

ROLE OF MEDICAL COLLEGES in NRHM



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NIHFW FAMILY MEMBERS




National Rural Health Mission

- **Launched on 12th April 2005 by the Prime Minister .**
 - **The Mission is for a period of 7 years (2005-12).**
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NRHM seeks to provide effective health care to rural poor population especially the disadvantaged groups including women and children , through a range of interventions at various levels - individual, household, community and health system

- **By improving access,**
 - **Enabling community ownership and demand for Services,**
 - **Strengthening public health system for efficient service delivery ,**
 - **Enhancing equity and accountability and promoting decentralization.**
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New Horizon: National Rural Health Mission

- **Decentralized health governance-Community Ownership**
 - **Enhanced quantity and quality of Manpower-Capacity Building**
 - **Procurement and supply of equipments & drugs-Logistic security**
 - **Building physical infrastructure-Plugging the gaps**
 - **Establishing support services-Responsive HMIS**
 - **Flexible funds for local needs**
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NRHM – VISION

1. To provide effective healthcare to rural population throughout the country with special focus on 18 states having weak public health indicators and/or weak infrastructure.
2. To increase public spending on health from 0.9% GDP to 2–3% of GDP.
3. To undertake architectural correction of the health system to enable it to effectively handle increased allocations and promote policies that strengthen public health management and service delivery in the country.
4. To revitalize local health traditions and mainstream



Vision (contd.)

- 5) To have effective integration of health concerns through decentralized management at district, with determinants of health like sanitation and hygiene, nutrition, safe drinking water, gender and social concerns.
 - 6) To addresses inter State and inter district disparities.
 - 7) To achieve time bound goals and report publicly on progress.
 - 8) To improve access to rural people, especially poor women and children to equitable, affordable, accountable and effective primary health care.
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NRHM –

OBJECTIVES

- 1) Reduction in child and maternal mortality
 - 2) Universal access to public services for food and nutrition, sanitation and hygiene and universal access to public health care services with emphasis on services addressing women's and children's health and universal immunization
 - 3) Prevention and control of communicable and non-communicable diseases, including locally endemic diseases.
 - 4) Access to integrate comprehensive primary health care.
 - 5) Population stabilization, gender and demographic balance.
 - 6) Revitalize local health traditions & mainstream AYUSH.
 - 7) Promotion of healthy life styles.
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NRHM – INTERVENTIONS

- 1) To provide effective healthcare to rural population throughout the country with special focus on 18 states having weak public health indicators and/or weak infrastructure.
 - 2) To increase public spending on health from 0.9% GDP to 2–3% of GDP.
 - 3) To undertake architectural correction of the health system to enable it to effectively handle increased allocations and promote policies that strengthen public health management and service delivery in the country
 - 4) To revitalize local health traditions and mainstream AYUSH into the public health system.
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Interventions(contd.)

- 6) Janani Suraksha Yojana (JSY)
 - 7) Placement of Accredited Social Health Activist (ASHA)
 - 8) Disease Control Programme such as NVBDCP and RNTCP
 - 9) Rogi Kalyan Samiti (RKS) : an institutional mechanism leading to communization of health services and making services accountable to the users
 - 10) Mainstreaming of AYUSH
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NRHM – 5 main approaches

COMMUNITIZE

1. Hospital Management Committee/ PRIs at all levels
2. Untied grants to community/ PRI Bodies
3. Funds, functions & functionaries to local community organizations
4. Decentralized planning, Village Health & Sanitation Committees

FLEXIBLE FINANCING

1. Untied grants to institutions
2. NGO sector for public Health goals
3. NGOs as implementers
4. Risk Pooling – money follows patient
5. More resources for more reforms

MONITOR, PROGRESS AGAINST STANDARDS

1. Setting IPHS Standards
2. Facility Surveys
3. Independent Monitoring Committees at Block, District & State levels

IMPROVED MANAGEMENT THROUGH CAPACITY

1. Block & District Health Office with management skills
2. NGOs in capacity building
3. NHSRC / SHSRC / DRG / BRG
4. Continuous skill development support

INNOVATION IN HUMAN RESOURCE MANAGEMENT

1. More Nurses – local Resident criteria
2. 24 X 7 emergencies by Nurses at PHC. AYUSH
3. 24 x 7 medical emergency at CHC
4. Multi skilling

Institutional Framework





FUNDING UNDER NRHM

- Selection, training, drug kit, compensation package for ASHAs.
- Total Grant at Sub – Centre Rs.20,000/- per annum
Untied Fund Rs.10,000/-
Annual Maintenance Rs.10,000/-
- Total Grant at PHC @ 1.75 lacs per annum
Annual Maintenance Rs.50,000/-
Untied fund Rs. 25,000/-
Rogi Kalyan Samities Rs.1,00,000/-
- Total grant at Community Health Centre @ Rs.2.50 Lacs
Annual Maintenance RS.1,00,000/-
Untied fund Rs. 50,000/-
Rogi Kalyan Samities Rs.1,00,000/-
- Total grant at District Hospital Rs.5.00 Lacs

FUNDING UNDER NRHMcontd.

- **Upgrading 2 CHCs/district to IPHS, @ Rs.20 lakhs.**
- **Corpus Grant for Rogi Kalyan Samiti, @ Rs.5 lakhs/District Hospital, and @ Rs.1 lakh/Sub District Hospital and CHC.**
- **One Mobile Medical Unit/district, @ Rs.40 lakhs.**
- **Preparation of District Action Plans.**
- **Health Melas.**



UNTIED FUND

- **Untied fund to each sub center - Rs.10,000 to facilitate urgent activities needing relatively small sums of money.**
- **Fund kept in joint bank account of ANM & Sarpanch**
- **Used only for common good & not for individual needs, except in case of referral & transport in emergency situations.**
- **Purchase of consumables such as bandages in sub center**
- **Purchase of bleaching powder and disinfectants for use in common areas of the village.**



UNTIED FUND

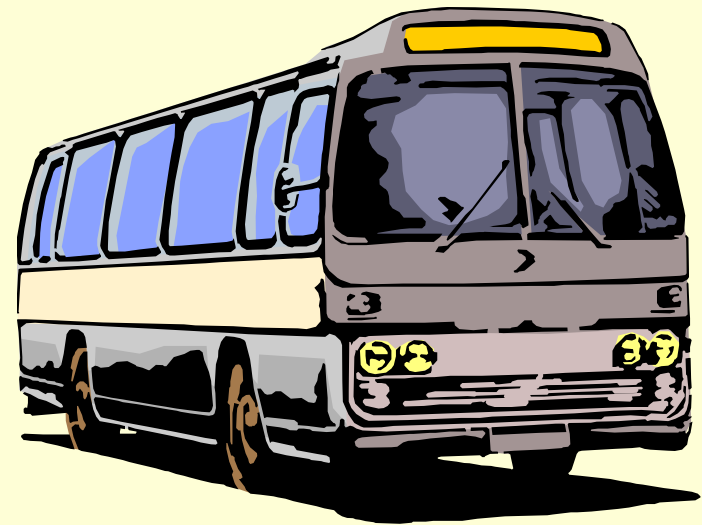
- **Suggested areas where Untied Funds may be used:**
- **Minor modifications to sub center- curtains to ensure privacy, repair of taps, installation of bulbs, other minor repairs, which can be done at local level.**
- **Ad hoc payments for cleaning up sub center, especially after childbirth.**
- **Transport of emergencies to appropriate referral centers.**
- **Transport of samples during epidemics.**
- **Labour and supplies for environmental sanitation, such as clearing or larvicidal measures for stagnant water.**
- **Payment/reward to ASHA for certain identified activities .**
- **Untied funds shall not be used for any salaries, vehicle purchase, and recurring expenditures or to meet the expenses of the Gram Panchayat.**

NATIONAL GOALS & MDG

	X FY Plan 2007	NPP 2010	MDG 2015	Current
Infant MR	45	<30	27	58
Neonatal MR	26	<20	<20	44
Maternal MR	200	<100	100	301
Institutional deliveries	80%	80%		55.61%


● Goals are set high but -

HAVE WE MISSED THE BUS ??





State of Public Health

- ❑ Regional inequalities.
 - ❑ Need for Population stabilization
 - ❑ Hospitalized Indians spend on an average 58% of their total income expenditure (NSSO 52nd Round).
 - ❑ Over 47% of hospitalized persons in rural areas & 31% in urban areas borrow heavily or sell assets to cover the expenses (NSSO-60th Round).
 - ❑ Due to high hospital expenses over 25% of hospitalized Indians fall below poverty line.
 - ❑ Only 10% Indians have some form of health insurance, mostly inadequate.
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State of Public Health

- ❑ **Community ownership for Public health programme initiated under NRHM**
- ❑ **Efforts are made for integration of sanitation, hygiene, nutrition and drinking water issues.**
- ❑ **Public Health System & Services should be in order.**

Medical Colleges should not be viewed in isolation.





Findings of the proforma sent to the participants


(N=32)

S. No.	Question	Percentage
1.	Member of Dist. Level Committee	60%
2.	Joint Monitoring under NRHM	56%
3.	Involvement of MC in dist. Health planning	35%
4.	Status of implementation of IPHS in the district	
5.	Involvement of the Medical Colleges in the field of MCH	84%



We haven't missed the Bus as
yet

Let us grab the opportunity
that NRHM has provided us
with to fill the lacunae in
Health Care Delivery










Do Medical Colleges Offer a
Solution ?



**Where do Medical Colleges Fit
in present state of Affairs ?**



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- **The need of the hour is that medical colleges should realize their social responsibility towards rural India**
 - **Shift of teaching & training programmes with increased orientation towards rural community**
 - **The different departments of Medical colleges should play an important role in implementation of the National Health Programmes.**
 - **Also outreach services may be provided to the community in the periphery or vicinity of the Medical colleges (May be around 1 lac population).**
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- Post Graduate training in Medical Schools should be oriented with a view to address the community needs
 - Again research component of the post graduate training programmes needs due representation of the rural areas
 - This is the area where medical colleges can provide trained Public Health personnel to the community
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- The training of the grass root level workers in health care is largely compromised
 - Medical Colleges have an important responsibility of imparting training to these cadre of workers (Health workers and ANMs) and providing them skills in public health
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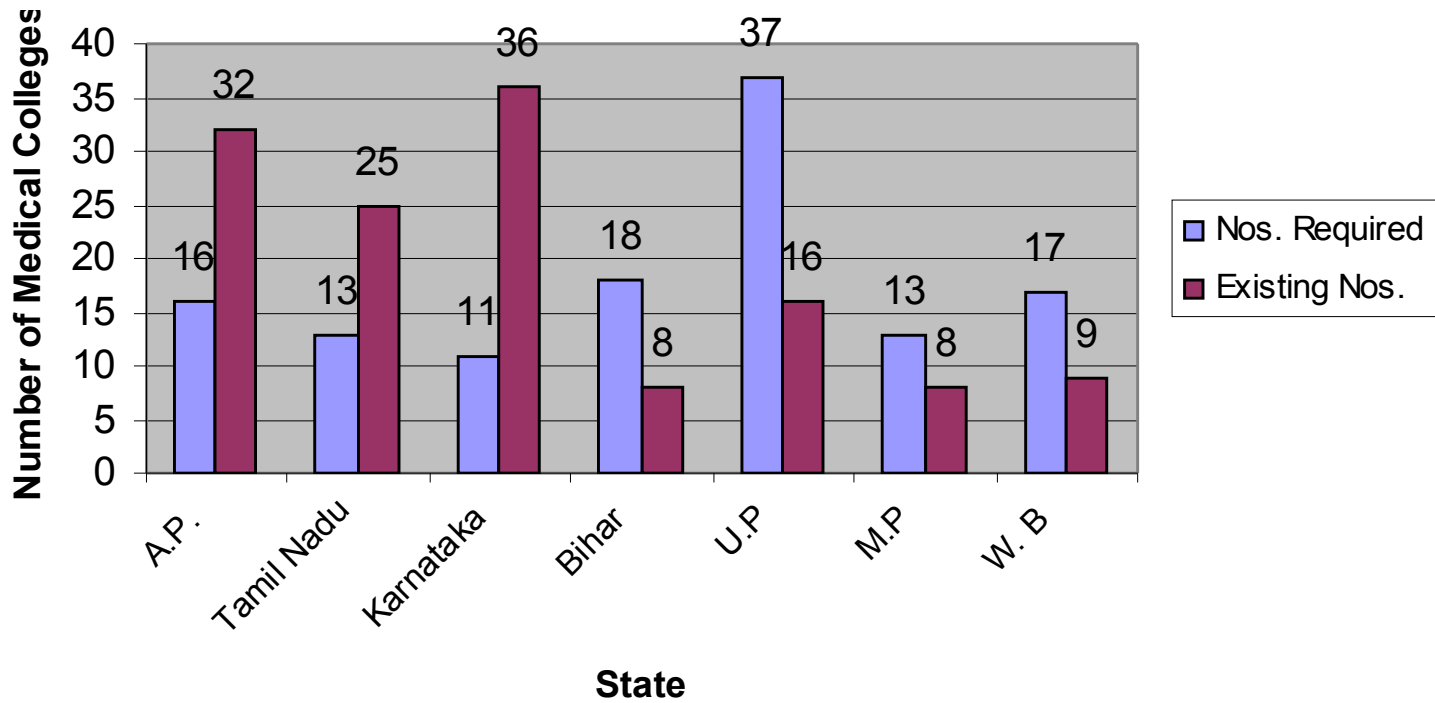
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- Para medical professionals have minimum exposure in the field of public health
 - This is an important class of workers indirect contact with the community
 - They particularly need exposure to public health methods and public grievances while being trained
 - Medical Colleges should incorporate a curriculum which provides sufficient exposure to these para medical professionals
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Role of Community Medicine in the Hospital and Teaching Institutes

- **Behaviour Change communication**
 - **Counselling**
 - **Biomedical waste & Infection prevention**
 - **Hospital management Information System**
 - **Research & Clinical Epidemiology**
 - **Collection/compilation/analysis and utilization of data**
 - **Integrated teaching of National Programmes**
 - **Birth & Death Registration**
 - **CME for Staff**
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No.of Required & Existing Medical Colleges (2006)



**Overall requirement as per Mudaliar Committee (1961)
–225 ; Existing numbers in India - 262**






Nursing & Paramedical Schools & Colleges - Problems encountered

- **Shortage of Nursing personnel on the whole**
 - **M.Sc. Nursing colleges & nursing schools B.Sc. are short of tutors**
 - **At present 1 college & 55 nursing schools, 44 in private sector, 9 in public sector and 2 in central govt.**
 - **Nursing colleges for B.Sc. and M.Sc. should be started or as per the policy of Govt. of India existing nursing school needs upgradation**
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Let us respond to the call of the people



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- The future ahead clearly indicates the increasing importance of Medical Colleges in Social Landscape
 - There is an increasing need to identify themselves with the rural needs
 - Despite their present predominantly urban look time has come to change realistically to accept the reality of the bigger half of our population.
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**Initiatives taken towards
capacity building of Medical
colleges and other
institutions at NIHFW**



PUBLIC HEALTH EDUCATION AND RESEARCH CONSORTIUM

Network and Partnership

- Community Medicine/ PSM /Social Medicine Departments of Medical Colleges
- SIHFWs/HFWTCs/CTIs and other Research Institutions
- Nursing Colleges and Schools
- Mother NGOs

PUBLIC HEALTH EDUCATION AND RESEARCH CONSORTIUM

- Joint collaborative effort
- Two way process
- Pool all the available human resources from all the interested Institutions

PUBLIC HEALTH EDUCATION AND RESEARCH CONSORTIUM

Activities Initiated

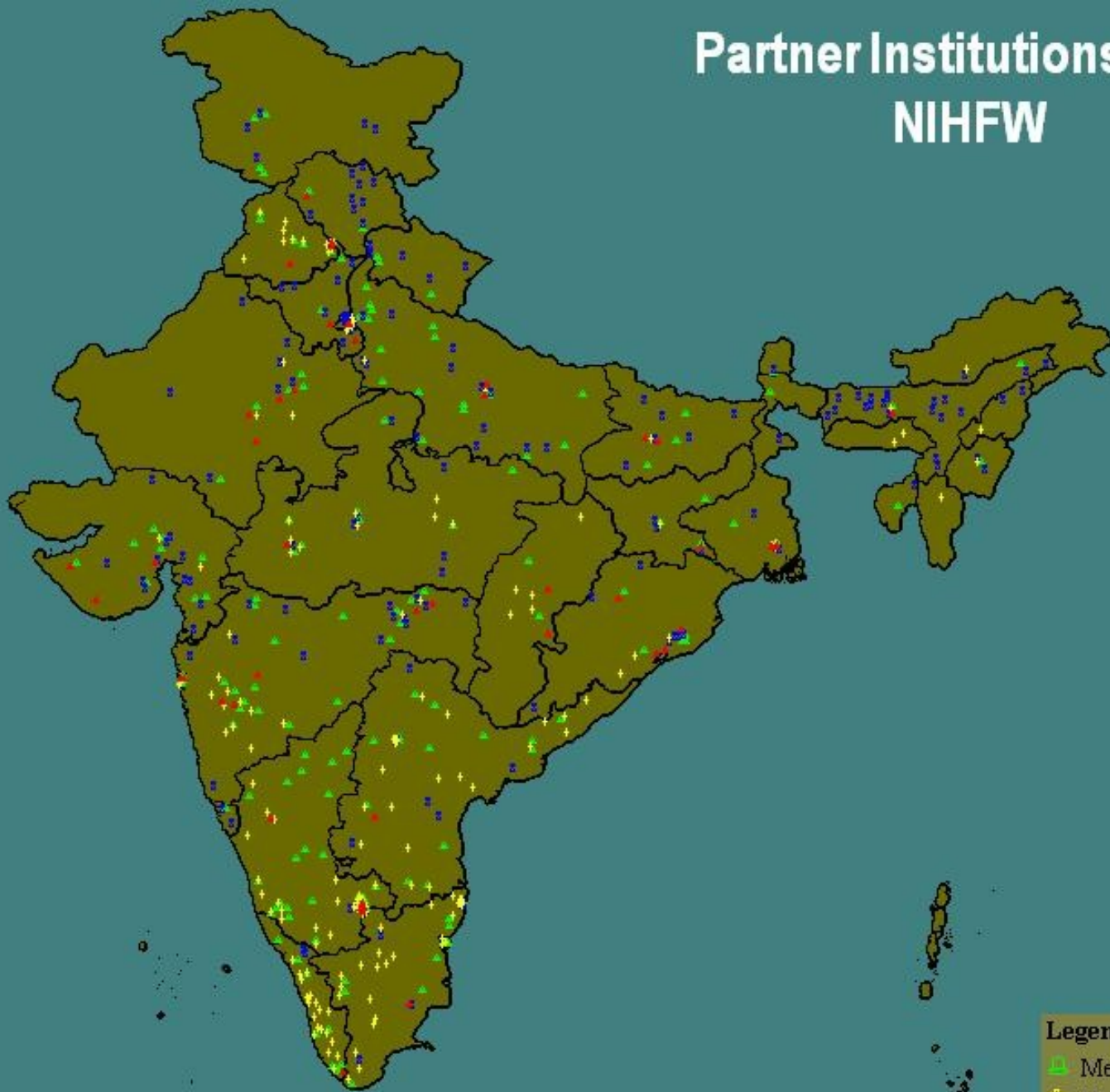
- Sharing of information on Programmes/ Guidelines and recent updates through print and electronic media (distributed CDs to all the partners on various health & FW related issues)
- Research Methodology Workshops
- Rapid Appraisal Methods for Partnership Research

PUBLIC HEALTH EDUCATION AND RESEARCH CONSORTIUM

Already members of Consortium

- **175 Medical Colleges**
- **46 SIHFWs/HFWTCs/CTIs**
- **170 Nursing Colleges/Schools**
- **175 NGOs**

Partner Institutions NIHFW



Legend

- Medical colleges (175)
- Nursing colleges (170)
- Training Institutions (46)
- NGOs (175)



आरोग्यम् सुखसम्पदा

Rapid Assessment of Health Interventions (RAHI) Phase - I

- For developing partnership & capacity building with different organizations working in the field of health and family welfare.
- Funded by United Nations Population Fund (UNFPA) India
- Phase – I in Year, 2007 supported 12 health system research projects to bring closer academia and district health system in order to find out the gaps and solutions at State/ District Health System and Sub-system.
- 5 low performing States of India were included
- Findings were published in the form of scientific papers in the special issue of Health and Population: Perspective and Issues (Journal published by NIHFW)


S.No.	Project title (Phase – I)	Partner Institution
1	Evaluation of Swasth Panchayat Scheme in Chhattisgarh State	Chhattisgarh Institute of Medical Sciences, Bilaspur-495001.
2	An assessment of Sahiyya (ASHA) in Jharkhand	Rajendra Institute of Medical Sciences, Ranchi
3	A study of utilization of untied funds in sub centers in Indore division under National Rural Health Mission	MGM Medical College, Indore
4	An assessment of process and performance of Vijaya Raje Janani Kalyan Bima Yojana in Gwalior and Guna districts of Madhya Pradesh	G.R.Medical College, Gwalior
5	Appraisal of Janani Sahyogi Yojana in four districts of Madhya Pradesh	Netaji Subhash Chandra Medical College, Jabalpur
6	Rapid Appraisal of Functioning of ASHA under NRHM	NIAHRD, Kalyani Nagar, Cuttack
7	Rapid Appraisal of Functioning of Village Health and Sanitation Committees (VHSCs) under NRHM in Orissa	Kalinga Centre for Social Development, Kalinga Institute of Industrial Technology, Bhubaneswar
8	Rapid assessment of functioning of Janani Surakhya Yojana in South Orissa.	MKCG Medical College, Berhampur
9	Functioning & Impact of JSY Scheme in the State of Orissa	SCB Medical College, Cuttack, Orissa
10	Assessment of Organization and Utility of Health Melas in selected Districts of Uttar Pradesh	K.G. Medical University, Lucknow – 226003
11	Assessment of organisation and influence of RCH camps in selected districts of Uttar Pradesh	MLB Medical College, Jhansi – 284128



Rapid Assessment of Health Interventions (RAHI) – Phase II


- In the year 2008-09, 12 more projects were undertaken which are at the final stage of completion.
- Phase – II was also funded by UNFPA.
- Findings were published in the form of scientific papers in the special issue of Indian Journal of Public Health (Quarterly Journal of the Indian Public Health Association)




Studies undertaken in Phase II

1. Contribution of ISM lady doctors and GNMs in Operationalisation of 24x 7 services under NRHM in selected districts of UP – MLN Medical College, Allahabad
 2. An assessment of functioning of DPMUs and their role in delivery of services in the state of Madhya Pradesh, Gandhi Medical College, Bhopal, MP
 3. An Assessment Of Functioning Of Mobile Health Units in Jharkhand-MGM Medical College, Jamshedpur, Jharkhand.
 4. An assessment of quality of Care in Institutional deliveries in Jaipur SMS Medical College, Jaipur, Rajasthan
 5. Assessment of performance based incentive system for ASHA in Udaipur District of Rajasthan – Medical College, Udaipur, Rajasthan.
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6. Assessment of utilization of services and client satisfaction under different level of health facilities in Varanasi District – BHU, Varanasi, UP
 7. Rapid appraisal of Functioning of Rogi Kalyan Samitis in Uttarakhand, UFHT Medical College, Haldwani, Nainital, Uttarakhand
 8. Assessing birth preparedness and complication readiness intervention in Rewa district of Madhya Pradesh, S.S.Medical College, Rewa, MP
 9. A Study on the Process of procurement and inventory control of Drugs at different levels in Darbhanga (Bihar), Medical College, Darbhanga.
 10. A study of Interface of ASHA with Community (members/leaders) and service providers at different level in a District of Uttar Pradesh, Medical College Gorakhpur, UP
 11. An Evaluation of the Referral Transport System under NRHM in Block PHCs in Patna District of Bihar. Patna Medical College
 12. Assessment of Utilization of Untied Fund Provided under NRHM in Uttar Pradesh Dept. of Community Medicine RIMS& R, Saifai, Etawah (UP)
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Rapid Assessment of Health Interventions (RAHI) – Phase III

- Will be initiated soon.
 - Emphasis will be more on
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CAPACITY BUILDING OF MEDICAL COLLEGE FACULTY IN RCH II /NRHM STRATEGIES

- Incorporation of evidence based technical strategies of RCH 2, NRHM concepts and implementation framework during pre service education.**
 - Inclusion of emerging programmatic interventions such as gender mainstreaming, VAW, sex selection and male participation.**
 - Stimulate faculty members to undertake operational research studies on priority areas of NRHM & RCH Programme.**
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Contd..

- **Facilitate the Medical College to develop partnership with State/District Health & FW authorities to strengthen training and improve quality of services.**
 - **Engage in monitoring and evaluation in NRHM through post graduates.**
 - **Dissemination of information about NRHM/RCH II all the medical colleges through PHERC network.**
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IMPLEMENTATION

- **Technical Advisory Committee (TAC)**
 - **Development of Standardized training and background materials.**
 - **Capacity Building of National and State level resource person.**
 - **Monitoring of orientation programmes in the EAG and High focus states.**
 - **Web based platform for dissemination of materials to all medical colleges.**
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EXPECTED OUTCOME

**Knowledge of Medical students with key concepts,
programmatic interventions and technical strategies in
Public health programme increased.**





**Let us respond to the call of
the people**

**Let us respond to the call of
India**

**Let us Reach Out to our
people**





THANK YOU