Internship at
National Health Mission, Madhya Pradesh

By

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MBA Rural Management

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1. **Name of the organisation:** National Health Mission, Madhya Pradesh
2. **Study Topic:** Knowledge Assessment of ASHA Worker Regarding their Roles and Responsibilities and Health Services
3. **Working Place:** District Health Society
4. **Madhya Pradesh NHM State Profile**

Madhya Pradesh is commonly abbreviated as M.P. in India local. Its name "Madhya Pradesh" means "Central Region" because is if located at Central of India in plains. Till year 2000, Madhya Pradesh was the largest state of India in area-wise but after creation of Chattisgarh state from Madhya Pradesh area, it become second largest state in area-wise and 6th largest state in population wise. Is is among few states of India who shares their state border with other states of India and not with any other country or coastal line. Its north-east border touches Uttar Pradesh state, north-west border touches Rajasthan, western border touches Gujarat, south-west border touches Maharashtra state and south-east border touches Chattisgarh.

About the Organisation: National Rural Health Mission was launched in 2005 to cater health needs of underserved rural areas. Further encompasses its two Sub-Missions in April 2013, the National Rural Health Mission (NRHM) and the National Urban Health Mission (NUHM) and it is merged as National Health Mission. The major components oth the mission are strengthening health sysytem in rural and urban slum areas, Reproductive Maternal-Neonatal-Child and Adolescent Health (RMNCH+A) and Communicable and Non Communicable Diseases. The cision of NHM is achievement of universal access to equitable, affordable & quality healthcare services that are accountable and responsive to people's needs.

National Rural Health Mission (NRHM): NRHM seeks to provide quality healthcare to the rural population, especially the vulnerable groups. Under the NRHM, the Empowered Action Group (EAG) States as well as North Eastern States, Jammu & Kashmir and Himachal Pradesh have been given special focus. The thrust of the mission is on establishing a fully functional, community owned, decentralized health delivery system with inter-sectoral convergence at all levels, to ensure simultaneous action on a wide range of determinants of health such as water, sanitation, education, nutrition, social and gender equality.

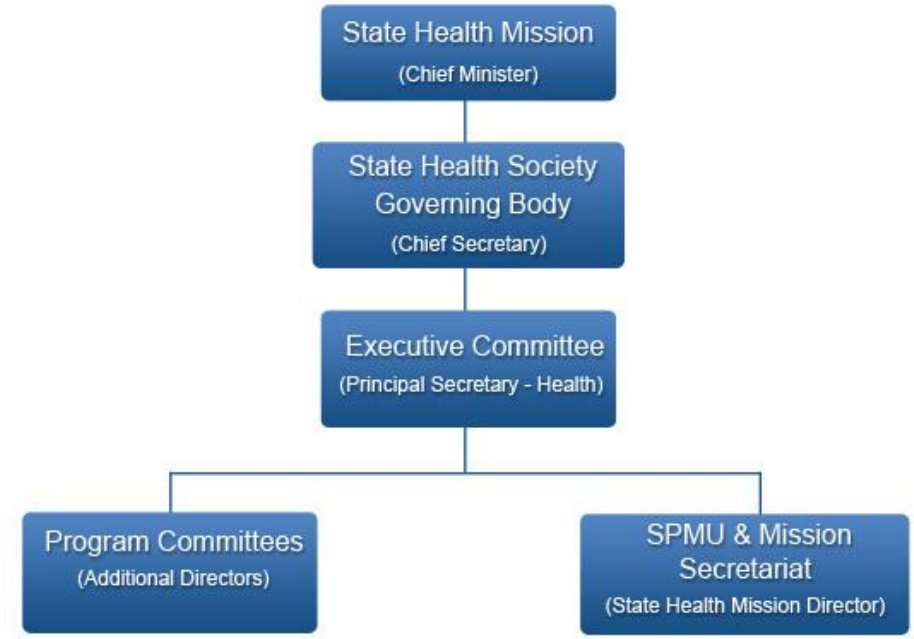
National Urban Health Mission (NUHM): NUHM seeks to improve the health status of the urban population particularly urban poor and other vulnerable sections by facilitating their access to quality primary healthcare. NUHM covers all State capitals, district headquarters and other cities/ towns with a population of 50,000 and above (as per census 2011) in a phased manner. Cities and towns with population below 50,000 will continue be covered under NRHM.

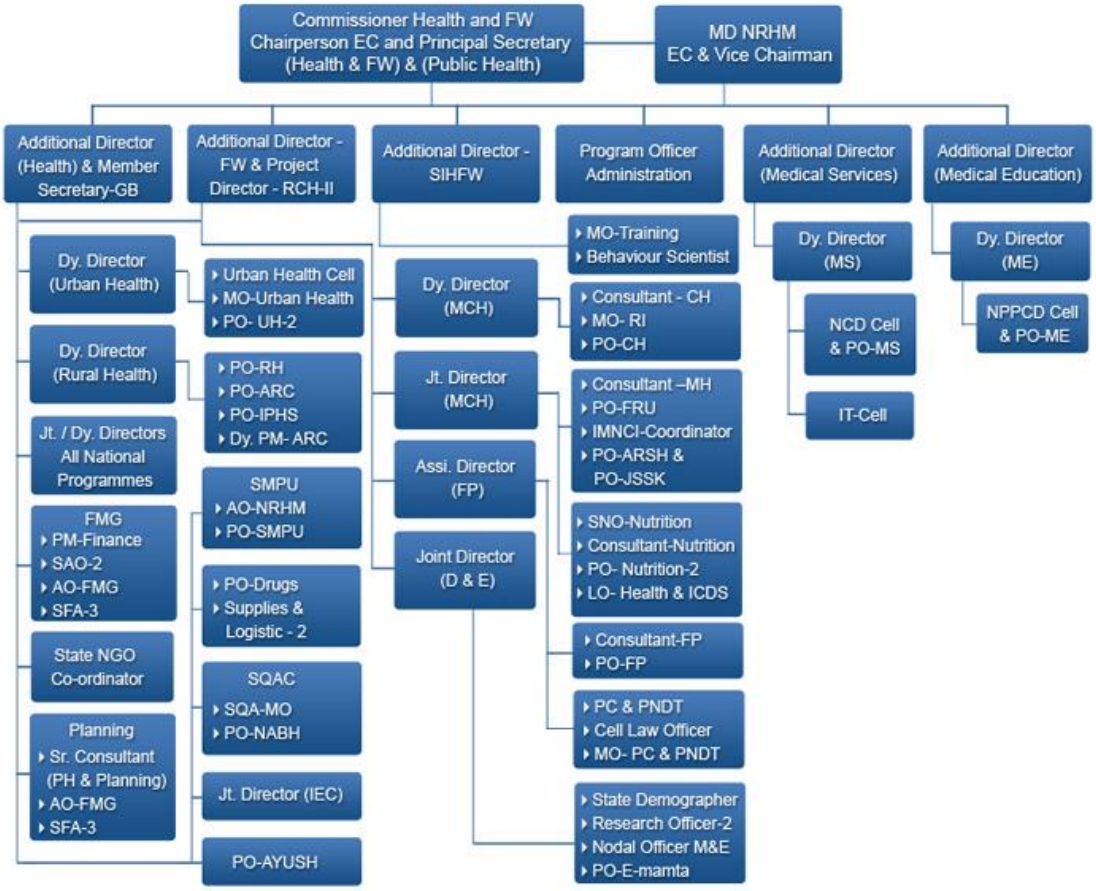
Mission: Improved health status and quality of life of rural population with unequivocal and explicit emphasis on sustainable development measure.

Objectives: Basic objectives for implementation of NRHM are:

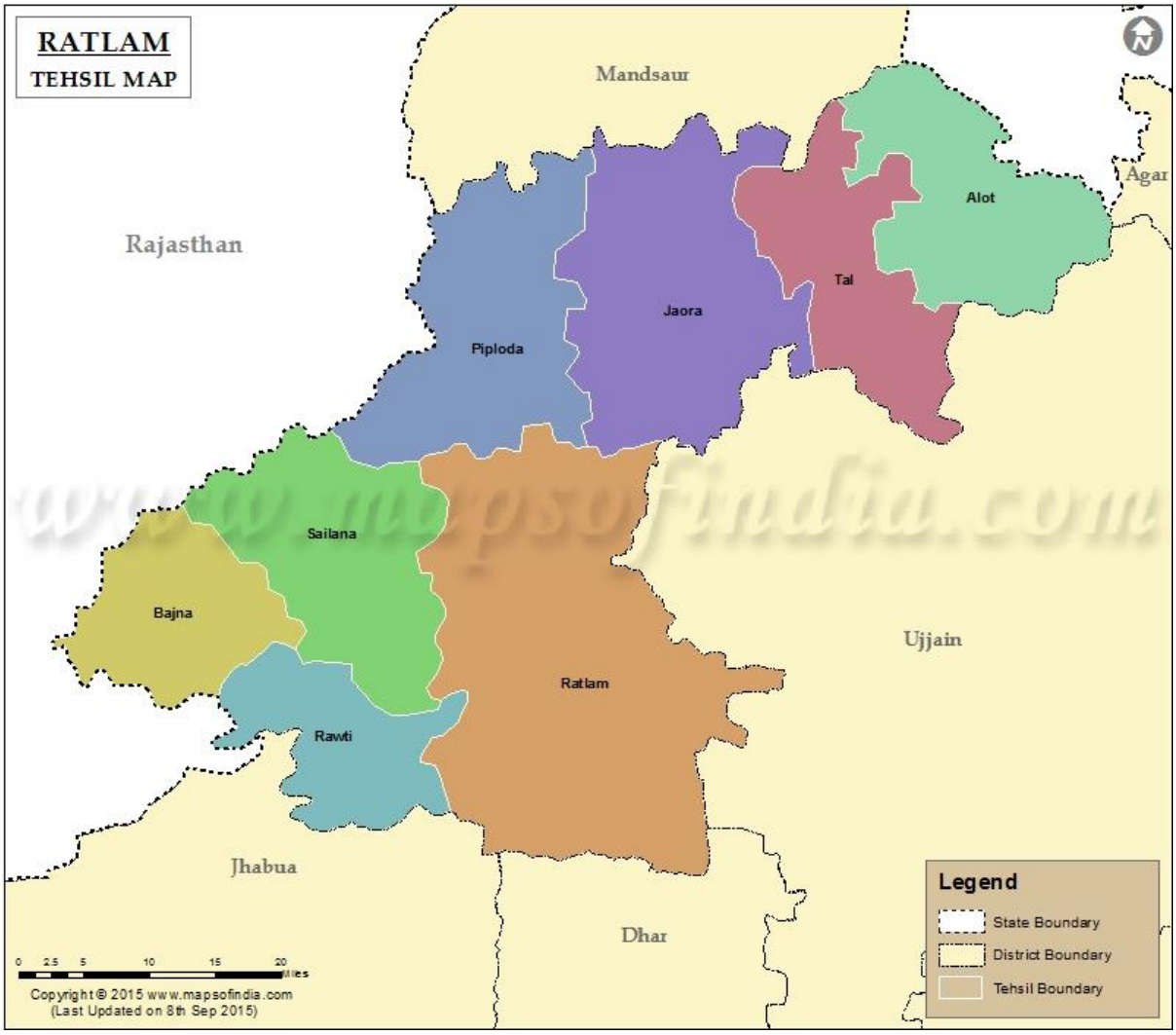
- To reduce infant mortality rate and maternal mortality rate
- To ensure population stabilization
- To prevent and control of communicable and non-communicable diseases
- To upgrade AYUSH(Aurvedic Yoga Unani Siddh and Homopath) for promotion of healthy life style

Organogram


State Health Mission
(Chief Minister)
State Health Society
Governing Body
(Chief Secretary)
Executive Committee
(Principal Secretary - Health)
Program Committees
(Additional Directors)
SPMU & Mission
Secretariat
(State Health Mission Director)


Commissioner Health and FW
Chairperson EC and Principal Secretary
(Health & FW) & (Public Health)
MD NRHM
EC & Vice Chairman
Additional Director (Health) & Member Secretary-GB
Additional Director - FW & Project Director - RCH-II
Additional Director - SIHFW
Program Officer Administration
Additional Director (Medical Services)
Additional Director (Medical Education)
Dy. Director (Urban Health)
Dy. Director (Rural Health)
Jt. / Dy. Directors All National Programmes
FMG
PM-Finance
SAO-2
AO-FMG
SFA-3
State NGO Co-ordinator
Planning
Sr. Consultant (PH & Planning)
AO-FMG
SFA-3
Urban Health Cell
MO-Urban Health
PO- UH-2
PO-RH
PO-ARC
PO-IPHS
Dy. PM- ARC
SMPU
AO-NRHM
PO-SMPU
PO-Drugs
Supplies & Logistic - 2
SQAC
SQA-MO
PO-NABH
Jt. Director (IEC)
PO-AYUSH
Dy. Director (MCH)
Jt. Director (MCH)
Assi. Director (FP)
Joint Director (D & E)
MO-Training
Behaviour Scientist
Consultant - CH
MO- RI
PO-CH
Consultant –MH
PO-FRU
IMNCI-Coordinator
PO-ARSH & PO-JSSK
SNO-Nutrition
Consultant-Nutrition
PO- Nutrition-2
LO- Health & ICDS
Consultant-FP
PO-FP
PC & PNDT
Cell Law Officer
MO- PC & PNDT
State Demographer
Research Officer-2
Nodal Officer M&E
PO-E-mamta
Dy. Director (MS)
NCD Cell & PO-MS
IT-Cell
Dy. Director (ME)
NPPCD Cell & PO-ME

Map of Ratlam District:



The District of Ratlam was created in June 1948 and was reorganised in January 1949. It covers the area of the former princely State of Ratlam, Jaora, Sailana, Piploda. Ringnod Tehsil of Dewas Senior, Alot Tehsil of Dewas Junior and parts of Mandsaur Tehsil of Gwalior State, a few villages of Dhar State and Chief Commissioners provinces of Pant Piploda.

Ratlam is one of the important Districts of Madhya Pradesh Which is situated in the North West part of the State "The MALWA" Region. The New Town of Ratlam was founded by Captain Borthwick in 1829 with regular and broadened streets and well built houses. Ratlam was once one of the first Commercial Towns in Central India being the centre of an extensive trade in opium, tobacco and salt. It was also famous in Malwa for its bargains called Sattas. Before the opening of the Railway Line to Kahndwa in 1872, there was no better mart than Ratlam.

The District is known after the Headquarters town, Ratlam which was also the headquarter of Princely State of Ratlam.

Observations of the Field visit- In National Health Mission, During the dissertation period and work I found the following observation:

- In general, all blocks PHCs are well constructed, Bilpank block PHCs though was in a very bad shape in terms of its building.
- Some ASHAs were unable to prepare due list of their area, rendered not competent enough.
- ANMs were aware of the ANC visits to be made, on categorizing children in SAM, MAM, but in practice, neither the ANM, nor the AWW would fill the growth monitoring charts of children.
- Most of the ASHAs are serving to a population of more than the specify norm of 1,000. Interior population in Bilpank block of Ratlam district is distributed over large areas and divided by hills. These natural barriers are the reason behind the ASHAs failed to visit these areas and group of the population remained unserved and unreachable.
- The ASHAs are partial in few of their duties which includes: registration of the pregnant women, ANC/ PNC, full immunization, but the ignored areas are mobilizing community for construction of toilets, participation in VHSNC, Family Planning and development of integrated village health plan etc. The activities which are linked to monetary incentives they do with priority and rest activities are done with lesser importance by the ASHA.
- There are 36 type of incentive made for ASHA worker, but most of the ASHAs were not aware about the incentive which are made for them even they shows lack of interest to check their bank account to check the payment is done or not.
- Few of the ASHAs notified that they have and received kits and supplies which were incomplete in many regards. Else other was not having proper kits and supplies, some

of the kits were expiry dated. The majority of respondent having lack knowledge of proper use of drugs and use of supplies.

- Another operational problem is Anti natal care and post natal care, ASHA only focus on registration of the pregnant women and institutional delivery because she get incentive for it. In ANC visit and PNC visit ASHA shows lack of interest.
- Major finding is that around quarter of ASHAs are not able to conduct monthly meeting in the community because they are not motivate the people in many reasons and the monthly meeting done by ASHA sahyogi was not done in some of the villages which can affect to capacity building of the ASHA.
- On family planning component, as it is a sensitive health aspect, it is important to convince community to adopt family planning method and routine follow up on regular basis but it is not done by the ASHA. Also they use to feel shy communicating family planning method in front of the mass. Majority says that they only convince to female usually.