

**Internship at
National Health Mission, Madhya Pradesh**

By

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NATIONAL HEALTH MISSION, MADHYA PRADESH



The National Rural Health Mission (NRHM) 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.

Vision

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.

Background of RBSK

Rashtriya Bal Swasthya Karyakram is committed to improve survival outcome in children in age group of 0-18 years through screening, early identification and management of Defects at Birth, Deficiencies, Diseases, Developmental delays including disabilities– ‘4 Ds’, and assured link to care, support, and treatment to meet these challenges.

The initial step of deputing trained and dedicated Mobile Health Teams for screening of children from birth to 18 years of age group for selected health conditions under Rashtriya Bal Swasthya Karyakram (RBSK) has been treated well by the Madhya Pradesh. For accelerated implementation of the programme, the next vital step is confirmation of preliminary findings, referral support, and management & follow up of screened children for which early intervention centres are to be established at the District Hospital level across the state. DEIC will be the hub of all activities, will act as a clearing house and also provide referral linkages.

RBSK New Scheme

The programme has new feature of ECHO diagnosis facility at DEIC/ district level for heart patients. As per 1% occurrence of Congenital Heart Disease children in Madhya Pradesh out of 0.1% of screened children that need surgical corrections, the total number of CHD patients turn out to be 295 i.e. rounded off to 300 patients every year. In Madhya Pradesh, currently ECHO test is not done at Government district hospitals and thus these CHD patients have to bear out of pocket expenses for diagnosis test of ECHO by means of private diagnostic centres.

Since, RBSK focuses on catching children young of any ailment (this particular ailment is life-risking) thus the ECHO Test facility is been offered to them free of cost under RBSK, it become beneficial for these rural population poor families to get proper treatment. The cost of test i.e. Rs 2000 would be paid to private diagnostic centres by District CMHO on case to case basis on supplying of bills of test by the diagnostic centre. As this facility is currently unavailable at District Hospitals at Madhya Pradesh, so in existing scenario too, this test is done by outsourcing services of private diagnostic centres but patient bears the cost. To reduce that out of pocket burden of patients (0-18 Years), this activity is proposed at DEIC centres. The patient would come to DEIC and diagnostic test would be facilitated by DEIC Manager for the patient by outsourcing it to Private Diagnostic Centres at District.

**Magnitude of Birth Defects, Deficiencies,
Diseases, Developmental Delays and Disabilities in Children**

a) Defects at Birth

Globally, about 7.9 million children are born annually with a serious birth defect of genetic or partially genetic origin which accounts for 6 percent of the total births. Serious birth defects can be fatal at times. For those who do not receive specific and timely intervention and yet survive, these disorders can cause irreversible life-long mental, physical, auditory or visual disability. At least 3.3 million children under five years of age die from birth defects every year and another 3.2million of those who survive may be disabled for life. More than 90 percent of all infants with a serious birth defect are born in low and middle income countries. With a

large birth cohort of almost 26 million per year, India would account for the largest share of birth defects in the world.

b) Deficiencies

Evidence suggests that almost half of children under age five years (48%) are chronically malnourished². More than 47 million children under five years are stunted, 43 percent of children under age five years are underweight for their age and about 20 percent of children younger than five years of age are wasted. Over 6 percent of children less than

five years of age suffer from Severe Acute Malnutrition (SAM). Anemia prevalence has been reported as high as 70 percent amongst under five children largely due to iron deficiency. During pre-school years, children continue to suffer from adverse effects of anemia, malnutrition and developmental disabilities, which ultimately also impact their performance in the school.

c) Diseases

As reported in different surveys, the prevalence of dental caries varies between 50-60 percent among Indian school children. Rheumatic heart disease is reported at 1.5 per thousand among school children in the age group of 5-9 years and 0.13 to 1.1 per thousand among 10-14 years. The median prevalence of reactive air way disease including asthma among children is reported to be 4.75 percent.

d) Developmental Delays and Disabilities

Globally, 200 million children do not reach their developmental potential in the first five years because of poverty, poor health, nutrition and lack of early

stimulation. The prevalence of early childhood stunting and the number of people living in absolute poverty could be used as proxy indicators of poor development in under five children. Both of these indicators are closely associated with poor cognitive and educational performance in children and failure to reach optimum developmental potential.

Health Conditions Identified for Screening

Child Health Screening and Early Intervention Services under NRHM envisage to cover 30 identified health conditions for early detection and free treatment and management. Based on the high prevalence of diseases like hypothyroidism, sickle cell anemia and beta thalassemia in certain geographical pockets of some States/UTs and availability of testing and specialized support facilities, these States and UTs may incorporate them as part of this initiative.

Identified Health Conditions for Child Health Screening and Early Intervention Services

Defects at Birth

1. Neural Tube Defect
2. Down's Syndrome
3. Cleft Lip & Palate / Cleft Palate alone
4. Talipes (club foot)

5. Developmental Dysplasia of the Hip
6. Congenital Cataract
7. Congenital Deafness
8. Congenital Heart Diseases
9. Retinopathy of Prematurity

Deficiencies

10. Anemia especially Severe Anemia
11. Vitamin A Deficiency (Bitot spot)
12. Vitamin D Deficiency (Rickets)
13. Severe Acute Malnutrition
14. Goiter

Childhood Diseases

15. Skin conditions (Scabies, Fungal Infection and Eczema)
16. Otitis Media
17. Rheumatic Heart Disease
18. Reactive Airway Disease
19. Dental Caries
20. Convulsive Disorders

Developmental Delays and Disabilities

21. Vision Impairment

22. Hearing Impairment

23. Neuro-Motor Impairment

24. Motor Delay

25. Cognitive Delay

26. Language Delay

27. Behavior Disorder (Autism)

28. Learning Disorder

29. Attention Deficit Hyperactivity Disorder

30. Congenital Hypothyroidism, Sickle Cell Anemia, Beta Thalassemia (Optional)