Internship at National Health Mission, Madhya Pradesh and Taabar Organization, Jaipur

By

Ameesha

Dissertation submitted for the partial fulfillment of the

MBA Hospital and Health Management

Academic year, 2016-2018

The IIHMR University, Jaipur

1, Prabhu Dayal Marg, Sanganer, Airport
Jaipur 302029, Rajasthan
Ph: 0141 3924700, Fax: 3924738
Website: www.iihmr.edu.in

CHAPTER ONE

TITLE

Assessment of knowledge and practices about menstruation and menstrual hygiene among adolescent girls in Dindori district, Madhya pradesh

1.0 INTRODUCTION

Adolescents form a significant section of the population. They are living in diverse circumstances and have diversified health needs. Adolescents face multiple health problems which includes under nutrition , early marriage and early childbearing, obesity, smoking, alcohol and substance abuse.Early and unsafe sexual practices increase the danger of unwanted pregnancies and unsafe critical abortions, sexually transmitted diseases.Violence, injuries, unsafe work environment. In India, between 43 percent to 88 percent of girls wash and reuse cotton cloths rather than use disposable pads. The hygiene related practices of adolescent girls during menstruation can have an effect on their health. Studies have shown that about 15 percent of the adolescent girls report of symptoms of RTI/STI. Menstruation is considered as a matter of embarrassment in most cultures. There are various misconceptions and taboos associated with menstruation and menstrual practices. The study is focused to explore the level of knowledge and practices among adolescent girls in Dindori district of Madhya Pradesh state".

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 in order 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 also interventions for improving the health indictors.

The National Health Mission-

The 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.

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".

Core Values-

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

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

Goals of NHM-

1. Reduce MMR to 1/1000 live births
2. Reduce IMR to 25/1000 live births
3. Reduce TFR to 2.1
4. Prevention and reduction of anaemia in women aged 15–49 years
5. Prevent and reduce mortality & morbidity from communicable, non-communicable; injuries and emerging diseases
6. Reduce household out-of-pocket expenditure on total health care expenditure
7. Reduce annual incidence and mortality from Tuberculosis by half
8. Reduce prevalence of Leprosy to <1/10000 population and incidence to zero in all districts
9. Annual Malaria Incidence to be <1/1000
10. Less than 1 per cent microfilaria prevalence in all districts.
11. Kala-azar Elimination by 2015, <1 case per 10000 population in all blocks

State profile

Madhya Pradesh is the 2nd largest state in the republic of India, with nearly 6% of the country's population & stands at 25th position in the level of literacy. The density of population is 196, with 22.27% of tribal population. The state is characterized by geographical, social and cultural variations. The state is among the high focus states of the country, because of poor Human development index, literacy, infrastructure facilities, availability of health manpower, and health

outcomes. The majority of tribal communities continue to be vulnerable even today in comparison to the general population and this is reflected in the socio-economic realities and problems of these groups such as land alienation, indebtedness, deprivation of forest rights, which is further compounded by low literacy and high school drop-out rates and of extreme poverty

VISION OF NHM MADHYA PRADESH

The State's vision statement is as follows:-

'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.

Rashtriya Kishor Swasthya Karyakram

The Ministry of Health & Family Welfare has launched a health programme for adolescents, in the age group of 10-19 years, which would target their nutrition, reproductive health and substance abuse, among other issues.

The ***Rashtriya Kishor Swasthya Karyakram*** was launched on 7th January, 2014. The key principle of this programme is adolescent participation and leadership, Equity and inclusion, Gender Equity and strategic partnerships with other sectors and stakeholders. The programme envisions enabling all adolescents in India to realize their full potential by making informed and responsible decisions related to their health and well-being and by accessing the services and support they need to do so.

To guide the implementation of this programme, MOHFW in collaboration with UNFPA has developed a National Adolescent Health Strategy. It realigns the existing clinic-based curative approach to focus on a more holistic model based on a continuum of care for adolescent health and developmental needs.

The Rashtriya Kishor Swasthya Karyakram (National Adolescent Health Programme), will comprehensively address the health needs of the 243 million adolescents. It introduces community-based interventions through peer educators, and is underpinned by collaborations with other ministries and state governments

The Vision

The strategy envisions that all adolescents in India are able to realise their full potential by making informed and responsible decisions related to their health and well-being, and by accessing the services and support they need to do so. The implementation of this vision requires support from the government and other institutions, including the health, education and labour sectors as well as adolescents' own families and communities.

Building an agenda for adolescent health requires an escalation in the visibility of young people and an understanding of the challenges to their health and development. It needs implementation of approaches that will ensure a successful transition to adulthood. This requires that the multi-dimensional health needs and special concerns of adolescents are understood and addressed in national policies and a range of programmes at different levels.

Objectives

Improve nutrition
Reduce the prevalence of malnutrition among adolescent girls and boys

Reduce the prevalence of iron-deficiency anaemia (IDA) among adolescent girls and boys

Improve sexual and reproductive health

Improve knowledge, attitudes and behaviour, in relation to SRH

Reduce teenage pregnancies

Improve birth preparedness, complication readiness and provide early parenting support for adolescent parents

Enhance mental health

Address mental health concerns of adolescents

Prevent injuries and violence

Promote favourable attitudes for preventing injuries and violence (including GBV) among adolescents

Prevent substance misuse

Increase adolescents' awareness of the adverse effects and consequences of substance misuse

Address NCDs

Promote behaviour change in adolescents to prevent NCDs such as hypertension, stroke, cardio-vascular diseases and diabetes

Target Groups

The new adolescent health (AH) strategy focuses on age groups 10-14 years and 15-19 years with universal coverage, i.e. males and females; urban and rural; in school and out of school; married and unmarried; and vulnerable and under-served.

Strategies

Strategies/interventions to achieve objectives can be broadly grouped as:

Community based interventions

Peer Education (PE)

Quarterly Adolescent Health Day (AHD)

Weekly Iron and Folic Acid Supplementation Programme (WIFS)

Menstrual Hygiene Scheme (MHS)

Facility based interventions

Strengthening of Adolescent Friendly Health Clinics (AFHC)

Convergence

Within Health & Family Welfare - FP, MH (incl VHND), RBSK, NACP, National Tobacco Control Programme, National Mental Health Programme, NCDs and IEC

With other departments/schemes - WCD (ICDS, KSY, BSY, SABLA), HRD (AEP, MDM), Youth Affairs and Sports (Adolescent Empowerment Scheme, National Service Scheme, NYKS, NPYAD)