Internship Report

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In

Hospital and Health Management

By

Simran Sharma

Under the Supervision and Guidance of

DR. P.R. Sodani

President, IIHMR University, Jaipur

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CHAPTER 1: INTRODUCTION

As part of my dissertation, I did my internship in Child health and immunization department, NHM Haryana (National Health Mission), Panchkula from 15th April to 15th July 2024. I got placed under the child health and immunization department. During this period, I worked on projects like FIMNCI (Facility based integrated Management of neonatal and childhood illness) Training and AEFI Project.

CHAPTER 2: OBJECTIVES OF INTERNSHIP

- To equip myself with the information and abilities needed to resolve managerial difficulties within an organization.
- To take on certain duties and fulfil my responsibilities during this time in multiple departments, which I will do under the Preceptor's supervision while according to a set timeframe.
- During this internship time, I expect to learn how to work with colleagues, work in teams, assist administrators, grasp organizational culture, and develop analytical and documenting skills.
- To develop managerial and leadership skills which are needed for my future growth in the organization.
- To understand the ground level process and procedures by working on field, so that I can develop my skills and knowledge from the grass root level.

CHAPTER 3. ORGANIZATIONAL PROFILE

The National Health Mission (NHM) encompasses its two Sub-Missions, the National Rural Health Mission (NRHM) and the newly launched National Urban Health Mission (NUHM). The main programmatic components include Health System Strengthening in rural and urban areas- Reproductive-Maternal- Neonatal-Child and

Adolescent Health (RMNCH+A), and Communicable and Non-Communicable Diseases. The NHM envisages achievement of universal access to equitable, affordable & quality health care services that are accountable and responsive to people's needs. Specific initiatives under NHM include JSSK (free services for pregnant women and sick neonates), adolescent health program, and training programs for ASHA workers and skilled birth attendants.

Six financing components:

(i) NRHM-RCH Flexipool,

(ii) NUHM Flexipool,

(iii) Flexible pool for Communicable disease,

(iv) Flexible pool for Non-communicable disease including Injury and Trauma,

(v) Infrastructure Maintenance and

(vi) Family Welfare Central Sector component.

Within the broad national parameters and priorities, states would have the flexibility to plan and implement state specific action plans. The state PIP would spell out the key strategies, activities undertaken, budgetary requirements and key health outputs and outcomes.

The State PIPs would be an aggregate of the district/city health action plans and include activities to be carried out at the state level. The state PIP will also include all the individual district/city plans. This has several advantages: one, it will strengthen local planning at the district/city level, two, it would ensure approval of adequate resources for high priority district action plans, and three, enable communication of approvals to the districts at the same time as to the state.

The fund flow from the Central Government to the states/UTs would be as per the procedure prescribed by the Government of India.

The State PIP is approved by the Union Secretary of Health & Family Welfare as Chairman of the EPC, based on appraisal by the National Programme Coordination Committee (NPCC), which is chaired by the Mission Director and includes representatives of the state, technical and programme divisions of the MoHFW, national

technical assistance agencies providing support to the respective states, other departments of the MoHFW and other Ministries as appropriate.

Goals:

Outcomes for NHM in the 12th Plan are synonymous with those of the 11th Plan and are part of the overall vision. Specific goals for the states will be based on existing levels, capacity, and context. State specific innovations would be encouraged. Process and outcome indicators will be developed to reflect equity, quality, efficiency, and responsiveness. Targets for communicable and non-communicable diseases will be set at state level based on local epidemiological patterns and considering the financing available for each of these conditions.

The endeavour would be to ensure the achievement of indicators in Box 1 as follows:

1. Reduce MMR to 1/1000 live births
2. Reduce IMR to 25/1000 live births
3. Reduce TFR to 2.1
4. Prevention and reduction of anaemia in women aged 15–49 years
5. Prevent and reduce mortality & morbidity from communicable, non- communicable; injuries and emerging diseases
6. Reduce household out-of-pocket expenditure on total health care expenditure
7. Reduce annual incidence and mortality from Tuberculosis by half
8. Reduce the prevalence of Leprosy to <1/10000 population and incidence to zero in all districts
9. Annual Malaria Incidence to be <1/1000
10. Less than 1 percent microfilaria prevalence in all districts
11. Kala-azar Elimination by 2015, <1 case per 10000 population in all blocks

Vision:

1. The vision aligns with that of the Government of India, aiming for universal access to equitable, affordable, and quality healthcare services that are responsive to people's needs.

2. NHM Haryana shares this vision, emphasizing the importance of community-level outreach and services.

CHAPTER 4: KEY ACTIVITIES

1. To Organize FIMNCI training and write daily reports in Child health department
2. Analyse the data and keep track of health centres reporting their data
3. Work on the AEFI Cases and make presentation on the guidelines
4. Analyse the AEFI Cases and its reporting and summarise it

CHAPTER 5: KEY LEARNINGS

1. Visited multiple departments of NHM and got to learn about different health programs and policies.

2. While working for one of my projects- Gap analysis in Vaccination coverage, observed and learned about the immunization process.

3. Attended and conducted FIMNCI training sessions and got in depth knowledge about the hospital policies and their procedures of different departments.

4. Attended Induction event and came to know about the health sectors and working in government sectors.

5. Participated in AEFI workshops and learnt about the importance of Immunisation programs

6. I read about various services available in the health sectors like utility, administrative etc but during the internship I understood their functioning and the importance of them to the hospital industry.

7. By experiencing and studying, practical knowledge enables us to be self-sufficient and work on our own.

8. Got to the understanding of health portals like HMIS and how government keeps the track of data and its use in making policies.

CHAPTER 7: REFERENCES

1. NHM_more_information.pdf
2. NHM :: National Health Mission
3. https://nhmharyana.gov.in