Summer Training at
SPMU NHM, Uttar Pradesh
(April-May 2014)

EVALUATION OF EFFECTIVENESS AND EFFICIENCY OF NHM, SINCE INCEPTION AND QUALITY ASSURANCE IN NHM UTTAR PRADESH

By
Arpit Srivastav

Under the guidance of
Dr. J. P. Singh

MBA Hospital and Health Managemet
2013-2015

Institute of Health Management Research,
Jaipur
2014

INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that **Arpit Srivastav** has undergone his summer training at SPMU NHM Uttar Pradesh, Lucknow from 1 April, 2014 to 31 May , 2014.

The Candidate has successfully carried out the project on **Evaluation of effectiveness and efficiency of NHM, since inception** and **Quality assurance in NHM Uttar Pradesh**, assigned to him during his summer training.

His approach to the study has been scientific and analytical. This summer training is partial fulfillment of course requirements, recommended for the Post Graduate Diploma in Health and Hospital with specialization in Health Management.

I wish him success in all his future endeavors.

Col. (Dr.) Ashok Kaushik

Dean, Academics and Students Affairs
IIHMR, Jaipur

Dr J P Singh

Associate Professor
IIHMR, Jaipur

1, Prabhu Dayal Marg, Near Sanganer Airport, Jaipur- 302029, Rajasthan, India.
Ph.: 0141- 3924700, 2791431- 32, Fax: 0141- 3924738, E-mail: iihmr@iihmr.org, Web.: www.iihmr.org

ACKNOWLEDGEMENT

Firstly, I would like to thank Dr S D Gupta (Director –IIHMR University, Jaipur) to provide such a great learning opportunity. I extend my thanks to all the faculties of IIHMR University, Jaipur for empowering me with skills and education.

I express my thanks to Mr Amit Kumar Ghosh(Mission Director, NRHM Uttar Pradesh) and Dr Kajal (AMD,NRHM ,Uttar Pradesh) for allowing the summer training and providing me with this opportunity.

I also pay my sincere thanks to Dr Bhartendu Sharma, for his continous advice, guidance, support, valuable suggestions, motivation and encouragement through out the project.

I am thankful to Dr. Rajesh Jha GM(CP), Dr Anil Kr Mishra GM(NP), Dr Madhu Sharma,GM(Planning), Dr Aruna Narain GM(ARSH), Dr Anil Verma GM(Child Health), Dr Mridula Sharma GM (family Planning), Dr MR Gautam GM(NUHM), Dr Neera Jain GM(MH), Dr Ved Prakash GM(RI), Dr H O Dixit GM(Training and M&E), Mr Sanjay Srivastava (Finance Controller).

I thank Mr. Sanjoy Sen Gupta, Mr R.K. Joshi , Mr Rajesh Bangia & Mrs Richa Sharma for their rendered help through out the project.

I would like to extend my sincere regards to my mentor Dr. J P Singh (Asst. Professor, IIHMR Jaipur) his guidance, support, suggestions, motivation and encouragement throughout the project is appreciable.

Finally and most importantly, I would like to thank God for allowing me to complete my project, my beloved parents for their blessings in successful completion of this internship.

Arpit Srivastava

18- 1422, IIHMR Jaipur.

TABLE OF CONTENT

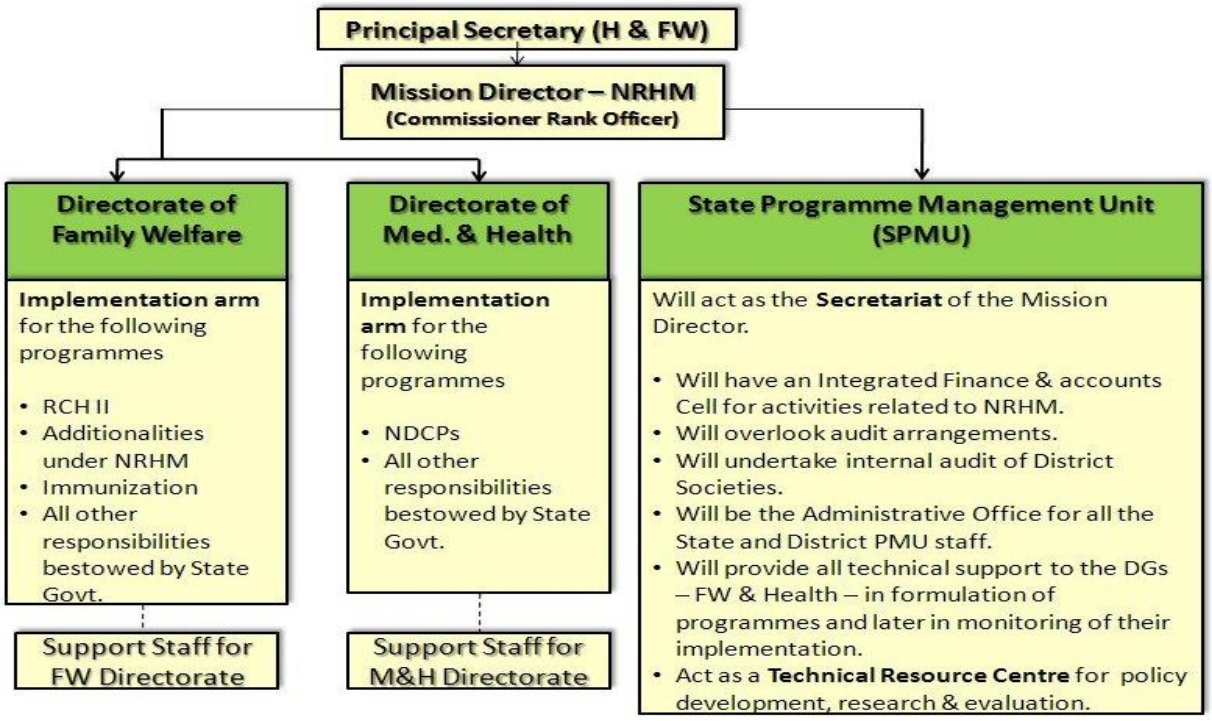
INTRODUCTION

National Health Mission

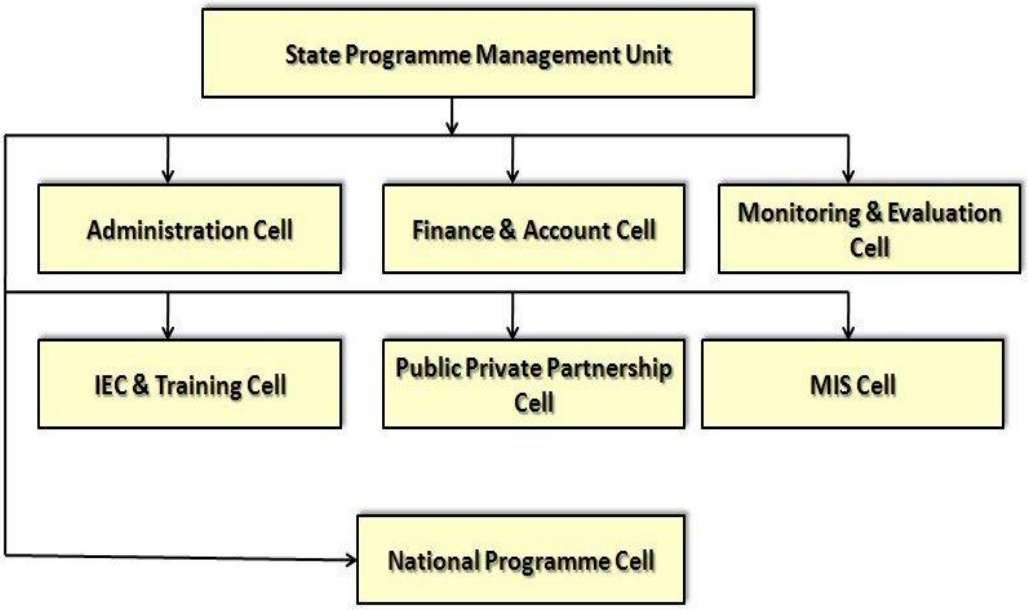
NHM-The National Rural Health Mission (NRHM) was launched by the GoI on 12th April 2005. The NRHM vision envisaged provision of effective healthcare to rural population throughout the country, to begin with special focus on 18 states in 2005, which had weak public health indicators and weak infrastructure. The Mission aimed at achieving infant mortality rate (IMR) of 30 per 1000 live births, maternal mortality 100 per 100 thousand live births and total fertility rate of 2.1 by the year 2012. The National Rural Health Mission ,has been extended for a period of Five years under the XIIth Plan any different programmes have been brought together under the overarching umbrella of the National Health Mission (NHM) with National Rural Health Mission (NRHM) and National Urban Health Mission (NUHM) as its two Sub-Missions. The major programmes being implemented are Routine Immunization (RI), National Vector Borne Disease Control Programme (NVBDCP), Revised National TB Control Programme (RNTCP), Integrated Diseases Surveillance Programme (IDSP), National Programme for Control of Blindness (NPCB), National Mental Health Programme (NMHP), National Programme for Health Care of the Elderly (NPHCE) and National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Strokes (NPCDCS).

By the end of the 12th Plan (i.e. 2017) the National Health Mission endeavors to reduce Maternal Mortality Ratio (MMR) from 1.78 to 1 per 1000 live births, Infant Mortality Rate (IMR) from 42 to 25 per 1000 live births, Total Fertility Rate (TFR) from 2.4 to 2.1, prevent and reduce incidence of anaemia in women aged 15-49 years, prevent and reduce mortality & morbidity from communicable, non-communicable, injuries and emerging diseases and reduce household out-of pocket expenditure on total health care.

ORGANOGRAM FOR NRHM IMPLEMENTATION AT STATE LEVEL

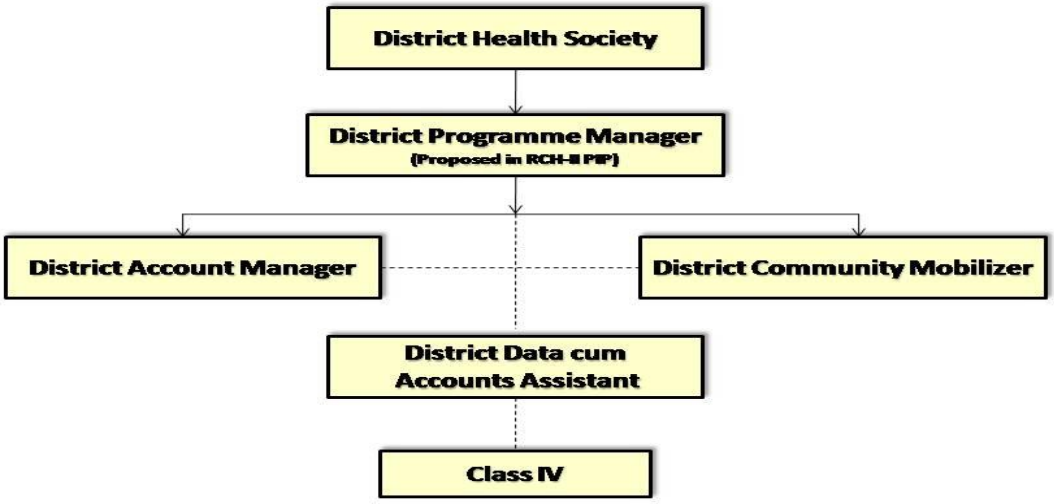


STRUCTURE OF STATE PROGRAMME MANAGEMENT UNIT (SPMU)



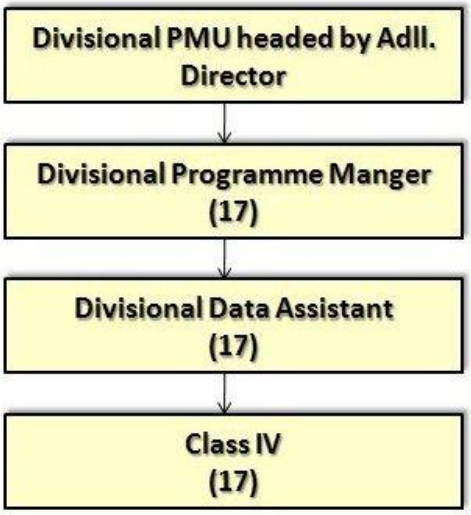
District PMU

For management of the programme interventions at the district level District PMUs would be established in all the 70 districts, the structure of which is shown below:



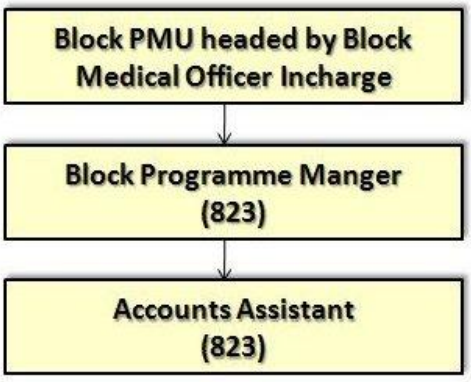
Divisional PMU

A proposal for establishment of a Divisional Programme Management Unit at each division headed by the Additional Director was proposed and approved by Government of India, the structure of which is shown below:



Block Level Units

At block level, two positions are recommended: Block Programme Manager; and Accounts Assistant.



Topic 1- Evaluation of Effectiveness and efficiency of NHM since Inception.

Rationale- Although there has been a noticeable improvement in health care scenario Uttar Pradesh, but state is still lagging behind several other states in the country. The infant mortality rate (IMR) in Uttar Pradesh is significantly higher (53 per 1000 live births) than that of the country as a whole (44 per 1000 live births).Maternal Mortality Ratio (MMR) is again markedly higher (300 per 100,000 live births) as compared to national level estimates (212 per 100,000 live births). The deliveries taking place at home, more often assisted by untrained personnel, which causes serious health complications both among mothers as well as newborn children and thus considered as one of the major factors contributing to higher MMR and IMR in the state.

Objective: To Review the Impact of NHM in Health Status Improvement Indicators of Uttar Pradesh.

Research Methodology:

Study Type-Descriptive
Study Approach –Quantitative

1. Broad Areas Covered-
2. Finance
3. Maternal Health (MMR) (Percentage of Institutional Delivery)
4. Child Health.(IMR)
5. Reproductive Health (TFR)
6. Complete Immunization (complete immunization)

Technique – Secondary Data Sources, comparison and trend analysis

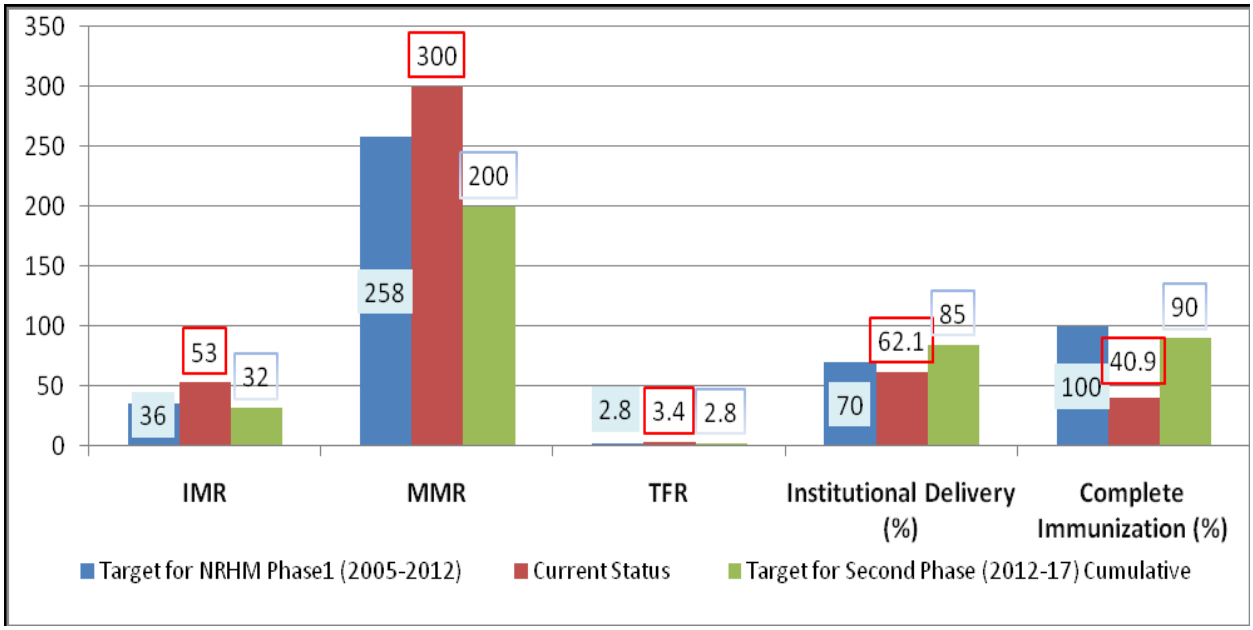
Tools- Vital Records, NHM Reports , Official Statistics ,Previous surveys.
Data Collection- Secondary Data collection through SPMU and Internet Facility

Results:

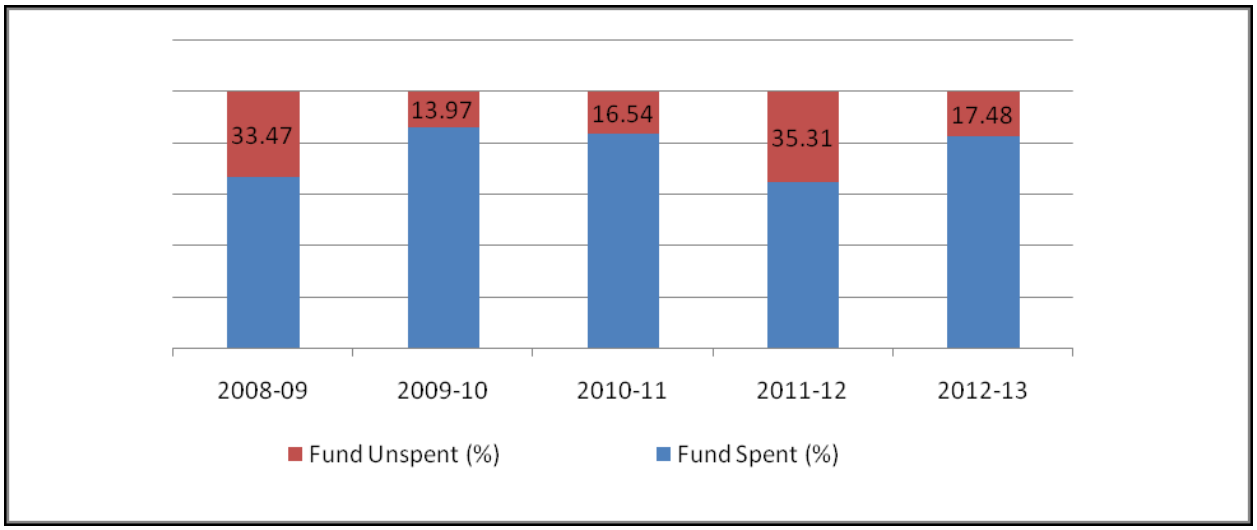
Performance in NRHM First PHASE (2005-12):

Sr. No.	Indicator	Unit	Status in the beginning 05-06		Targets for 2012		Achievement 2012	
			India	U.P.	India	U.P.	India	U.P.
1.	Infant Mortality Rate (SRS)	Per thousand	58	73	--	--	44	57
2	Maternal Mortality Rate (SRS)	Per lac live births	301 (01-03)	517 (01-03)	100	258	212 (07-09)	359 (07-09)
3	Total Fertility Rate (NFHS)	Per productive couple	2.9 (NFHS-2)	4.1 (NFHS-2)	2.1	2.8	2.7 (NFHS-3)	3.7 (NFHS-3)
4	Institutional Delivery	Percentage	40.9 (NFHS-3)	20.6 (NFHS-3)	70	70	72.9 (CES-2009)	62.1 (CES-2009)
5	Complete immunization	Percentage	54 (DLHS-III)	30.3 (DLHS-III)	100	100	61.0 (CES-2009)	40.9 (CES-2009)
6	Sex ratio (Census data)	Per thousand	927 (2001)	916 (2001)	935	924	916 (2011)	899 (2011)

NHM-UP -Health outcome



Utilization of NRHM funds in respective financial years



Organizational Learning:

1. Interventions by empathetic understanding of problem and local need.
2. Orientation and re-evaluation in formulation of programs and plans.
3. Utilization of existing resources to produce the outcome
4. Allocation of resources.
5. Managing the information for smooth and outcome oriented functioning of facilities and service deliveries.
6. Correlation of figures and provided data with original scenario.
7. Quality improvement and Accessories.
8. Strategic Planning.

SUGGESTIONS:

1. Ensure accountability of officials at state, division,district and block levels for program intervention.
2. Extensive monitoring of progress at all levels to ensure quality of services.
3. Basic training in financial management to the staff members of all levels of the program to increase the efficiency of the program.

Topic 2: QUALITY ASSURANCE IN UTTAR PRADESH NHM AND MEASURES NEEDED TO IMPROVE IT.

INTRODUCTION

The **NRHM** was launched in the year 2005 with the goal "to improve the availability of and access to quality health care for people especially for those residing in rural areas,the poor , women and children"

Implementation of NRHM since 2005 has given a solid platform to venture into the new field of quality health services because the quality of health services offered by private institutions is **PERCEIVED** to be better. Till date we have focussed on infrastructure without laying emphasis on processes and monitoring the outcomes.

PURPOSE OF QUALITY ASSURANCE

- Help patients and potential patients by improving quality of care
- Assess competence of medical staff, serve as an impetus to keep up- to-date and prevent future mistakes , and
- Bring to notice of hospital administration the deficiencies and in correcting the causative factors

QUALITY ASSURANCE IN NHM :-"planned and systematic activities, which are implemented in a quality system

Four Principles of Quality Assurance

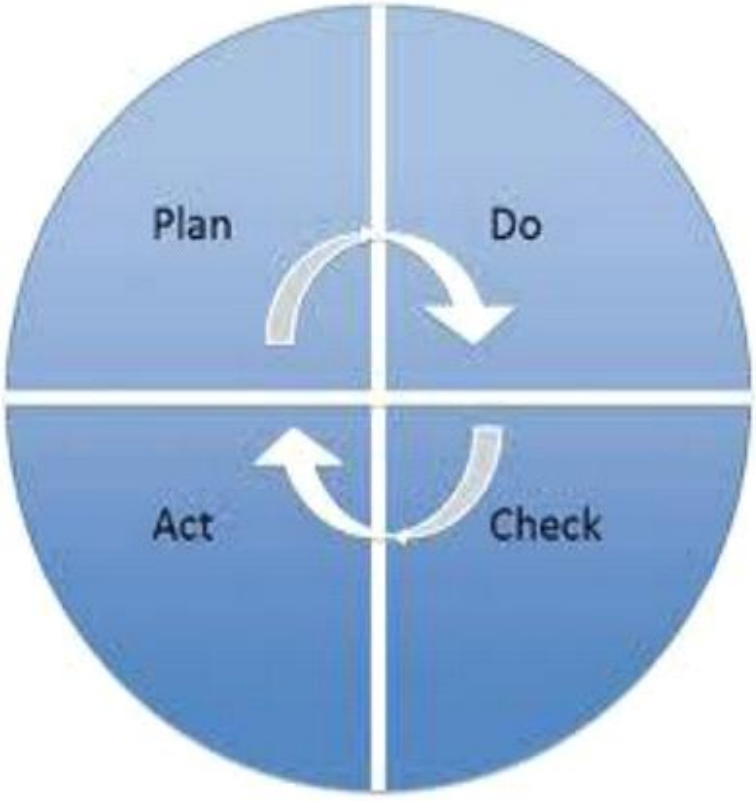
1. Quality Assurance is oriented toward meeting the needs and expectations of the patients.
2. Quality assurance focuses on the systems and processes.
3. Quality assurance uses data to analyse service delivery processes.

Quality assurance encourages a team approach to problem solving and quality improvement.

Quality Assurance (QA) in Public Health is a cyclical process involving following major components:

a. Setting up Standards and Measurable elements.

b. Assessment of health facilities against the set standards.



OBJECTIVE:

- To Find out the measures for improving quality assurance services in NHM ,U.P.

METHODOLOGY:

STUDY DESIGN: Observational.

TYPE OF STUDY: Qualitative.

TOOL USED **:** Checklist For Indepth Interviews.

SAMPLE SIZE **:** 30

QUALITY PARAMETERS

INFRASTRUCTURE	**HR AVAILABILITY**	**HR TRAINING**	**MEDICAL AND SUPPORTIVE SERVICES**
Physical labour room	MOs	BeMOC	Specialist services
Number of beds	SNs	SBA	Referral linkages
New born baby stabilization unit/new born care corner	ANM	MTP	Service delivery in post natal wards
Equipments	LTs	NSV	Free sevies provided to beneficiaries
ICE LINED REFRIGERATOR (ILR)	pharmacist	IMNCI	Cheque delivery time to JSY beneficiery
FP commodities (pills, condoms etc.)	LHV	F-IMNCI	
Toilets		IUD	

Based on visits to- FRU sidhauli,CHC Harchandpur(Raebareilly),PHC kasmanda(sitapur),PHC kurwar(sultanpur),District Women Hospital (Lucknow)

KEY FINDINGS :

1. Some of the health facilities were working with insufficient number of staff due to absenteeism and irrational deployment of staff which led to overburdening of the staff on duty.
2. Electricity backup and water supply was not round the clock.
3. Specialist doctors were not available in some of the centres.
4. Training to staff was not given on the basis of need ,some of the staff members did not attend training sessions.
5. The quality of meal served to the beneficiary under JSSKscheme was not satisfactory.
6. Patient safety and infection control measures sch as proper hand washing , cleanliness of wards and rooms were compromised.
7. Cheque delivery to the beneficiary under JSY scheme delayed in many cases.

Organizational Learning:

1. Interventions by empathetic understanding of problem and local need.
2. Orientation and re-evaluation in formulation of programs and plans.
3. Utilization of existing resources to produce the outcome
4. Allocation of resources.
5. Managing the information for smooth and outcome oriented functioning of facilities and service deliveries.
6. Correlation of figures and provided data with original scenario.
7. Quality improvement and Accessories.
8. Strategic Planning.

SUGGESTIONS:

1. Ensure accountability of officials at state, division,district and block levels for program intervention.
2. Extensive monitoring of progress at all levels to ensure quality of services.
3. Basic training in financial management to the staff members of all levels of the program to increase the efficiency of the program.