A STUDY ON HOSPITAL BASED COVID 19 DEATHS AND MORBIDITIES IN RAJASTHAN

Internship submitted to

The IIHMR University, Jaipur

For the partial fulfilment for the award of the degree of

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in

Hospital and Health Management

by

Yogesh Tejwani

Under the Supervision and Guidance of

Dr. Nutan Prabha Jain

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CHAPTER ONE

Title

Deaths in Adults associated with co-morbidities in Rajasthan during covid 19 times: Descriptive analysis.

Objectives of the training:

- To Assess Magnitude of Covid deaths
- To Monitor Implementation of Health Programmes.
- To Understand Local Epidemiology of the covid deaths
- To Assess Changes in the Trend/Monitor the Trend of Magnitude/Distribution of the covid deaths
- To Identify Specific Population Group at Risk due to covid
- To Enable Predictions about Patterns of covid deaths Occurrence
- To Assess Impact of the Programme Interventions for control of the covid deaths

1.0 Introduction

With the primary case of corona viral infection rumoured from city, China on 31st December 2019, there has been unprecedented eruption of coronavirus (COVID-19). As of 2021, over 18 crore cases of corona infection were rumoured from 210 countries with thirty-nine lakhs deaths. Although, the primary case was rumoured from China, COVID-19 became devastating in alternative countries with USA, Spain, Italy, Germany, and France leading not solely within the variety of cases however conjointly in variety of deaths rumoured.

"Countries everywhere measure taking aggressive steps and adopting all potential preventive measures to stop the unfold of this infection. 1/2 the planet population is underneath the lockdown in April 2020 as a live to stop the unfold".

"The first confirmed death was rumoured in Wuhan city on ninth January 2020. before long it unfolds outside the Asia, France quite forty countries and territories had rumoured deaths, in each continent except Antarctic continent". India sadly incorporates a high burden of NCDs particularly fat, cardiovascular disease, diabetes and heart diseases, Cancer, disease, pulmonary disease excluding chronic kidney disease which can drive

mortality. The virus host interactions which can drive mortality are going to be coupled via this risk score and vulnerable population

The study is focused to analyse the covid deaths associated with co-morbidities in Rajasthan in one year.

1.1 Organization Profile

National Rural Health mission (2005- 2012)

The National Rural Health mission (NRHM) was launched by the Hon'ble Prime Minister Dr. Manmohan Singh, on 12th April 2005, to provide accessible, affordable, and quality health care to the rural population, especially the vulnerable groups.

The key features to achieve the goals of the Mission include making the public health delivery system fully functional and accountable to the community, human resources management, community involvement, decentralization, rigorous monitoring & evaluation against standards, convergence of health and related programs form village level upwards, innovations and flexible financing and interventions for improving the health indictors.

The National Health MissionThe Union Cabinet vide its decision dated 1st May 2013 has approved the launch of National Urban Health Mission (NUHM). 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.

1.2 Vision Of The NHM

"Attainment of Universal Access to Equitable, Affordable and Quality health care services, accountable and responsive to people's needs, with effective inter-sectorial convergent action to address the wider social determinants of health".

1.3 Core Values

a) Safeguard the health of the poor, vulnerable and disadvantaged, and move towards a right based approach to health through entitlements and service guarantees.

b) Strengthen public health systems as a basis for universal access and social protection against the rising costs of health care.
c) Build environment of trust between people and providers of health services.
d) Empower community to become active participants in the process of attainment of highest possible levels of health.
e) Institutionalize transparency and accountability in all processes and mechanisms.
f) Improve efficiency to optimize use of available resources.

1. 4 Goals of NHM

a. Reduction in Infant Mortality Rate and Maternal Mortality Ratio by at least 50% from existing levels in next seven years
b. Universalize access to public health services for Women's health, Child health, water, hygiene, sanitation, and nutrition
c. Prevention and control of communicable and non-communicable diseases, including locally endemic diseases
d. Access to integrated comprehensive primary healthcare
e. Ensuring population stabilization, gender, and demographic balance.
f. Revitalize local health traditions and mainstream AYUSH
g. Promotion of healthy lifestyles**.**

2. State profile

Rajasthan is in north-western India, bounded on the west and northwest by Pakistan and shares domestic borders with the states of Punjab, Haryana, Uttar Pradesh, Madhya Pradesh and Gujarat. With a land area of 342,239 sq. km, Rajasthan is the largest state in India geographically.8 The state is divided into 33 districts and comprises nine regions – Ajmer State, Hadoti, Dhundhar, Gorwar, Shekhawati, Mewar, Marwar, Vagad and Mewat. The western part of Rajasthan is relatively dry and infertile. Rajasthan is home to the Thar Desert, also known as the Great Indian Desert, and the Chambal River, which is solely responsible for the water supply in the region. Jaipur, Udaipur, Kota, and Ajmer are known as the four smart cities in Rajasthan.

In 2011, the population in Rajasthan was 68.5 million. The population grew 21.2 percent from the 56.5 million recorded in 2001. The population of males outnumbered that of

females: in 2011, the gender ratio was 0.928 female to one male.12 In 2011, 45.57 percent of workers in Rajasthan were cultivators, 17.53 percent were agricultural labourers and 2.41 percent were employed in the household industry. In the same year, the state had a literacy rate of 66.1 percent, work participation rate of 43.6 percent and a population density of 200 persons per sq. km

3. Vision Of NHM Rajasthan

The State's vision statement is as follows: -

'All people living in the state of Rajasthan will have the knowledge and skills required to keep themselves healthy and have equity in access to effective and affordable health care, as close to the family as possible, that enhances their quality of life, and enables them to lead a healthy productive life'. Thus, it may be observed that the State's vision has primarily two components, namely empowering the people living in the State with knowledge and skills required to keep them healthy and equity in access to effective and affordable health care.

4.0

5.0 Integrated Disease Surveillance Project

Integrated Disease Surveillance Project (IDSP) was launched by Hon'ble Union Minister of Health & Family Welfare in November 2004 for a period upto March 2010. The project was restructured and extended up to March 2012. The project continues in the 12th Plan with domestic budget as Integrated Disease Surveillance Programme under NHM for all States with Budgetary allocation of 640 Cr. A Central Surveillance Unit (CSU) at Delhi, State Surveillance Units (SSU) at all State/UT headquarters and District Surveillance Units (DSU) at all Districts in the country have been established.

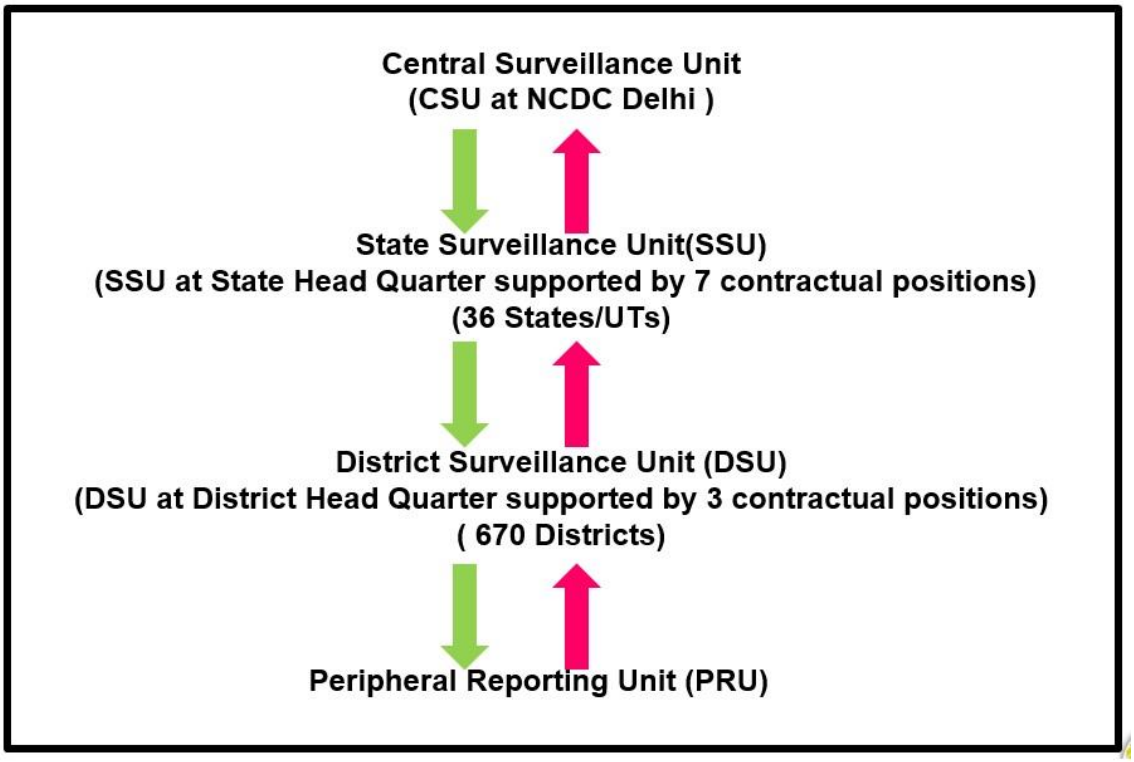
4.1 Mission

To strengthen the disease surveillance in the country by establishing a decentralized State based surveillance system for epidemic prone diseases to detect the early warning signals, so that timely and effective public health actions can be initiated in response to health challenges in the country at the Districts, State and National level.

4.2 Objectives:

- Integration and decentralization of surveillance activities through establishment of surveillance units at Centre, State and District level.
- Human Resource Development – Training of State Surveillance Officers, District Surveillance Officers, Rapid Response Team, and other Medical and Paramedical staff on principles of disease surveillance.
- Information Communication Technology - for collection, collation, compilation, analysis, and dissemination of data.
- Strengthening of public health laboratories.

4.3 Organogram of IDSP



4.4 Key Learnings:

a) Health Care System
b) Data Collection from Districts
c) Data Management of COVID deaths
d) Workflow if IDSP Department
e) Extraction and analysis of data