

**Internship
at
National Rural Health Mission, Uttar Pradesh**

**Submitted By
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**Post Graduate Diploma in Hospital & Health Management
2012-2014**



**Institute of Health Management Research,
Jaipur
2014**

Internship Training

At

National Rural Health Mission (NRHM)

Uttar Pradesh

“Situational Analysis for RMNCH+A program: Facility based survey”

By

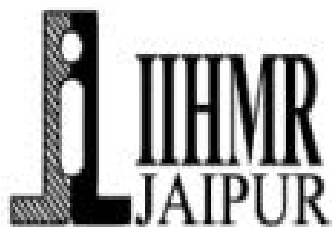
Dr. Ratika Sharma

Under the Guidance of Prof. Gotam Sadhu

Dean PGDRM

Post- Graduate Diploma in Hospital & Health Management

2012- 14



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Jaipur**

1. Introduction

Internship is a part of the second year program, where we have to observe and learn the work culture of organization. Also it will be necessary to participate in various department/activities so we could orient our self with different departments that gives us first hand exposure.

Internship is the process, through which we can understand process of work and thereafter be able to involve in decision making.

2. Objective of Internship

- a) To understand the work pattern of NRHM Uttar Pradesh and its organizational structure.
- b) The next objective of internship was to learn various managerial and administrative skills needed to work in a government system and to effectively implement all the health and health related programs in the government setup to ensure the overall benefit of the community.

3. State Profile

3.1 Demographic Profile:

Uttar Pradesh is the most populous state with 199.6 million people and Lakshadweep the least populated with 64,429 people. The contribution of Uttar Pradesh (UP) to the total population of the country is 16.5% followed by Maharashtra (9.3%), Bihar (8.6%), West Bengal (7.6%), Andhra Pradesh (7.0%) and Madhya Pradesh (6.0). The combined contribution of these six most populous States in the country accounts for 55% to the country's population. The state of Uttar Pradesh has an area of 240,928 sq. km. and a population of 199.6 million. There are 18 revenue divisions, 75 districts, 822 blocks and 107452 villages. The State has population density of 689 per sq. km. (as against the national average of 312). The decadal growth rate of the state is 25.85 (against 20.02% for the country) and the population of the state continues to grow at a much faster rate than the national rate. It has been noticed in 2011 that the absolute increase in population is more in urban areas than in rural areas. The current Rural – Urban distribution is 68.84% & 31.16%. Level of urbanization has increased from 27.81% in 2001 to 31.16% in 2011. The proportion of rural population declined from 72.19% to 68.84% over this period. Between 2001 and 2011, the population of the country increased to 199.6 million (17.58 %), of which in rural areas the increase was of 90.4

million (12.1 %) and for urban areas the increase was 91.0 million (31.8 %). This spurt in population of urban areas in the country could be attributed to – Migration, natural increase and inclusion of new areas in ‘Urban’.

3.2 Service Delivery System:

In Health Infrastructure, the State has two Directorates each one is head by (i) Director General, Medical Health services, (ii) Director General, Family Welfare. All the health programs are being implemented by both the Directorates. NRHM has a separate unit- “State Project Management Unit (SPMU)” for effective program management of NRHM. Programme Managers, for each component of NRHM are designated as ‘General Manager’. Most of the staff has been hired on contract; some have been brought on deputation. Programme management units (PMUs) have also been established in 18 divisional PMUs, 75 Districts PMUs and 820 Block PMUs. State Institute of Health & Family Welfare (SIHFW), Directorate of Family Welfare, Directorate of Medical Health and Directors (MH and FW) are involved in effective programme management. At Divisional level Additional Directors are providing leadership for implementation of programme and Divisional PMU is working as monitoring cell. In districts, Chief Medical Officer is the in charge of health department and Chief Medical Superintendents of Male, Female and combined hospitals are the heads of the hospitals.

Health services are being provided by District Male, Female hospitals, Community Health Centers, Primary Health Centers and Health Sub centre. The health services are provided through a huge network of facilities both in urban and rural areas. Still the Urban Population in Uttar Pradesh has been increasing rapidly in recent decades along with rapid urbanization. As per 2011 census, 4.44 crores persons are residing in towns and cities of Uttar Pradesh.

The Total Fertility Rate of the State is 3.5. The Infant Mortality Rate is 61 and Maternal Mortality Ratio is 359 (SRS 2007 - 2009) which are higher than the National average. The Sex Ratio in the State is 908 (as compared to 940 for the country). Comparative figures of major health and demographic indicators are as follows:

Mission

Improve health status and quality of life of rural population with unequivocal and explicit emphasis on sustainable development measure.

Objectives

Basic objectives for implementation of NRHM are:

- To reduce infant mortality rate and maternal mortality rate
- To ensure population stabilization
- To prevent and control of communicable and non-communicable diseases
- To upgrade AYUSH(Ayurvedic Yoga Unani Siddha and Homeopathy) for promotion of healthy life style

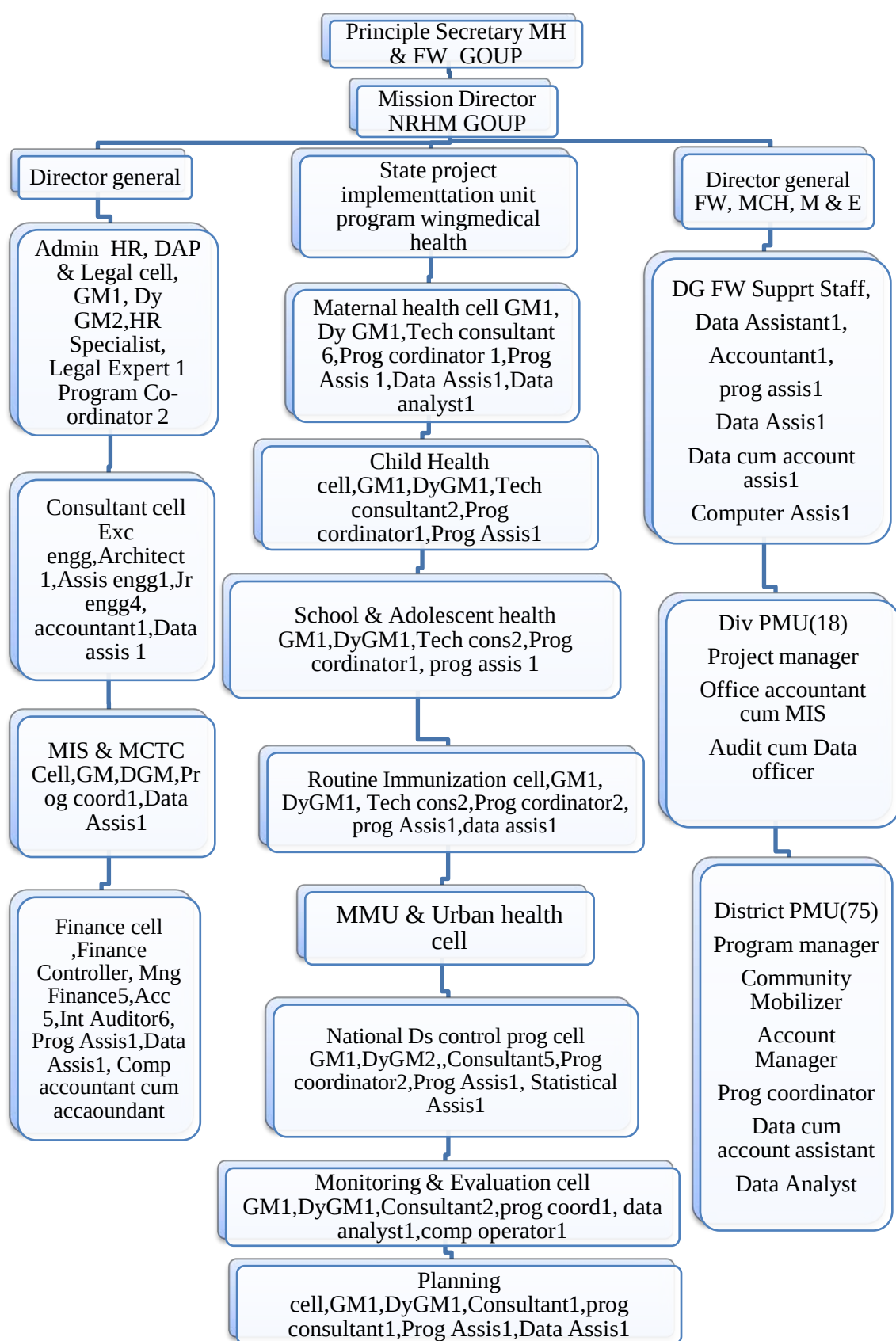
Key Performance Indicators (to be achieved by 2012)

- To reduce Maternal Mortality Rate (MMR) to 258/ lac live births
- To reduce Infant Mortality Rate (IMR) to 36/1000 births
- To reduce Total Fertility Rate (TFR) to 2.8
- Malaria mortality reduction rate by 60%
- Tuberculosis DOTS series- 85% cure rate & 70% detection of new sputum smear positive cases
- Upgrading all Community Health Centres (CHCs) to Indian Public Health Standard(IPHS)
- Increase bed occupancy of First Referral Units (FRUs) greater than 75%
- Engaging 1.23 lac ASHAs.
- Dengue mortality reduction by 50%
- To ensure that more than 90% households consume iodized salt.
- To ensure availability of AYUSH by ensuring that at each block primary health centre (PHC), at least 2 Medical Officers(MOs), one of them AYUSH practitioner, are available all the time.
- Safe drinking water and sanitation facilities to greater than 60% of villages.
- Reduction of malnourished children by half of present level.

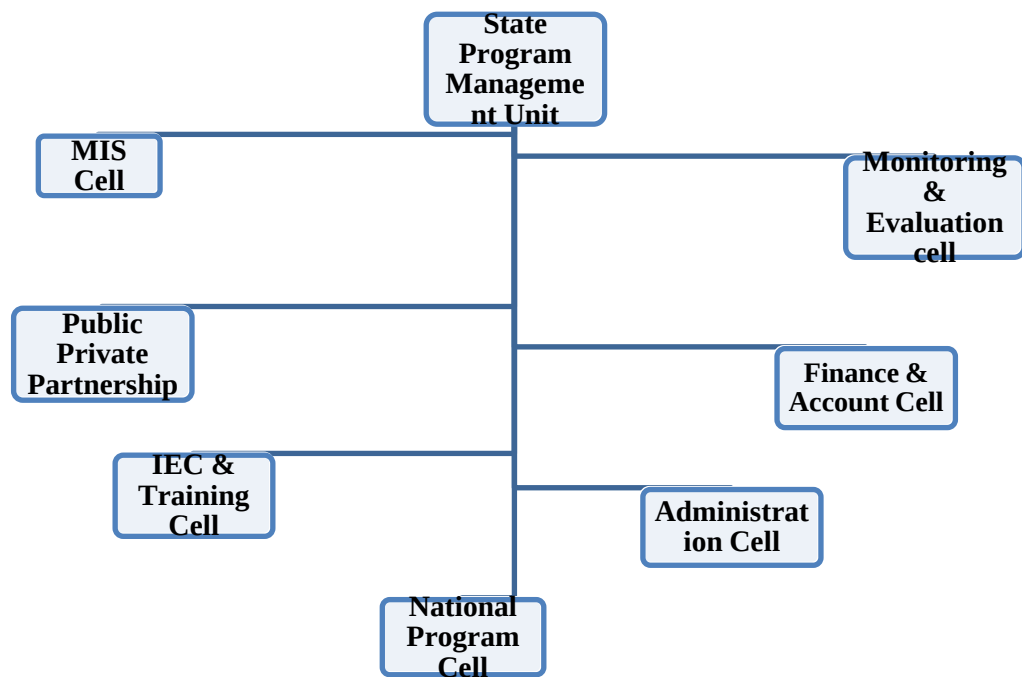
Programs

- Reproductive and Child Health
- Immunization
- National vector borne disease control program
- Revised national tuberculosis control program
- National program for control of blindness
- National Iodine Deficiency Disorder Control Programme
- Integrated Disease Surveillance Project
- National Leprosy Eradication Programme

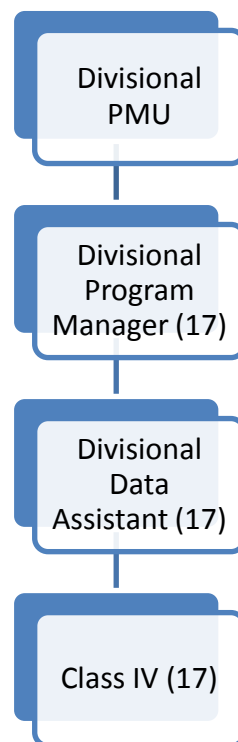
**Organizational Structure of Department of Health and Family Welfare,
Government of Uttar Pradesh**



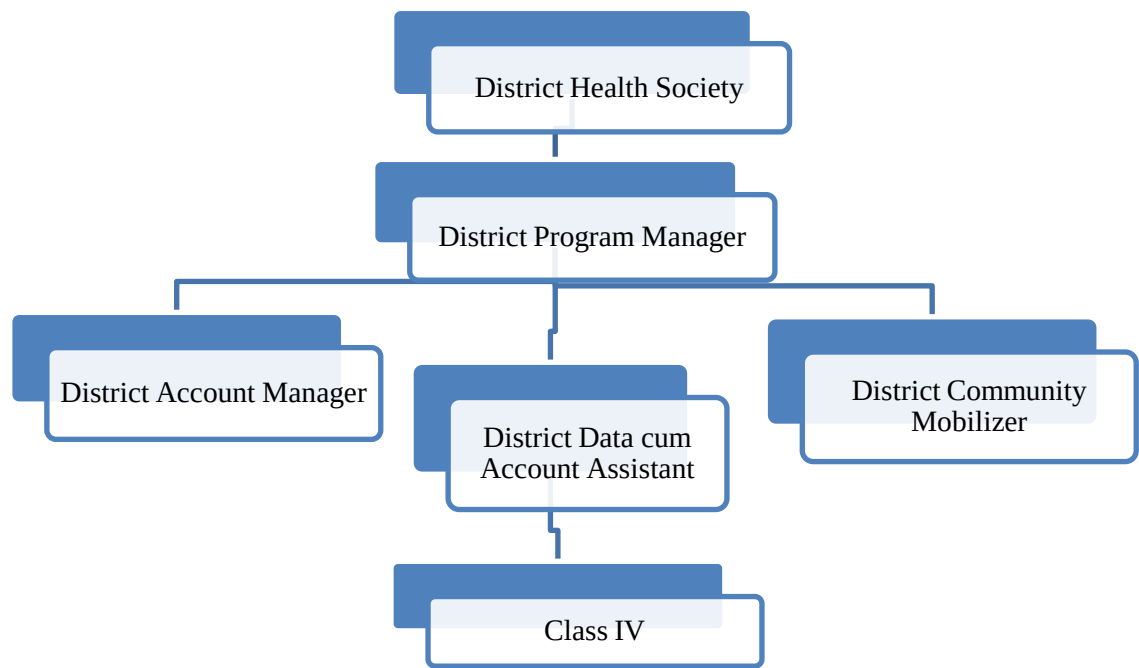
State Program Management Unit



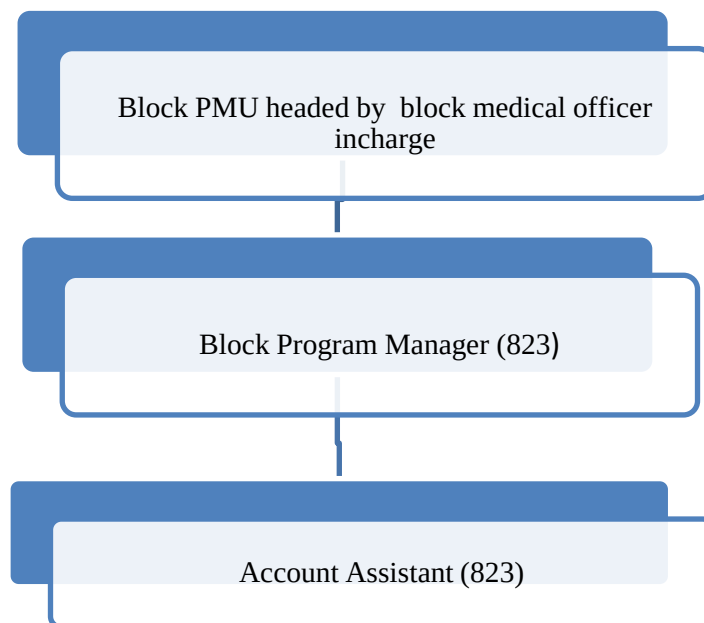
Divisional Program Management Unit:



District Management Unit:



Block Management Unit:

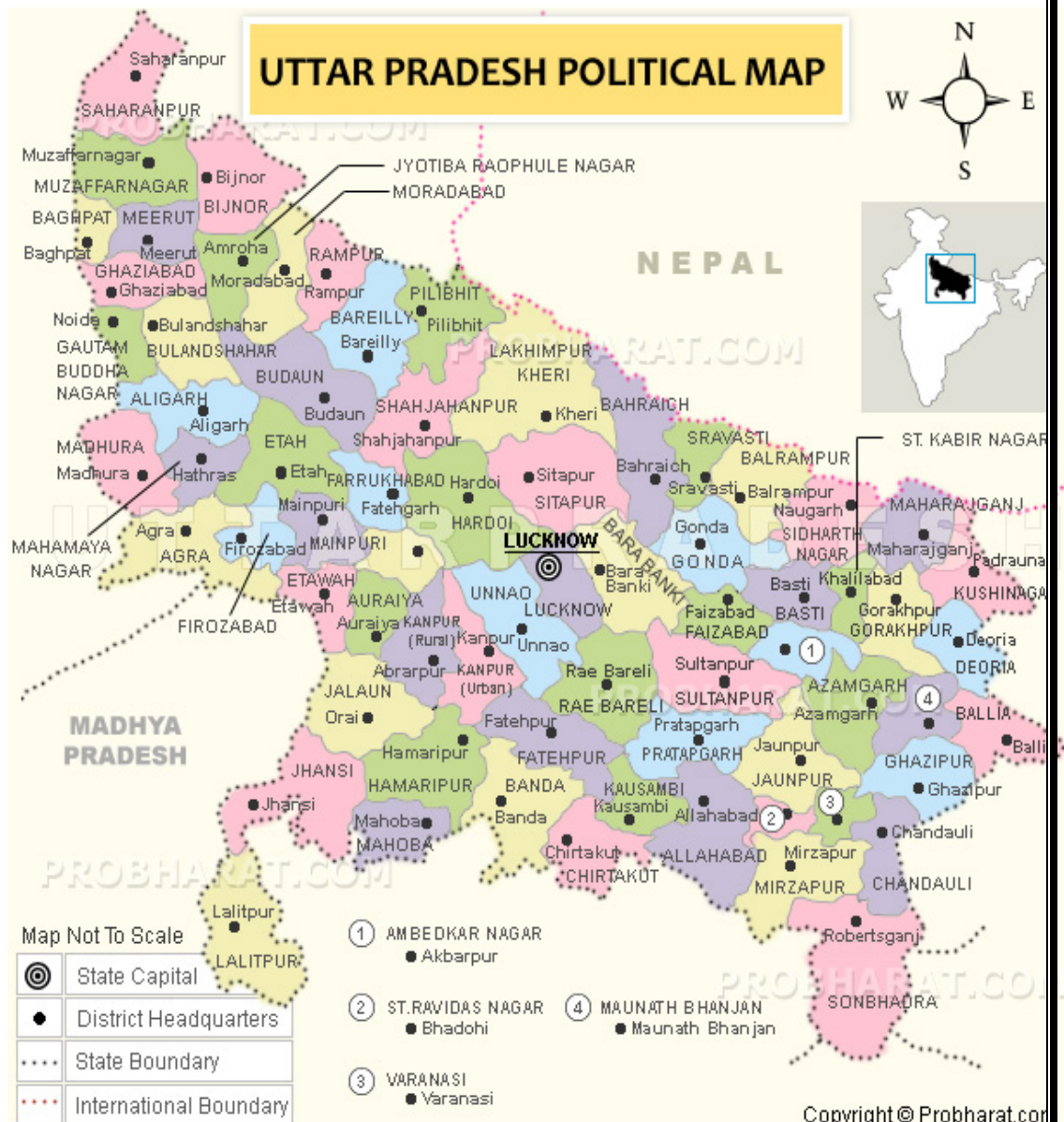


Internship and dissertation study:

Worked as a trainee at the district project management from 15 Feb to 16 May'2014 and did study on “**Situational Analysis for RMNCH+A program which is a facility based survey**”.

Key learning during internship

- Learning of implementation and monitoring of programmes running under National Rural Health Mission
- Understanding of the organizational culture and functions of NRHM UP.
- Meeting key resource persons from different developmental partners.
- Service delivery at District Hospital, CHC, PHC, FRU, sub-centers.



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