

Internship
At
National Health Mission
Madhya Pradesh

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INTRODUCTION

The NHM (National Health Mission) that is split in to National Rural Health Mission (NRHM) & National Urban Health Mission (NUHM) effort at guaranteeing effective attention through a spread of interventions at individual, household, community, and most critically at the health system levels. Despite wide gains in health standing over the past few decades in terms of inflated expectancy, reductions in mortality and morbidity serious challenges still stay. These challenges vary considerably from state to state and even inside states.”

There has been a progressive decline in fund allocation for public health within the country from 1.3% of value in 1990 to 0.9% in 1999. Rising inequities square measure another space of concern. Studies demonstrate that curative services favor the wealthy over the poor. only 1 tenth of the population is roofed by any kind of insurance thereby exposing the big majority to the danger of obligation within the event of a significant ill health within the family. Operational integration in policy and program between numerous vertical programs at intervals the health sector, and between health and alternative connected sectors like drinkable, sanitation, and nutrition has been restricted, leading to an absence of holistic approaches to health. variety of States notably in North, East and North jap components of the country have stagnant health indicators and still grapple with important morbidity and mortality. The causes for this primarily belong socio-economic factors, underperforming health systems and weak institutional framework

The computer programmer spells out the commitment of the govt. to reinforce fund Outlays for Public Health and to enhance the capability of the health system therefore AK up} the enlarged outlay so on bring all spherical improvement publicly health services. This Mission seeks to supply effective health care to the agricultural population, particularly the underprivileged teams together with ladies and kids, by up access, facultative community possession and demand for services, strengthening public health systems for economical service delivery, enhancing equity and responsible ness and promoting decentralization.

The goals of NHM are outlined below:-

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

PROGRAMMES OF NHM MADHYA PRADESH

1.Reproductive & Child Health(RCH-II):

- ☐ State's RCH programme is working to achieve goal of reducing infant & maternal morbidity & mortality.
- ☐ Achievement of these goal is envisioned through
 - Quality Improvement
 - Enhancement in accessibility & availability & coverage of reproductive & child health services.

2.Immunization:

Immunization is vital for health of child hence it is important strategy under NHM.

Immunization coverage in the state is found to be unsatisfactory.

3.Disease Control Programmes:

- ☐ National Vector Born Disease Control Program
- ☐ National Leprosy Eradication Program

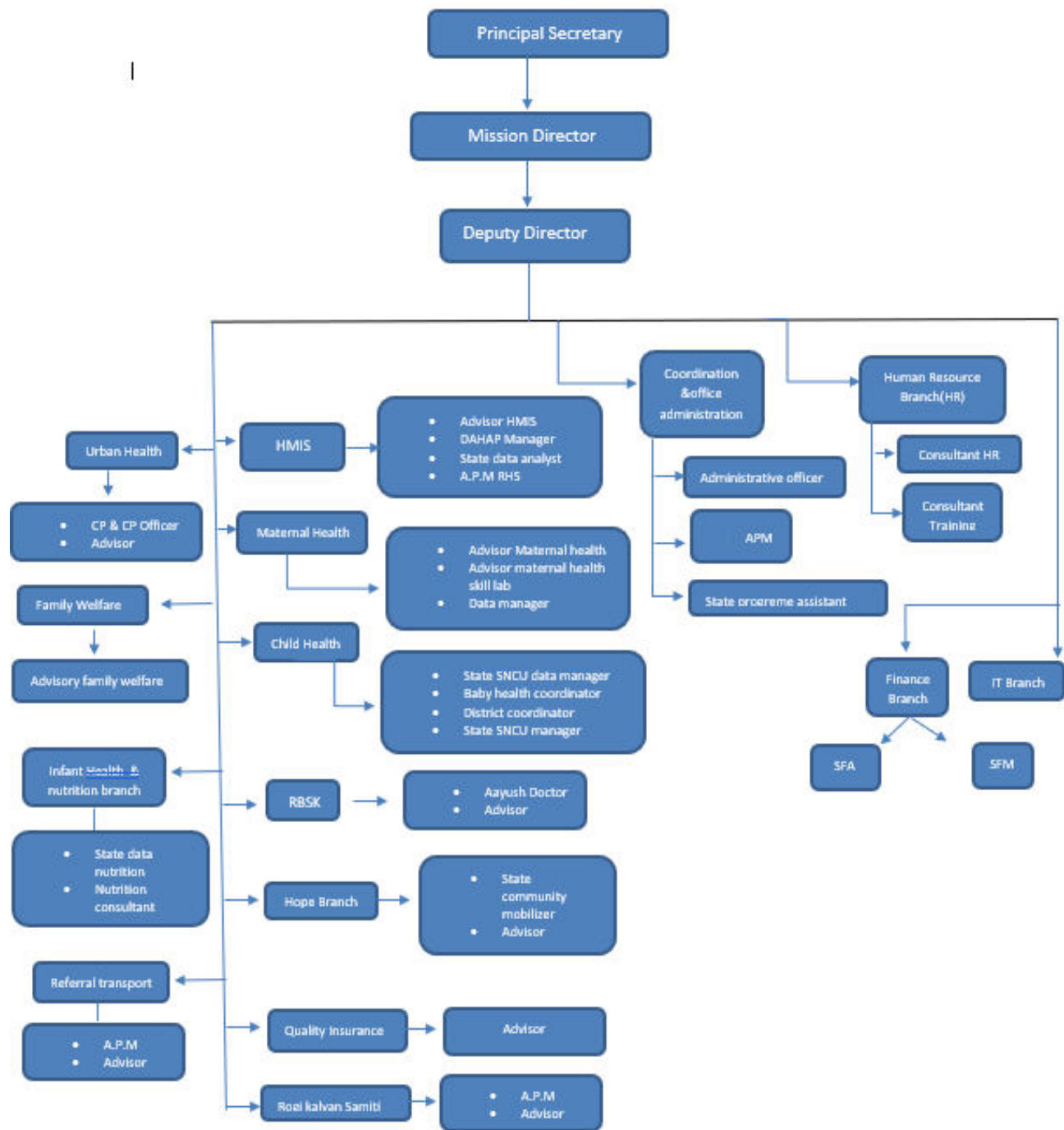
- ☐ Integrated Disease Surveillance Program
- ☐ Revised National Tuberculosis Control Program
- ☐ National Blindness Control Program

4. Accredited Social Health activists:

- ☐ Asha Sahayogini
- ☐ Asha Soft

5. Janani Suraksha Yojana(JSY)

6. Janani shishu Suraksha karykram(JSSK)



Organogram of NHM Madhya Pradesh

Purpose of Dissertation

Dissertation is associate integral part of the MBA course of study. As a vicinity of the course, students of Second year area unit needed to bear at any supposed organization to induce thorough exposure of assorted departments within the organization and higher understanding of the health supply system and its functions.

The major objectives of the summer educational program area unit as follows:

- To higher perceive the present health delivery system together with public and personal sectors.
- To observe the implementation of assorted national health elements at national/state/district levels.
- To perceive varied functions of health system by interactions with key stakeholders, policy manufacturers, program managers, academicians and researchers.
- To work on the project/task assigned by summer coaching organization.

“During our coaching amount we tend to had an summary of assorted elements undertaken in National Health Mission, Madhya Pradesh together with the standing of the elements and our observations relating to a similar. we tend to conjointly distributed tiny low study on the various topics assigned to us.

Components of SNCU

Inborn Care Area-

all babies that are delivered in hospitals itself are kept inside these room. It is mandatory to separate inborn area with other areas.

Out born Care Area-

All babies that are referred in by level I hospitals (FRU- first referral Unit) are kept here for proper care.

Step- down unit:-All neonates who do not need intensive monitoring care are kept here. Some hospitals have provision to stay their mother along with babies having additional beds for their mother.

Triage area:

It belongs to area where the priority of patients are set, i.e the babies have to shift in inborn care or step down area.

Newborn ward:-

This is a further 10- twenty five beds, wherever each mother and also the newborn rest. This facility is to be used for neonates agency need least support like for radiation, for uncomplicated LBW babies requiring solely observation and people babies agency need solely blood vessel antibiotic medical care.

Ancillary area:

Distinct support area ought to be provided for all different services that square measure habitually performed within the SNCU.

The accessory space ought to include area for the following:

- Nursing work station, hand washing and gowning area at the entrance
- Side laboratory room
- Follow-up clinic

- Examination area
- Clean area for mixing intravenous fluids and medications
- Store room and power room
- Teaching and training room
- Place for in- house facility for washing, drying, boiling and autoclaving
- Duty room for doctors and nurses
- Place for promotion of breast- feeding and learning mother craft etc

Human resources for Special Newborn Care Unit

A twelve bedded unit (plus four beds for the step- down area) needs a minimum of one pediatrician or four trained MBBS doctors. it's purposed that one pediatrician trained in pediatrics ought to be denote at the unit, supported by 2 or 3 medics trained in FBNC. There ought to be 3 nurses in every shift, around the clock and adequate nurses recruited to produce for leave vacancy and contingency. Dedicated support workers ought to be accessible to scrub the unit a minimum of once throughout each shift and additional typically looking on the necessity. A part-time research lab technician, a counselor, and a knowledge entry operator ought to even be denote at the unit

Criteria for admission to SNCU:

Any newborn with following criteria should be immediately admitted to the SNCU:

- Birth weight <1800gm
- Large baby (>4.0kg)
- Perinatal asphyxia
- Apnea or gasping
- Refusal to feed
- Respiratory distress (Rate >60 or grunt/retractions)

- Severe jaundice (Appears <24 hrs/stains palms and soles/lasts >2 weeks)
- Hypothermia <35.4 degree C or hyperthermia (>37.5 degree C)
- Central cyanosis
- Shock (Cold periphery with CFT>3 seconds and weak & fast pulse)
- Coma, convulsions or encephalopathy
- Abdominal Distension
- Diarrhea / Dysentery
- Bleeding
- Major malformations