpretation skills especially skills to analyse and interpret qualitative data.
- Enhanced my ability to work in teams and achieve mutual objectives.
- Strengthened my skills to plan and conduct a research.
- Improved upon my communication skills after being entrusted with the responsibility of taking minutes for Divisional Meetings held at NHSRC and Consultations on Draft NHP and preparing detailed reports for these events.
- Developed a broader understanding of the health systems and their functioning , issues and challenges faced by the health system in India by attending the weekly 'Learning Sessions' held at NHSRC.
- Interactions with representatives of various Civil Society Organizations and Officials of State Health Departments from states across India, during the consultations on Draft National Health Policy,2015 provided a deep insight into the practical aspects and technicalities of implementation of various proposed strategies and a plethora of important challenges faced by states in implementing policy directions.
- Demonstrated an ability to maintain good interpersonal relationships at the work place.