Internship at
National Health Mission, Madhya Pradesh

By

Sampan Rattan

MBA Hospital and Health Management

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The IIHMR University, Jaipur

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

INTRODUCTION

1. Objective of study

The objective of the study was **to understand the current functioning of the District early intervention centre, Sagar with respect to reducing the morbidity among children 0-18 years old.**

With an annual birth cohort of almost 27 million, India is expected to have the largest number of infants born with birth defects. However, uniform surveillance of birth defects was still unavailable. Common health problems such as hearing defects, visual impairments, respiratory disorders, micronutrient deficiency and development delay starting in early childhood years adversely affect a significant percentage of children. With this prospective India government started with the RBSK team which provides screening of children and DEI centre was developed to provide a proper referral centers for the screened children.The early intervention centers are to be established at the District Hospital level across the country as District Early Intervention Centers (DEIC).

The purpose of DEIC is to provide referral support to children detected with health conditions during health screening, primarily for children up to 6 years of age group. A team consisting of Pediatrician, Medical officer, Staff Nurses, Paramedics will be engaged to provide services. There is also a provision for engaging a manager who would carry out mapping of tertiary care facilities in Government institutions for ensuring adequate referral support. This early support from the DEIC is to provide the children a better future and provide them with excellent opportunities in the time to come.

The second objective of internship was to learn various managerial and administrative skills needed to work in a government system and to effectively

implement all the health and health related programs in the government setup to ensure the overall benefit of the community.

2. State Profile

Madhya Pradesh is known as the "heart of nation" and is centrally located in the country. It is the second largest state in the country with an area of 308 lakh hectares. The state is rich in natural resources and Panna is famous for its diamond mines. It is a part of peninsular plateau of India lying in north central part, whose boundary can be classified in the north by the plains of Ganga-Yamuna, in the west by the Aravali, east by the Chhattisgarh plain and in the south by the Tapti valley and the plateau of Maharashtra. It borders Ganga-Yamuna plains in the north, Aravalli in the west, Chhattisgarh in the east and Maharashtra in the south. The Narmada-Son valley stretches from the eastern to the western part of the state.

Madhya Pradesh is rich in cultural history and boasts of several monuments, temples, stupas, forts and palaces. UNESCO has declared three sites in the state as the World Heritage Sites. These are Khajuraho Group of Monuments, Buddhist Monuments at Sanchi and the Rock Shelters at Bhimbetka. The temples at Khajuraho are fine examples of architecture and sculpture. Built by the Chandela dynasty, Khajuraho Group of Monuments includes several medieval Hindu and Jain temples. The Buddhist Monuments at Sanchi date back to 2nd and 1st century BC.
Around 9.38 percent of the land area in the state is populated.
It is also the second richest state in terms of mineral resources. Bhilai and Chhindwara districts produce large amounts of manganese. Around 45 per cent of the nation's bauxite production takes place in areas like Jabalpur, Mandala, Shahdol, Satna and Reeva. It also has one of the largest reserves of diamonds. The forest cover comprises 30 per cent of the state and includes teak, sal and bamboo species.

The state has a population of around seven million. It majorly comprises Hindus while other religions are in the minority. The main occupation of the 75 per cent population is farming and lives in villages. It also has a large tribal population. Hindi is the official language of the state. Other regional languages include Malwi,

Bundeli, Bagheli and Nimri.

The Department of Health and Family Welfare, Government of Madhya Pradesh is committed to promote the right of every woman, man and child to enjoy a life of health and equal opportunity and making all round efforts in this direction. The department has taken steps to bring about outcomes as envisioned in the Sustainable Development goals, RCH II / NHM programme, the State Population Policy 2002 (SPP 2002), the National Health Policy 2002 and Vision 2010, Gujarat. It aims at minimizing regional variations in the areas of Reproductive and Child Health including population stabilization through an integrated, focused and participatory programme. Meeting unmet demands of the target population, and provision of assured, equitable, responsive quality services are central to programme strategies. Based on experience gained during the implementation of RCH II, the department anticipates that current RCH programme would produce equitable reproductive and child health outcomes and contribute to raise the status of the girl child.

2.1 Key indicators of the State

The current situation of the selected indictors based on NFHS-4 shows that overall the state is moving towards the achieving the goals. The recent NFHS- 4 and special survey on maternal mortality in India has shown the improvements in health indicators in the state. IMR has reduced to 51 and TFR 2.3 (NFHS-4).

2.1.1 **STATUS OF RCH KEY INDICATORS**

Declined

- ↓ MMR has declined to 112 (SRS 2013)
- ↓ IMR has declined from 69(NFHS-3) to 51 (NFHS-4) per 1000 live births.

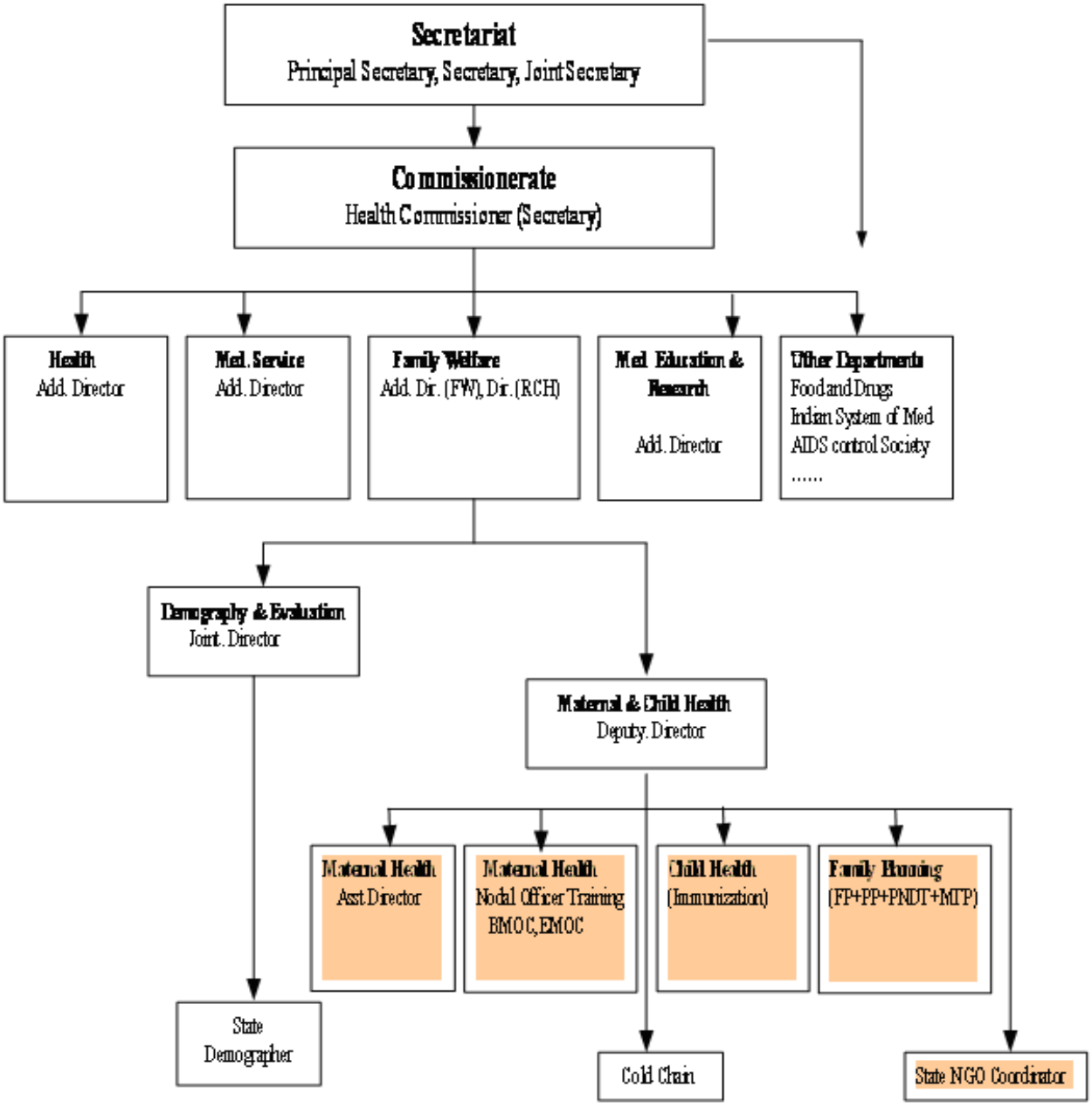
🡻 Total Fertility Rate (TFR) has decreased from 3.1 (NFHS-3) to 2.3 (NFHS-4).

Increased

🡹 Institutional deliveries have increased from 26.2 percent (NFHS-3) to 80.8 percent (NFHS-4).

🡹 Antenatal Care check up has increased from percent 39.3 (NFHS-3) to 53.1 percent (NFHS-4).

3.Organization Structure (NHM, Madhya Pradesh)



4. An overview of Sagar City

Sagar is a city in the state of Madhya Pradesh in central India. It is situated on a spur of the Vindhya Range and 1,758 feet (536 m) above sea-level. The city is around 180 kilometers (110 mi) northeast of state capital, Bhopal.

4.1 History

The ancient Indian kingdom of Chedi had its capital at Suktimati, which is located in Sagar in contemporary times. The history of Sagar District before 1022 A.D. is generally unknown; after that, records are available. Sagar was under the rule of Ahir Rajas and their capital was at Garhpehra. In 1660, Udenshah founded the present town of Sagar

4.2 Demographic Profile of the city:

As of the 2011[6] India census, Sagar had a population of 2,378,458 of which male and female were 1,256,257 and 1,122,201 respectively. In the 2001 census, Sagar had a population of 2,021,987 of which males were 1,073,205 and remaining 948,782 were females. Average literacy rates of Sagar in 2011 were 76.46 compared to 67.73 of 2001. Gender-wise, male and female literacy rates were 84.85 and 67.02 respectively in 2011. For the 2001 census, the rates stood at 79.41 and 54.35 in Sagar District. The total number of literates in Sagar District were 1,545,719 of which male and female were 908,607 and 637,112 respectively. In 2001, Sagar District had 1,118,993 literates in its district.

4.3 Available Health Facilities of the city

- **Civil Hospital** is major government hospital of Sagar district. It is a fully operational tertiary care hospital with a range of services like; medicine, surgery, orthopedics, obstetric/ gynaec, ENT, pediatrician, ophthalmic,

dermatologic and many more. It has almost all type of laboratories, operation theaters, and indoor facilities.

- **Primary Health Centers:** With the support of RCH programme, all the UHCs are milestones in the direction of providing affordable and accessible primary health service to the slum population. These centers are fully functional first level service delivery points as per the guidelines of government. These centers provide a range of primary curative and preventive services to patients, like; medicine, immunization, ANC, PNC, some aspects of family planning services and various services as listed in other national health programmes.
- **Other Major Private Hospitals:** Many private hospitals exist in Junagadh city and they provide a range of services, but most of these hospitals are very far from the slum areas and also not affordable to urban poor.

4.4 SWOT Analysis

Strengths	***Weakness***
• *Good support from top level management* • *Availability of human resources at Urban Health Centers* • *Fully functional CPMU and Family Planning Bureau* • *Strong hold over grassroots level implementation* • *Proximity of private health sector* • *Good electronic printing media coverage.*	• *Lack of proper infrastructure to provide all RCH services* • *Lack of equipments for immunization services* • *Lack of regular training of health staff of all cadres.* • *Limited supervision due to lack of mobility support to medical officers and supervisory staff* • *Weak political motivation and low priority for community*
Opportunities	***Threats***
• *Urban Health Project to be launched by state government* • *Changing mindset of the urban population.* • *Availability of adequate financial support.* • *Increased focus of government over urban slums.*	• *Limited tracking of Migrant population/daily wagers* • *High Rainfall makes the city prone for flood and Epidemics* • *Migration (both In and Out migration)*

5. Observations of the field visit:

- Photos were collected to reinforce the need for refresher training to all health personnel at least once in a year on all the programs and other aspects.
- During my visits to UHCs, in general all of them were maintained properly.
- Safe disposal of BMW is not implemented.
- Instrument are not present in the DEIC
- Human resources are not allotted in the DEIC.