Internship at
National Health Mission, Madhya Pradesh

By

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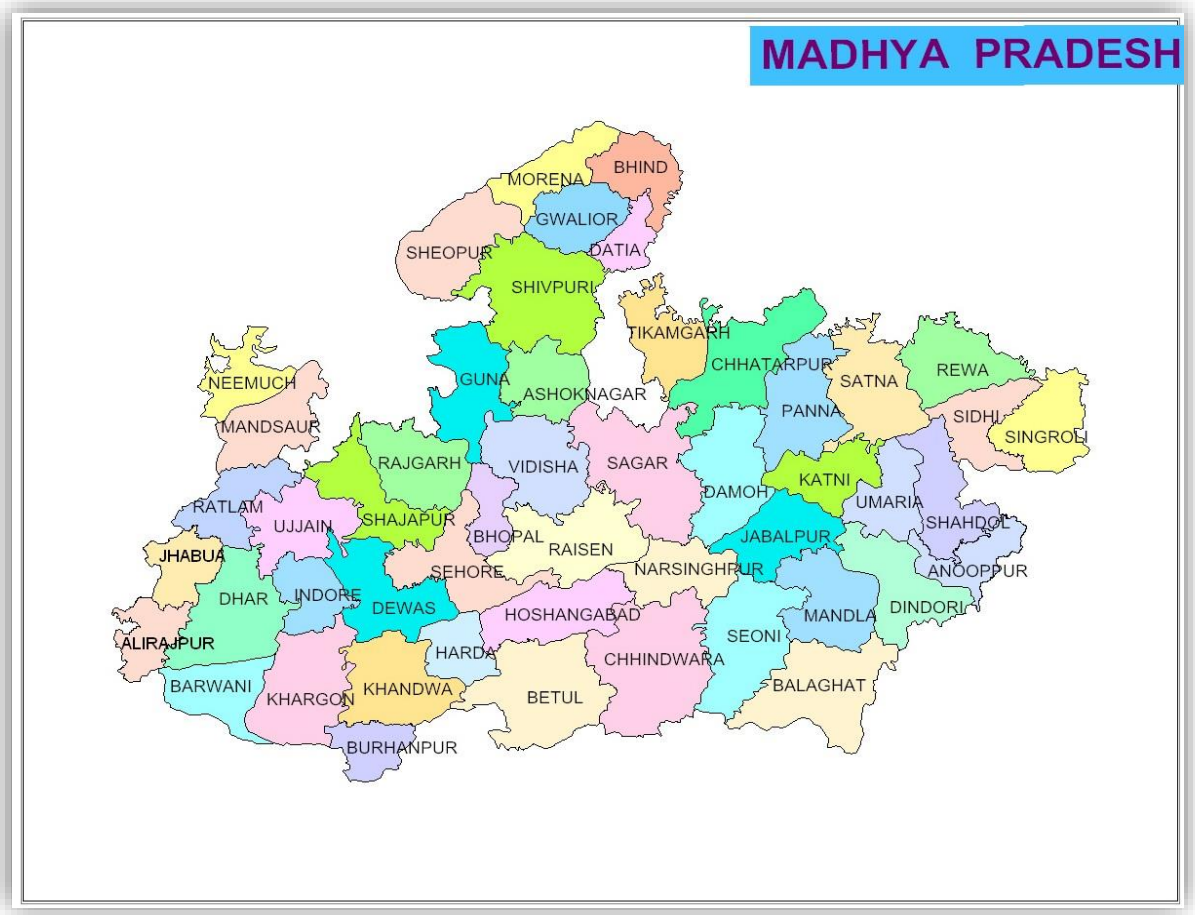
Madhya Pradesh:



Madhya Pradesh is a large State of Central India. The capital of this state is Bhopal and Jabalpur (Judiciary). The total population of the state is 73.34 million according to 2012 census. The total numbers of Districts in Madhya Pradesh are 51.

Madhya Pradesh is called the "Heart of India" because of its location in the centre of the country. It has been home to the cultural heritage of Hinduism, Buddhism, Jainism, etc. Madhya Pradesh was awarded the best tourism state award in 2012.

The state is bordered on the west by Gujarat, on the northwest by Rajasthan, on the northeast by Uttar Pradesh, on the east by Chhattisgarh and on the south by Maharashtra. The official language of the state is Hindi.

Chhindwara

Chhindwara district was formed on 1st November 1956. It is located on the Southwest region of 'Satpura Range of Mountains'. The district is spread over an area of 11,850 Sq. km and is located at the southern boundary of the state, laying between North Latitudes 210 28’ and 220 50’ and East longitudes 780 15’ and 790 25’ falls under the Survey of India Topo Sheet No. 55 J, K, N, & O. The district is bounded by Narsinghpur and Hoshangabad district in the north, Seoni district in the east, Betul district in the west and by Maharashtra state in the south.

The District is divided into 12 Tahsils (Chhindwara, Tamia, Parasia, Jamai, Chourai, Amarwara, Sausar, Bichhua Umreth, Mohkhed, Harrai and Pandhurna) and 11 Development Blocks (Chhindwara, Mohkhed, Tamia, Parasia, Jamai, Amarwara, Harrai, Chourai, Sausar Bichhua, and Pandhurna). There are 1984 villages in the district, out of which 1903 villages are habituated.

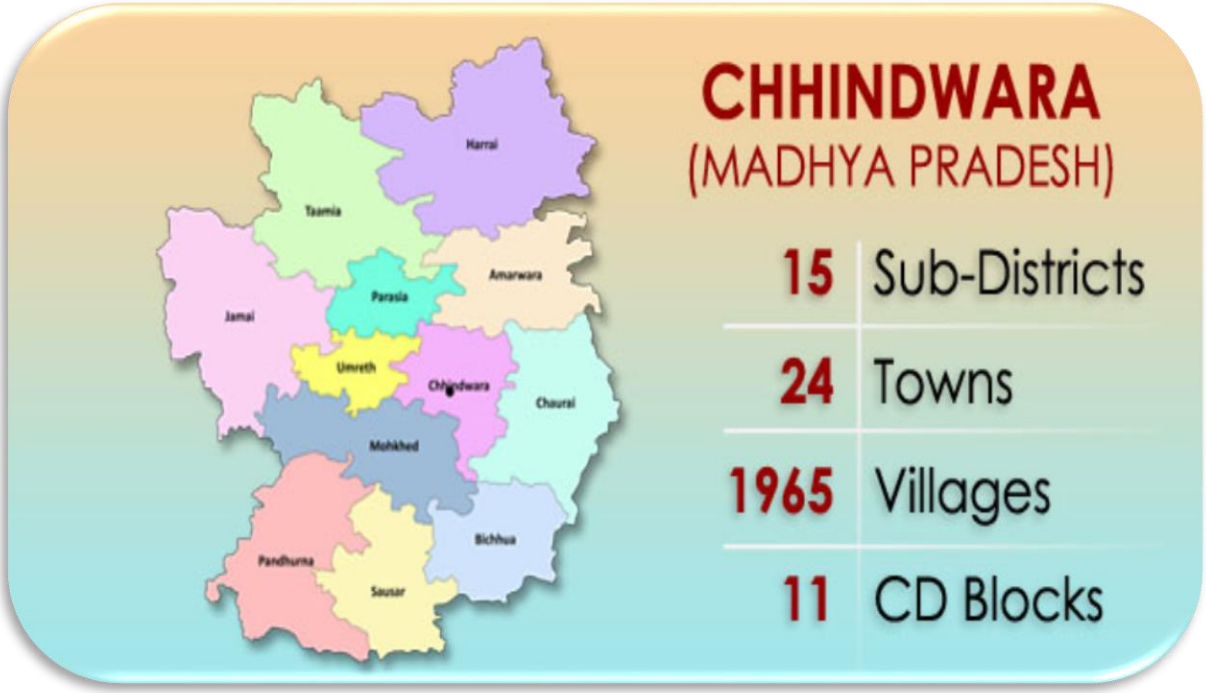
As per Census 2001, the total population of the district is 18, 48,882 out of which 76.90% belong to rural areas. The Scheduled Caste and Scheduled Tribes population is 2, 14,201 and 6, 41,421 respectively.

An official Census 2011 detail of Chhindwara, a district of Madhya Pradesh has been released by Directorate of Census Operations in Madhya Pradesh. Enumeration of key persons was also done by census officials in Chhindwara District of Madhya Pradesh. In 2011, Chhindwara had population of 2,090,922 of which male and female were 1,064,468 and 1,026,454 respectively.

Total child population (0-6 Age) is 272,289. Male population (0-6 Age) is 139,220 and Female population (0-6 Age) is 133, 220.

Administrative units of Chhindwara district with Area (Sq.km).

S.No.	Blocks	Area in Sq.km.
01	Amarwara	1022
02	Bichhua	527
03	Chhindwara	683
04	Chourai	1172
05	Harrai	2107
06	Jamai	1424
07	Mohked	775
08	Pandhurna	972
09	Parasia	787
10	Sausar	808
11	Tamia	1538



National Health Mission (M.P)

“The National Health Mission (NHM) was launched by the Hon’ble Prime Minister on 12th April 2005, to provide accessible, affordable and quality health care to the rural population, especially the vulnerable groups. The Union Cabinet vide its decision dated 1st May 2013, has approved the launch of National Urban Health Mission (NUHM) as a Sub-mission of an over-arching National Health Mission (NHM), with National Rural Health Mission (NRHM) being the other Sub-mission of National Health Mission. NRHM seeks to provide equitable, affordable and quality health care to the rural population, especially the vulnerable groups. Under the NRHM, the Empowered Action Group (EAG) States as well as North Eastern States, Jammu and 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. Institutional integration within the fragmented health sector was expected to provide a focus on outcomes, measured against Indian Public Health Standards for all health facilities”.

State's Mission

“All people living in the state of Madhya Pradesh 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. The State of Madhya Pradesh also subscribes to the vision adopted by the National Rural Health Mission. Consequently, the adapted vision components to be pursued by the State are presented in the below: - Equip people with knowledge and skills required to keep themselves healthy. Provide effective healthcare to rural population throughout the State with special focus on worst performing districts, which have weak public health indicators and/or weak infrastructure. These districts will receive special focus. These are: Dindori, Damoh, Sidhi, Badwani, Anuppur, Chhindwara, Rewa, Betul, Raisen, Seoni, Chhatarpur, Morena and Sheopur.Raise level of public spending on health from 0.89% GDP to 2-3% of GDP, with improved arrangement for community financing and risk pooling. Undertake architectural correction of the health system to enable it to effectively handle increased allocations and promote policies that strengthen public health management andservice delivery in the State. Revitalize local health traditions and mainstream AYUSH into the public health system. 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.Address inter-district disparities.Pursue time bound goals and publish report to the people of the state on progress. Improve access to rural people, especially poor women and children to equitable, affordable, accountable and effective primary health care”.

National Urban Health Mission:

National Urban Health Mission has been designed keeping in mind the needs of the urban poor living in slums mainly urban poor. In view of the increasing urbanization, various activities are being conducted to increase access to health services to the people living in urban poor settlements and other urban poor. Urban Health Action Plan has been prepared based on the requirements. Under the National Urban Health Mission in Madhya Pradesh in 2015-16, the implementation of the National Urban Health Mission in present-day, 47 district headquarters and 19 such urban headquarter, in which at least 30000 population should be poor in urban slums, In total, 66 cities are being held. The main plan includes planning and mapping, program management, training and capacity building, institutional strengthening, community participation, IEC, innovation, monitoring and evaluation.

Urban Program Management Unit:

Urban Health Cell unit has been set up at the state level for program management under National Urban Health Mission. According to the approval of the District Program Management Unit for each district headquarters at the district level, the process of recruitment of human resources has been started from the state level.

Urban Asha-

Selection and training of urban aspirations is being done in the state. Urban hope is being selected to work in slums. A urban hope is being selected per 1000 population of each slum. The urban hope will be the resident of the slum. Birth and death registration, immunization, pre-natal and pre-determined examination, home based neonatal birth, Vaccination and other necessary health activities will be edited. Urban Asha will be provided work-based honorarium like rural hope. 4200 urban hopes are to be selected for various districts headquarter in the state. Presently 3800 has been selected, in which training of 3347 Asha has been completed. The task of trained aspirations is to increase the access of maternal and child health, immunization, all national health programs to those living in urban poor settlements.

Women's Health Committee: Objectives:

Community aggregation is a process through which the implementation of single and collective plans and evaluation can be done by participatory efforts to meet health and other needs. The formation of Women's Health Committee has been incorporated in the National Urban Health Mission. Hence, the women health committee is being formed in view of the agenda of National Urban Health Mission. According to the acceptance of the total year 2015-16 in different cities in the state, 2000 women health committees have been constituted.

Urban Primary Health Center-

An urban primary health center has been set up per 50,000 population. Urban Primary Health Centers are being set up in such places or in the rental building near the slum, where there is no health center in the East. Urban Primary Health Centers are being set up by upgrading and restoring 136 urban health institutions in the year 2015-16.

Human resource -

Full time doctor, part time doctor, pharmacist, lab technician, staff nurse, MIS, per urban primary health center. And ANM Approved for outreach services. Selection is being done from the district level through interview.

Community Health Center:

Under the National Urban Health Mission, an urban community health center is to be established on every 250,000 urban population in cities with more than 500,000 urban population. Currently 5 new UCHCs in the state (Indore, Bhopal, Jabalpur, Gwalior and Ujjain) will be constructed. Under this the work of selection of land is being done from the district level.

Various information education and communication activities like-

World Kidney Day, Women's Day, World Water Day, healthy baby and healthy mother competitions are being organized.

Monitoring and Evaluation-

Regular monitoring and evaluation of the program will be done at the state and district level.

Child Health Scheme in Madhya Pradesh

Janani Shishu Suraksha Karyakram (JSSK): National Health Mission is committed to provide services at zero expenditure to pregnant women and sick infants. Sick infants up to one year of age are entitled for free drugs, diagnostics, diet, referral transport and treatment in government health facilities. Provision of Rs. 200/- for drugs and Rs. 100/- for diagnostics is available under JSSK. These provisions can be pooled and amount can be used for care of sick infants.

Facility Based Integrated Management of Neonatal and Childhood Illness (F- IMNCI)

F-IMNCI is the integration of the Facility based Care package with the IMNCI package, to empower the Health personnel with the skills to manage new born and childhood illness at the community level as well as at the facility. Facility based IMNCI focuses on providing appropriate skills for inpatient management of major causes of Neonatal and Childhood mortality such as asphyxia, sepsis, low birth weight and pneumonia, diarrhea, malaria, meningitis, severe malnutrition in children. This training is being imparted to Medical officers, Staff nurses and ANMs at CHC/FRUs and 24x7 PHCs where deliveries are taking place. The training is for 11 days.

Integrated Management of Neonatal & Childhood Illnesses (IMNCI)

which includes Pre-service and In-service training of providers, improving health systems (e.g. facility up-gradation, availability of logistics, referral systems), Community and Family level care

Navjat Shishu Suraksha Karyakram(NSSK)

NSSK is a programme aimed to train health personnel in basic newborn care and resuscitation, has been launched to address care at birth issues i.e. Prevention of Hypothermia, Prevention of Infection, Early initiation of Breast feeding and Basic Newborn Resuscitation. Newborn care and resuscitation is an important starting-point for any neonatal program and is required to ensure the best possible start in life. The objective of this new initiative is to have a trained health personal in Basic newborn care and resuscitation at every delivery point. The training is for 2 days and is expected to reduce neonatal mortality significantly in the country.

RBSK (Rashtriya Bal Swastha Karyakram):

Comprehensive child health care implies assurance of extensive health services for all children, from birth to 18 years of age, for a set of health conditions. These conditions are Diseases, Deficiencies, Disability and Developmental delays - 4 Ds. Universal screening would lead to early detection of medical conditions, timely intervention, ultimately leading to a reduction in mortality, morbidity and life-long disability.

Under National Rural Health Mission, significant progress has been made in reducing, mortality in children over the last seven years (2005-12). Whereas, there is an escalation of reducing child mortality there is also a dire need to improve survival outcome. This would be reached by early detection and management of conditions that were not addressed, comprehensively, in the past.

Rashtriya Bal Swasthya Karyakram (RBSK) is a screening program aiming at early identification and early intervention for children, from birth to 18 years. It is important to note that the 0-6 years age group will be specifically managed at DEIC level while for 6-18 years age group, management of conditions will be done through existing public health facilities. DEIC will act as referral linkages for both the age groups.

In the first phase Madhya Pradesh had 8 DEICs at Bhopal, Indore, Ujjain, Sagar, Rewa, Gwalior, Jabalpur and Hoshangabad, in 2014-15 four more have been added at Mandsaur, Guna, Shahdol and Chhindwara and another thirteen are planned for 2015-16 at Umaria, Betul, Sehore, Balaghat, Singrauli, Dhar, Harda, Khandwa, Khargone, Mandla, Chhatarpur, Shivpuri and Damoh. By the end of 2015-16, the state would have 25 DEICs catering to 51 districts. Another new activity proposed for 2015-16 by RBSK, MP is establishment of State Samarpan Resource Centre. State Samarpan Resource Centre would be the first of its kind centre in MP and the country, based on convergent model of governments.

State Samarpan Resource Centre is proposed to be set up as a model multi-disciplinary approach for detection, screening, evaluation, treatment, management and rehabilitation centre for 0-18 years of children in Madhya Pradesh. This centre would be a convergent framework for four Government Departments namely: This centre would be an autonomous body wherein all facilities would be available under one roof and would also play an important role in developing similar centres at District/ block level in future to manage disabled children in concerned departments. Activities like: Civil construction, Human Resources, Equipments, Early intervention and treatment, Pre-nursery education to identified handicapped children, primary education to identified children and rehabilitation centre; are all brought as one package.

State Samarpan Resource Centre would have following main functions:

1. Early intervention, treatment, management and rehabilitation of 0-18 years screened and identified children.
2. Capacity Building of existing DEICs Human Resources in State.
3. Pre-nursery education for handicapped children.
4. Rehabilitation Centre.

5. State-of-art set up for developing model anganwadi centres for identification/ screening of children and their primary/vocational training.
6. Training Centre for all state DEIC existing staff and also adjacent states DEIC Staff.

Also the RBSK, MP team has proposed to set up Pediatric Surgical Unit at Sagar Medical College for tertiary care and surgical interventions of pediatric patients that are referred for severe ailments to the tertiary health centres/ medical colleges. The proposal includes upgradation of existing facilities in Medical College in terms of infrastructure, equipments, Human resource and civil work.

Madhya Pradesh Public Health Service Corporation Limited (MPPHSCL):

MPPHSCL is a public company and is registered at Registrar of companies incorporated on 06 March 2014. It is classified as State Government Company and is registered at Registrar of Companies, Gwalior. Its authorized share capital is Rs. 200,000,000 and its paid up capital is Rs. 100,000,000. It is involved in Human Health activities. One of the key objectives of the MPPHSCL is to act as the central procurement agency for all essential drugs and equipments for all public healthcare institutions under the department.

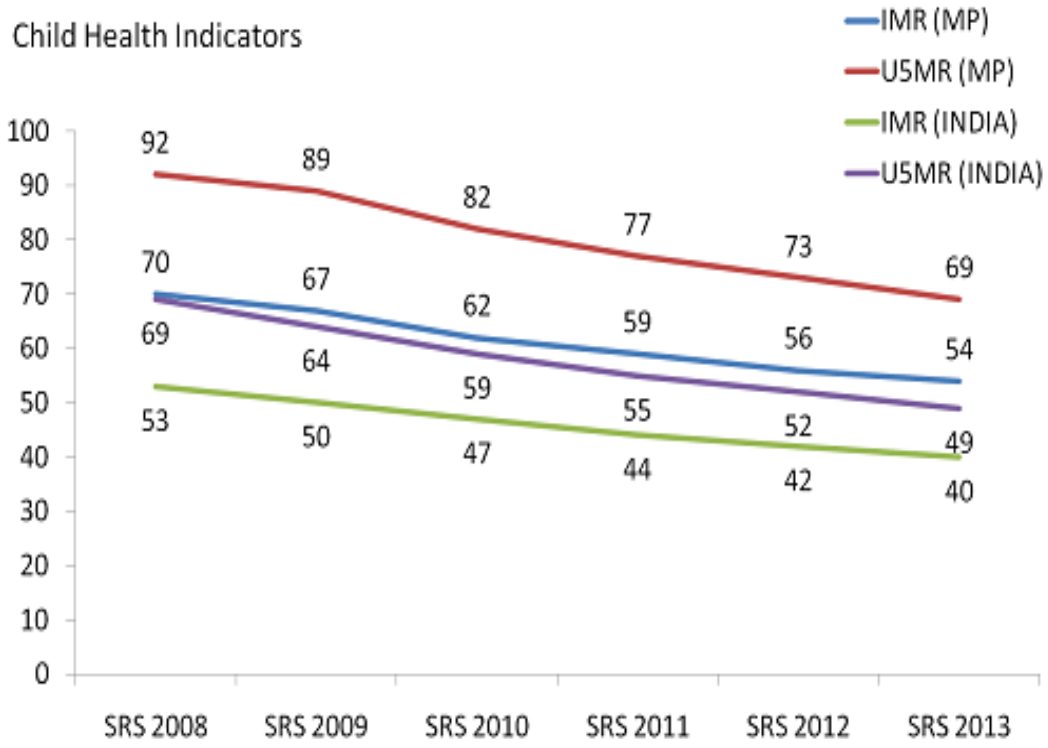
The company is procuring drugs worth more than Rs 400 crores & above 250 different types of medical equipments and also provides services needed for health sector. The corporation has also been entrusted with the setting up and running of all kinds of modern Medical and Paramedical or medical based ancillary facilities such as hospitals, pathological labs, diagnostic centres, x-ray/scanning facilities.

The government of Madhya Pradesh formulated MPPHSCL to provide best in class healthcare infrastructure services to the over 1300 healthcare institutions under the department of Health & Family Welfare, Madhya Pradesh State.

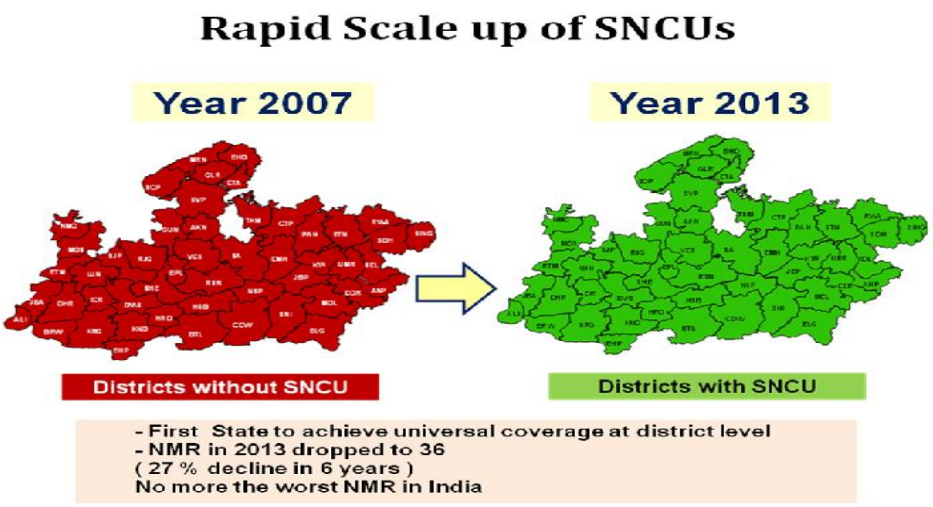
Child Healthcare of Madhya Pradesh:

Background:

"Millennium Development Goal 4 (MDG 4) calls for reducing by two-thirds the mortality rate of children under the age of 5 years, between 1990 and 2015. Almost 90% of all child deaths are attributable to just five conditions: Neonatal Causes, Pneumonia, Diarrhea, Malaria and Measles. According to SRS 2013, MP has shown highest fall in Neonatal Mortality in the country by 3 points while National fall is by 1 point. Similarly MP has shown highest decline in U-5 mortality this year by 4 points while national decline is 3 points. MP no longer has the dubious distinctions of having highest NMR and U-5 mortality in the country".



Decline in U5MR in MP – 23 Points, National Decline 20 Points since 2008
Decline in IMR in MP – 16 Points, National Decline 13 Points since 2008
(Data Source SRS)



”Sick Newborn Care Unit State-of-Art SNCUs have been made functional in 50 Districts- 48 units are established in District Hospitals and 5 units in Medical Colleges. To operationalize SNCUs additional manpower-Pediatricians and staff nurses have been recruited. Currently 137 pediatricians/ PGMOs and 880 staff nurses are posted in these units. Till 31st March, 2015, 320317 newborns were treated with overall mortality of 12.13% since inception. Newborn Stabilization Unit At sub-district level 105 NBSUs have been made functional. 36845 neonates have been treated in these units till 31st March, 2015. 123 new NBSUs will be made functional by March, 2016. Newborn Care Corner in Madhya Pradesh 1596 delivery points are identified and to provide essential newborn care services at delivery points, 1366 Newborn Care Corners have been established in CEmONCs, BEmONCs and PHCs. These newborn corners are equipped with radiant warmers, Weighing Scale, functional Resuscitation kits, Suction Machine & Mucus Suckers. Pediatric Incentive Care Unit PICUs are functional in Medical Colleges at Indore, Bhopal, Jabalpur, Gwalior and Rewa. District Hospital at Bhopal, Guna, Morena, Datia and Ratlam provide services to critically sick children through PICUs. Model Pediatric ETAT Centers are being established at District Hoshangabad and Raisen. Rashtriya Bal Swasthya Karyakram – Congenital Defects, Diseases, Deficiencies and Developmental Delays are identified under RBSK program. Free diagnostics and treatment are made available free of cost to the beneficiaries - i.e. children under 18 years of age”.

Strategy for Reducing Neonatal Mortality in Madhya Pradesh:

- Improving Access to Institutional delivery by:
  - ✓ Bringing service delivery near community (MCH 1 centre at Sub Centre level)
  - ✓ 24x7 transport system for pregnant women, newborn and sick child (Janani Express and 108)
  - ✓ Improving Infrastructure & Quality of care at Facility (Model Maternity wings, new Born Care Corners, SNCUs, KMC wards)

Child Care Nutrition in Madhya Pradesh:

"The symbol of prosperity and health of any state is its health and nutrition index. In the creation of healthy Madhya Pradesh, severe malnutrition among children has always been a serious challenge and the main public health problem. According to the National Survey of the year 2005-06, NFHS-3, the malnutrition rate in children under 5 years of age was 12.6 percent which was the highest in the whole country. During this period, the country's severe malnutrition rate was 6.4 percent, which means that severe malnutrition among children in Madhya Pradesh, There was almost twice as much compared to the country. The state government kept effective physical and mental development in childhood in the top priority for the future development of Madhya Pradesh. Great efforts have been made by Madhya Pradesh to implement Child Plans for the overall development of the state by strategic strategies for eradication of malnutrition. As a result, according to the survey done by the Government of India published recently and in the Rapid survey of the children (RSOC-20sh13-14), the highest and heaviest decline in nutrition indicators of Madhya Pradesh has been recorded".

Maternal Health

Reduction of MMR has been the priority agenda of the State Govt. Madhya Pradesh is showing the steady trend of decline in the MMR which is evident from various survey data. The MMR of MP was 310 in 2010-11 AHS and with the constant decline in MMR; it is now 227 as per AHS 2012-13 and 221 as SRS 2011-13. Mamta Abhiyan phase-I was launched on 11th April 2013 which shows a strong political and programmatic commitment for reduction of MMR. Phase- I focused on strengthening of infrastructure, Human resource, Supportive services at facilities (Drugs, Diet, Diagnostic, cleanliness and security). Subsequently Phase-II was launched on 26 June 2014 to focus on improving quality of services through supportive supervision,

Generating awareness among the community through IEC and BCC.

MP envisions achieving the goal of reduction of MMR to 100 by 2017 as per the 12th five year plan. Under RMNCH+A, identification of 17 high priority districts (HPDs) which are low performing in terms of process indicators (HMIS) are the focus districts in terms of HR, Infrastructure for achieving overall improvement in health indicators of MP. Analysis at State level has been done and weak areas have been identified for planning district specific interventions for improving the particular area as per RMNCH 5x5 matrix.

Maternal Health Key Strategies

• Increasing accessibility of essential and emergency obstetric and new born care services.
• Improved access and quality of skilled delivery care.
• Improved coverage and quality of antenatal, intranatal and postnatal care with focus on anaemia prevention & management.
• Strengthening referral transport services.
• Improving accessibility of safe abortion services.
• Availability of blood transfusion facilities at functional level 3 institutions.
• Strengthening of trainings of ANM and SNs for SBA skills.
• Skills enhancement of Service providers.
• Supervision monitoring for quality assurance of services.

Maternal Health Major Interventions

• Operationalization of MCH centres as Delivery Points
• Provision of Quality ANC/PNC Services along with identification of High Risk Cases
• Implementation of PPH programme for home delivery cases
• Improving reporting and review of maternal deaths through MDR Software
• Janani Shishu Suraksha Karyakram (JSSK)
• Janani Suraksha Yojana (JSY)
• RTI/STI & Safe Abortion (MTP)
• Blood Bank & Blood Storage
• Skill Lab. at SIHMC Gwalior, DH Bhopal, DH Rewa and RHWTC Indore
• Double Fortified Salt for BPL families to reduce anemia prevalence in all ages
• IFA Supplementation and distribution of Albendazol tablet in pregnant women and women in reproductive age group.
• Mass media campaign for promotion of Safe abortion services.

Accredited Social Health Activitist:

With the launch of National Rural Health Mission many positive changes have take place in terms of Public Health, Infrastructure and service delivery in the State of M.P., but still there is scope for improvement in the quality of services being rendered. High MMR, IMR and TFR are the most challenging issue for the State

Considering the WHO concept of all pregnancies to be considered at risk the State is moving forward with the approach of making EmOC facilities easily available and accessible along with referral transport facilities along with strengthening of ANC /PNC services,

ensuring cashless delivery services through implementation of Janani Shishu Suraksha Karyakram, Janani Express and Janani Suraksha Yojana. To overcome infrastructure constraint and ensure quality maternity services, model maternity wings are being established in the DH of the State and maternity wing drive is initiated to ensure uniform pattern of service delivery with available resources in maternity wing

Rational deployment of specialists, MOs, SNs and ANMs is being done to address manpower issues in delivery points along with performance based incentives to doctors and SNs in high focus districts. Establishment of obst. ICCU in medical colleges has been taken on priority for better management of referral cases.

Efforts to operationalize GRAM AAROGYA KENDRA in very village to improve service delivery of MH services at community level have also being taken on priority.

For focused efforts in Operationalization of health facilities as delivery point and in turn to provide maternal and child health services to all segment of the community, state had identified 1596 institutes to be developed as delivery points. The capacity building of service providers is being taken care by imparting training on basic and comprehensive emergency obstetric care. The deliberations in AMPOGS Xth conference on labour will beneficial for both private and public sector obstetrician in rendering quality intrapartum care.

The department envisions significant dent in maternal and neo natal mortality with intensive focus on care of women during delivery.

With the introduction of National Rural Health Mission, Government of India proposed to social health worker (ASHA) as a link between community and public health mechanism. At first sub centers, there was pressure to provide more healthcares to the population and the ANM Had to work a lot. Therefore, a major mission strategy was created to provide health care at home-level through hope. Asha workers were selected in the year 2005-06.

Asha is like a health worker in the community.

• There is a hope for each village on one thousand populations. There may be hope in tribal / mountainous terrain in each group.
• Asha will be selected in the meeting of the Gram Sabha.
• Hope will be selected among those women who are married / widowed / abandoned and between 25 and 45 years old. He is a resident of the same village and gets education from at least 8th standard.
• Asha will be accountable to the Panchayat.
• Asha will work through Anganwadi.
• Hope is an unpaid volunteer. Hope will be entitled to receive incentive money on the basis of work. All services of hope for the community will be free.

Role and Responsibilities

• Hope will play the responsibility of spreading awareness about health such as -
• Provide information about the community about nutrition and cleanliness etc.
• Providing information to the people about current health services and motivating community towards those healthcare facilities available at health centers and helping them reach them.
• To register pregnant women and help poor women get Poverty Line certificate.
• Preparation for delivery, safe delivery, breastfeeding, contraception, sexual infections, In relation to the treatment of reproductive organs and care of the baby.

• Needy pregnant women, To take the children to the nearby health center for treatment or to arrange them there.
• Promote full immunization.
• Providing primary health care for minor diseases. Asha will be given a kit of medicines by the government, which will include Ayush and English medicines for common diseases.
• Promote the construction of domestic toilets.
• Organizing one or two health days in the month with Anganwadi worker and ANM.
• Asha, necessary facilities to be provided by Anganwadi workers such as contraceptive pills, detention,

Applicant woman for Asha work

• The resident of the applicant female village is married / widowed / divorced.
• She is 25 to 45 years old.
• He has received formal education till class 8th (pass)
• If any such woman is not in the village near the 8th, then the fifth lady in the position can be selected as a hope.