

# Internship report

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**National Health Systems Resource Center**

**A WHO Collaborating Centre for  
Priority Medical Devices & Health Technology**



## **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 mobilization 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.

## **ORGANIZATION PROFILE**

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.

NHSRC is also a World Health Organisation Collaborating Centre for Priority Medical Devices & Health Technology Policy

## **VISION**

NHSRC 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-centered technical support by continually

improving its processes, people and management practices.



## **DEPARTMENTS AND SYSTEM**

The 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.

## **SERVICES PROVIDED BY THE ORGANIZATION**

With aim to improve health outcomes by facilitating governance reform, health systems innovations and improved information sharing among all stake holders, all above 8 divisions function in coordinate manner to provide following services

- 1) Developing policy frameworks and successful operationalisation of the set of interventions for ASHA, the Village Health Sanitation and Nutrition Committee (VHSNC), community programmes, involvement of NGOs and public participation in facility based committees at scale across the entire nation is complex and challenging.
- 2) Designing a robust information system in health domain by identify changing requirements and continuously improve system design
- 3) Managing Healthcare financing with financial protection and engaging private sector
- 4) Determining Technical Specifications of Medical Devices procured under National Health Mission, running Biomedical Equipment Maintenance Program across all levels of public health facilities
- 5) Identification, assessment and uptake of innovations in National Health Programs
- 6) Support in Health Technology systems strengthening and providing technical support to Government's agenda on improving cost of technologies, safety profile of products
- 7) Strategy for recruiting and retaining public health workforce especially in rural and remote areas

- 8) Providing technical support to MoHFW in programmatic areas where legal questions are involved.
- 9) 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.
- 10) Scoring every single health facility against pre-defined standards with periodic supportive supervision for ensuring continual improvement.

## **WORK EXPERIENCE IN THE ORGANIZATION**

### **Observation and learning**

Worked for 3 months in NHSRC, under public health administration division and gained experience in the following

- 1) Understanding GoI guidelines and protocols for improvement in healthcare service areas
- 2) Participation in preparation of 9<sup>th</sup> common review mission report under the guidance of members of the team
- 3) Being a part of model health district project- a GoI initiative for up gradation of District Hospitals as a model for quality of care concerning patient aid, patient safety and management practices with a focus on both the technical and operational aspects of service delivery

## **Work experience**

Experience of Work under **Model health district project** for the state of **Madhya Pradesh**

This project has been initiated in 2016 under guidelines on “Strengthening District Hospital for Multispecialty Care and Developing it as a Training Hub” with aim to form a model district where to comprehensive and sustained health care facilities available meeting quality standards. 2 districts from each state after consultation with official experts were selected. Within the District one CHC/one BPHC, one 24x7 PHC and one SC were selected in consultation with the district CMO.

Under this project I was stationed for state of Madhya Pradesh for 2 selected district namely SAGAR (intervention district) AND SATNA (collaborating district) along with respective CHCs and PHCs

### **Experience under the project:-**

1. Working in close collaboration with state NHM officials, district CMO, Program managers and other supportive staff along with district hospital nodal officers to implements actions planned under guidelines
2. Mapping gaps at each of the selected facility at all levels and formulate Action plan for the facility which is feasible ,cost effective and ensuring timely completion of the activities identified in the action plan with the larger objective of making the district a Model Health District
3. Preparing a baseline data using the Performance Indicators document for Intervention and Collaborating districts
4. Advocacy at all levels ( district CMO/CS, HM, MOICs, DPM, BPM ,district collector.) to develop agenda and implement activities identified in action plan in coordination with officials and staff.



5. Monitoring activities, identification of bottlenecks and preparing monthly progress report. Organize District & State level review on the process of implementation for Model Health Districts