Internship
at
National Health Mission, U.T., Chandigarh

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1. INTRODUCTION

Department of Health and Family Welfare, U.T. Chandigarh is operational under the U.T.Chandigarh Administration. It has National Health Mission operating under its ambit and looks after various programmes operational under its head.

National Health Mission (NHM) now subsumes NRHM (National Rural Health Mission) & NUHM (National Urban Health Mission) which have been designated as sub-missions (of NHM). National Rural Health Mission(NRHM) is aimed at bringing about dramatic improvement in the health system and the health status of the people especially those living in rural areas of the country. It seeks to provide access to equitable, affordable and quality health care, reduction of IMR & MMR, population stabilization and gender & demographic balance which in turn would help in achieving goals set under the National Health Policy and the Millennium Development Goals(MDG), now Sustainable Developmental Goals (SDG).

1.1 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-sectoral convergent action, to address the wider social determinants of health".

1.2 Goals

Outcomes for NHM in the 12th Plan are synonymous with those of the 12thPlan, and are part of the overall vision. The endeavor would be to ensure achievement of indicators mentioned below(1 to 12). Specific goals for the states will be based on existing levels, capacity and context. State specific innovations would be encouraged. Process and outcome indicators will be developed to reflect equity, quality, efficiency and responsiveness. Targets for communicable

and non-communicable disease will be set at state level based on local epidemiological patterns and taking into account the financing available for each of these conditions.

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

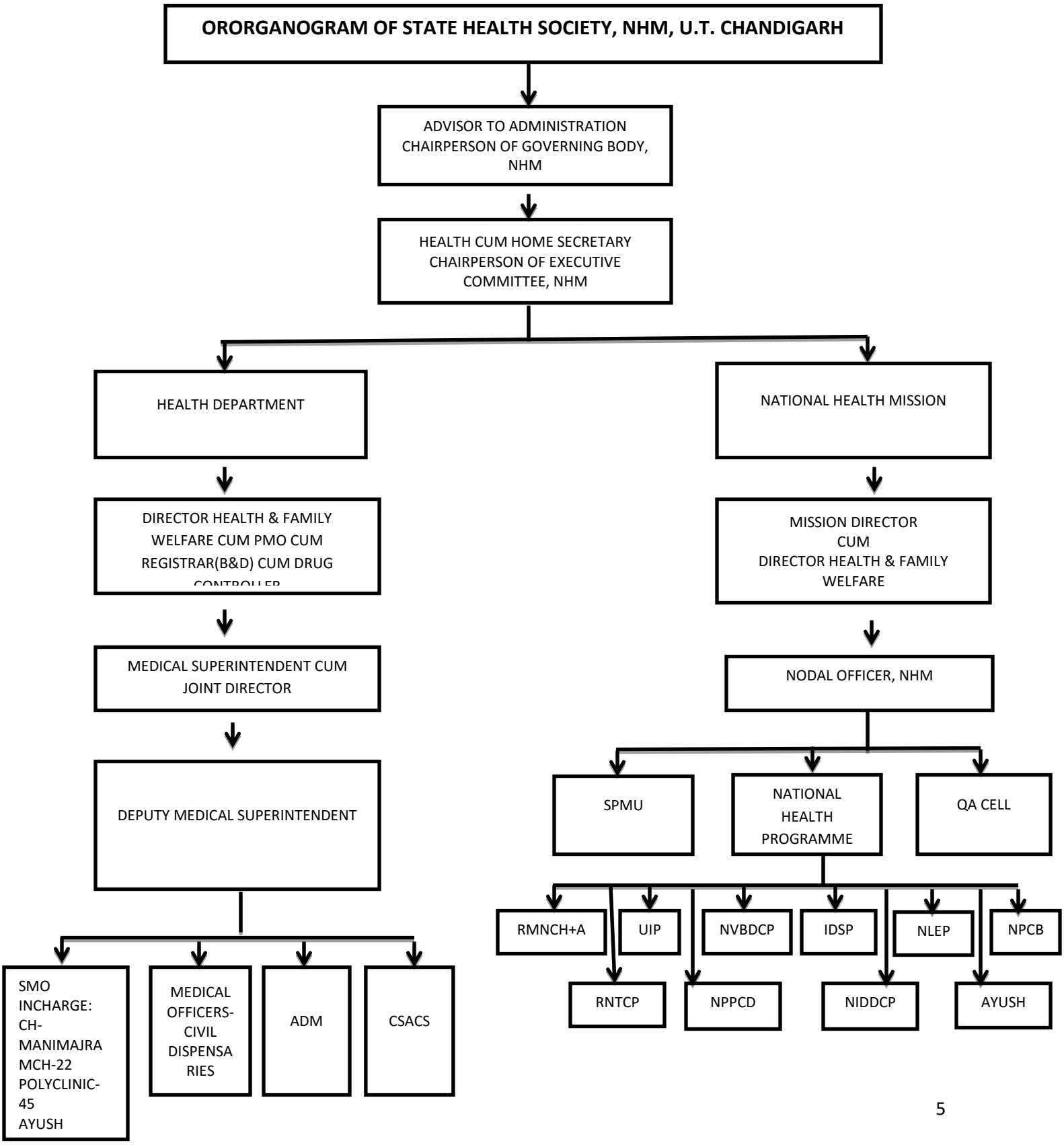
8. Reduce prevalence of Leprosy to <1/10000 population and incidence to zero in all districts

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

2. ORGANIZATION STRUCTURE:



3. HEALTH NETWORK, U.T. CHANDIGARH

Health Facility Network in Chandigarh

- District Hospital - 1
- CHCs -2
- Polyclinic -1
- Civil dispensaries -26
  AYUSH dispensaries - 20
- Sub Centres -16

Other Hospitals :-
PGIMER
GMCH-32
ESI Ramdarbar
Police Hospital

4. HEALTH INDICATORS

The status of various monitorable indicators of U.T. Chandigarh is as follows:

Indicators	Status of India	Status of U.T. Chandigarh	Chandigarh Rank Among U.Ts	Chandigarh Rank in India	MDG 2015 (iv, v)
Crude Birth Rate	**21.4** (SRS-2013)	**14.7** (SRS-2013)	**1**	**4**	**-**
Crude Death Rate	**7.0** (SRS-2013)	**4.0** (SRS-2013)	**1**	**2**	**-**
Sex Ratio (Overall)	**943** (Census 2011)	**818** (Census 2011)	-	-	-
Sex Ratio (0-6 yr)	**919** (Census 2011)	**880** (Census 2011)	-	-	-
Infant Mortality Rate	**40** (SRS-2013)	**21** (SRS-2013)	**3**	**7**	
MMR	**178** (SRS- 2010-12)	14 (Absolute number)	-	-	**109/10000**0 Live Births
TFR	**2.3** (SRS-2013)	**1.8** (SRS-2007)	-	-	-
Institutional Delivery Rate	**63%** (MoHFW)	**98.72%** (2014-15) **99.22%** (2015-16) (State HMIS)	-	-	-
Full Immunization Coverage	-	**90%** (2014-15) **85%** (2014-15) (State HMIS)	-	-	-

5. PRESENT PROGRAMMES:

Variousprogrammesand activities that are active in Chandigarh are as under the following heads:

5.1. RMNCH+A: Reproductive, Maternal, Newborn ,Child Health and Adolescents(RMNCH+A)

The main objective of the RMNCH+A program is to bring about a change in three critical health indicators i.e. reducing total fertility rate, infant mortality rate and maternal mortality ratio with a view to realize the outcome envisioned in the Millennium Development Goals, the National Population Policy 2000, and the Tenth Plan Document, the National Health Policy 2002 and Vision 2020 India. Monitorable indicators i.e. MMR, IMR, TFR are an endeavor to improve the goals and objectives of RMNCH+A among the vulnerable population by ensuring accessibility and availability of quality primary health care and family welfare services to them. However still there is lot of scope for improvement so that indicators are comparable with that of developed nations.

5.1.1. **Vision :** A city with no deaths occurring due to the preventable causes in mother and child, where every pregnancy is wanted, every birth celebrated, and women, babies and children survive, thrive and fulfill their dreams.

5.1.2. **Goals**

- Goal 1: Reducing maternal deaths to 60 by 2017
- Goal 2: Reduce Infant Mortality Rate to 12 by 2017
- Goal 3: Stabilization TFR (1.8) at the present rate till 2017

5.2. UIP : Universal Immunization Programme (UIP) Mission

Aim of the programme is to provide high quality immunization services to all communities in order to prevent mortality, morbidity and disability from diseases that are preventable through the optimum use of vaccines currently available and vaccines that become available from time to time**.**

5.2.1. **Mission Indradhanush:**

As per directions of GOI, in order to improve the vaccination coverage, Government of India had launched phase-II of Mission Indradhanush in 297 Medium focus districts across the country on 7th October 2015.This was followed by weeklong intensified Immunization drives for three consecutive months, starting from 7thNovember & 7thDecember 2015, 7thJanuary 2016 & Chandigarh was listed as a district for the Implementation of Mission Indradhanush in Phase-II.

The Mission Indradhanush includes the dropout & Left out children and the pregnant women.

5.3.RNTCP: Revised National Tuberculosis Control Programme

In Chandigarh, RNTCP was launched on 25th January 2002. With the consistent efforts of all the health care workers involved in the programme, Chandigarh has been ranking among the top performing states of the country with ever improving case detection rate of more than 90% and among those, the cure rate being more than 85% each year.

- **Infrastructure:**
  RNTCP in Chandigarh covers the whole UT including the Urban, Rural and Slum population falling under the map by virtue of :
  -3 Tuberculosis Units (TU)
  -17 Designated Microscopy Centres (DMC) + 1 DMC in private sector under Public Private Mix.
  - More than 171 DOTS centers including Government as well as Private DOTS Centres.

Chandigarh was awarded Rank 2nd for best performance in control of TB among UTs *(National summit on Good and Replicable Practices and Innovations in Public Health Care Systems in India July 02 to 04, 2015)*

Salient Features of the Programme

- Diagnosis and treatment of Tuberculosis is provided free of cost at all the Government Dispensaries and Hospitals.

- After the launch of the programme in Chandigarh, there has been a consistent improvement in the case detection rate (>70%) and cure rate (>85%).

5.4.<u>NVBDCP: The National Vector Borne Diseases Control Programme</u>deals with Prevention and Control of six Vector Borne diseases like Malaria, Filaria, Dengue, Japanese Encephalitis (JE), Kala – Azar and Chikungunya. The programme objectives are: -

- To prevent Morbidity due to Malaria, Dengue, Chikungunya, JE and Kala - Azar.
- To prevent deaths due to vector borne diseases.

<u>Activities and Achievement</u>

1. Observance of World Health Day

World Health Day was observed by the NVBDCP Unit Chandigarh on 07th April-2014 at Auditorium of CHC Sector-22. Director Health and Family Welfare, UT-Chandigarh was the chief guest of the Programme, Medical Superintendent, Chief Medical Officer - Senior Regional Director's Office, Assistant Professor - School of Public Health PGIMER, Assistant Director Malaria, Nodal Officer-NRHM, Programme Officers of other National Programmes under NRHM, Medical and Para Medical Staff of Various Programmes and the entire staff of Integrated Disease Surveillance Project and National Vector Borne Disease Control Programme participated in the World Health Day.

2. Observance of World Malaria Day

World Malaria Day was observed by the NVBDCP Unit Chandigarh on 25th April-2014 at Auditorium of CHC Sector-22. Home Secretary-cum-Secretary Health Sh. Anil Kumar, IAS, Chandigarh Administration was the chief guest of the Programme, Director Health and Family Welfare, Assistant Director Malaria, Nodal Officer-NRHM, Programme Officers of other National Programmes under NRHM, Medical and Para Medical Staff of Various Programmes, Entire staff of Integrated Disease Surveillance Project and National Vector Borne disease Control Programme participated in the World Malaria Day.

A rally was also organized at Rehabilitation Colony, Dhanas to mark World Malaria Day for creating awareness amongst the public for prevention & control of vector borne diseases.

3. Observance of June as Anti Malaria Month

i) Release of messages on All India Radio.

ii) Release of Advertisements in Leading Newspapers.

iii) Holding of anti malaria camps in Slums of Chandigarh.

4.Meeting with MOH MCC

Meetings are being held regarding prevention and control of Vector/ water borne disease in Chandigarh with Medical Officer of Health, Municipal Corporation, Chandigarh from time to time.

5. Rapid Response Team Review

Meeting was held on 25.06.2014 to review the situation in UT-Chandigarh. The meeting was attended by the DHS, MS, ADM, SPH-PGIMER, MO-Pediatrics, HOD-Pathology, Designated Officer-Food Safety, HOD-Gyane, MO-45, Consultant Training, Epidemiologist, Microbiologist, Entomologist and representative from MOH and the same will be held as and when required.

6. Review Meeting with Union Health Minister.

A Review meeting on 02.07.2014 was conducted under the chairmanship of Union Health Minister Dr. Harsh Vardhan to discuss the future strategy for prevention and control of VBD on 02.07.2014 at NirmanBhawan, New Delhi.

7. Observance of July 2014 as Anti Dengue Month.

8. Schools Involvement:

Participation in Health Camps, lectures in morning assembly and capacity building of School staff.

9. Advertisement Campaign through print and Electronic Media

From 1st July to 31st July every morning 7 to 8 am on All India Radio, Chandigarh broadcast regarding prevention and Control of Dengue was undertaken.

10. Functioning of Malaria Clinics:

Thirty number of malaria clinics are functioning at various dispensaries/ hospital of Chandigarh. The slides for Malaria are being collected and examined on the same day and radical treatment is given free of cost to the positive cases.

11.Facilities of Dengue Test

The testing facility of Dengue are being provided at PGI, GMCH-32, GMSH-16 and District Priority Lab CH- Manimajra

12. Other Preventive Activities carried out during 2014

- House to house mosquito genic places survey
- IEC/BCC activities
- Entomological surveillance
- Implementation of civic bye laws
- Weekly/ Monthly reporting to GOI
- Issue of advertisements/press releases.
- DDT Spray Operations.
- Fogging Operations.

5.5.IDSP: Integrated Disease Surveillance Project

The UT-Chandigarh has been selected to implement the pilot project of IDSP under the Phase – II states. IDSP was launched in Chandigarh in 5th April, 2006. The basic purpose of the implementation of IDSP is to detect early warning signals impending outbreaks. The main objectives of the project are as under:

- To establish a decentralized state based system of surveillance for communicable and non-communicable diseases, so that timely and effective public health actions can be initiated in response to health challenges in the country at the state and national level.
- To improve the efficiency of the existing surveillance activities of disease control programs.
- To establish a Public Health Laboratories.
- To provide a secure online data management system.

5.6.NPCB: National Programme for Control of Blindness

State Health Society NPCB Chandigarh is committed to undertake all the activities under the preview of National Programme for control of Blindness as per guidelines of Government of India. The targets set by GOI for UT Chandigarh are achieved more than 100% every year. We have already done 5963 Cataract operations against the target of 8000 up to October, 2010. Similarly under School Eye Screening Programme we have already achieved good to make our programmea comprehensive Eye Care Programme, which covers all the curative & preventive aspects for the control of Blindness.

5.7.<u>AYUSH: Ayurveda, Yoga, Unani, Siddhi and Homoeopathy Programme:</u>

The AYUSH Department, Chandigarh is providing preventive, promotive and curative health care to the community. Ayurvedic and Homoeopathic Systems of medicine are very popular in Chandigarh. Presently six Ayurvedic and six Homoeopathic Dispensaries are functioning under the Directorate of AYUSH, Chandigarh Administration. Two Ayurvedic and two Homoeopathic dispensaries have been setup under NRHM in the community Health Centre in Sector 22 and Manimajra, Chandigarh respectively. Keeping in view the guidelines relating to roadmap of mainstreaming of AYUSH in the health delivery system following proposals have been under taken in the National Health Mission :-

(a) Setting up of One Ayurvedic Dispensary;

(b) Setting up of Two Homoeopathic Dispensaries;

(c) Setting up of One Unani Dispensary;

(d) Establishment of Yoga Centre in Chandigarh;

(e) Training of Allopathic and AYUSH Doctors;

(f) Exhibition of AYUSH medicines

(g) Training of Teachers and Students is undertaken,for promoting Yoga/Naturopathy, Ayurvedic and Homoeopathic medicines.

5.8.NIDDCP: National Iodine Deficiency Disease Control Programme

The programme has been underway in Chandigarh since 1989 with the establishment of IDD Cell when the prevalence rate of goiter in Chandigarh was at a high 23.7%, with no idea of prevalence rate of other Iodine Deficiency Disorders like low I Q, physical and mental retardation, abortions, miscarriages etc.he Ban notification, in which sale of non-iodized salt was completely banned in U.T. Chandigarh was made in 1976 and which is still being enforced in the city.

IDD monitoring laboratory was established on 2006 and every year more than 3000 salt samples from various places like houses, shops, canteens, Anganwadis etc. are picked up for checking the quality of salt. Also urine samples of vulnerable people like pregnant women and children are picked for iodine estimation in the laboratory averaging 700 in a year.

Health education to create awareness amongst school children, advertisements in villages, slum, colonies and people visiting dispensaries and subcentres and other consumers is done through various mediums like print, audio visual aids, rallies, lectures etc.The prevalence rate of goitre as per survey done in 2011-12 was 7.3%. The next survey is due in the year 2016-17.

5.9.NLEP: National Leprosy Eradication Programme

State Health Society – NLEP was established in August 1996 in Chandigarh. The primary function of the SHS-NLEP is to provide treatment to the persons who are affected with leprosy and spread the awareness among general public through its IEC Activities regarding:-

- Signs and symptoms of the disease.
- 100% curability of the disease.
- Availability of free MDT o Awareness for early detection and treatment and prevention of disability.

SHS – NLEP U.T. Chandigarh has 4 reporting centers for free treatment of leprosy patients in Chandigarh. These centers include GMSH – 16, PGIMER, GMCH 32and CHC Mani Majra. The head office being Skin OPD, GMSH – 16, Chandigarh from where the compiled and cumulative reports from all the 4 centers are sent to Director General – Leprosy, Central Leprosy Division, Ministry of Health, Govt. of India with a copy to NHM, U.T. Chandigarh

Drugs & Reconstructive Surgery (RCS): • Free MDT is available in all the Reporting centers for the leprosy affected patients in Chandigarh. • Free Reconstructive surgery facility can be availed by eligible person with an incentive of Rs. 8000/- paid to him/her. • Supportive medicine , free MCR footwear and other Aids and appliances are freely available.

Other programmes active are as follows:

5.10. **RBSK: RashtriyaBalSwasthyaKaryakram**(Child Health Screening and Early Intervention Services under National Health Mission)

5.11. **RKSK: RashtriyaKishorSwasthyaKaryakram** looks after the needs of adolescents

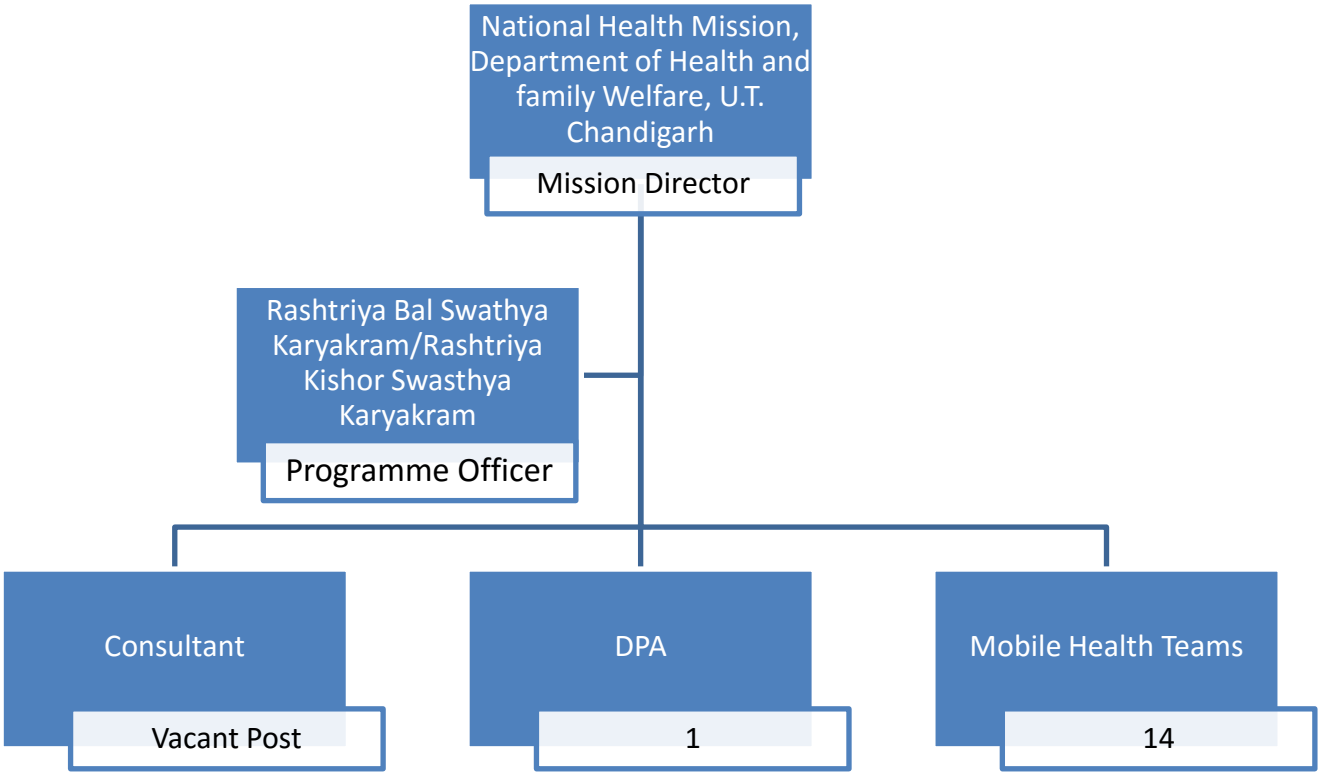
5.12. **NCD**

5.13. **NPPCD**

5.14. **Mental HealthProgramme**

6. ORIENTATION AT RBSK/RKSK UNDER NHM:

6.1. Organizational Profile:



6.2. Services provided by the programme:

6.2.1. RashtriyaBalSwasthyaKaryakram (RBSK) is a relatively new initiative under NHM, launched in Feb-2013 by Ministry of Health and Family Welfare aimed at screening over 27 crore children from 0 to 18 years for 4 Ds - Defects at birth, Diseases, Deficiencies and Development Delays including Disabilities. Children diagnosedwith illnesses shall receive follow up including surgeries at tertiary level, free ofcost under NHM.

Any effective health intervention reduces both direct costs and out-of-pocketexpenditure. Child Health Screening and Early Intervention Services also aims atreducing the extent of disability, at improving the quality of life and enabling allpersons to achieve their full potential.The key feature of the Services is the continuum of care extending overdifferent phases of the life of a child over the first 18 years.

There is no doubt that early identification of select health conditions and theirlinkage to care, support and treatment through child health screening and earlyintervention services will help us achieve equitable child health care. In thelong run, the programme aims to bring social and economic gains, particularlyfor the poor and marginalized, by reducing out of pocket expenditure, burdenof diseases, improving health awareness among community, improving professionalism in service delivery and finally strengthening the public sectorhospitals. This would thus lead to promotion of health among children, which isof fundamental value and an end in itself.

Child Health Screening and Early Intervention Services covers 30 identified health conditions for early detection, free treatment and management through dedicated mobile health teams placed in every block in the country. The teams carry out screening of all children in the pre-school age enrolled at Anganwadicentres at least twice a year besides screening of all children studying in Government and Government aided schools, whereas the newborns are screened for birth defects in health facilities by service providers and during the home visits by ASHAs. District Early Intervention Centres are set up as first referral point for further investigation, treatment and management. Tertiary care centres are roped in for management of complicated cases requiring high-end medical care and treatment.

6.2.1.1. Identified Health Conditions for Child Health Screening and Early Intervention Services

a) 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

b) Deficiencies

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

c) Childhood Diseases

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

d) Developmental Delays and Disabilities

21. Vision Impairment
22. Hearing Impairment
23. Neuro-Motor Impairment
24. Motor Delay
25. Cognitive Delay

26. Language Delay
27. Behaviour Disorder (Autism)
28. Learning Disorder
29. Attention Deficit Hyperactivity Disorder
30. Congenital Hypothyroidism, Sickle Cell Anaemia, Beta Thalassemia (Optional)

The following mechanism are followed to reach all the target groups of children for health screening-

1. For new born:

• Facility based newborn screening at public health facilities, by existing health manpower.

• Community based newborn screening at home through ASHAs for newborn till 6 weeks of age during home visitation.

2. For children 6 weeks to 6 years:

• Anganwadi Center based screening by the dedicated Mobile Health Teams

3. For children 6 years to 18 years:

• Government and Government aided school based screening by dedicated Mobile Health Teams.

The Mobile Health teams consist of four members - two Doctors (AYUSH) one male and one female, with a bachelor's degree from an approved institution, one ANM/Staff Nurse and one Pharmacist with proficiency in computer for data management.

A tool kit with essential equipment for screening of children will also be provided to the Mobile Health Team members.

6.2.1.2. Composition of Tool Kit for Mobile Health Team

a. Equipments for Screening including Developmental Delays

• Bell, rattle, torch, one inch cubes, small bottlewith raisins, squeaky toys, coloured wool

• Vision charts, reference charts

• BP apparatus with age appropriate calf size

• Manual and a card specific to each age with age appropriate developmental check list to record milestones to identify developmental delays (6 weeks -9 years)

b. Equipments for Anthropometry

Age appropriate-

• Weighing scale (mechanical newborn weighing scale, standing weighing scale)

• Height measuring – Stadiometers/Infantometers

• Mid arm circumference tape/ bangle

• Non -stretchable measuring tape for head circumference

6.2.1.3. Present Status in U.T. Chandigarh:

Child Health Screening:

- 13.5 Mobile Health Teams are in place.
- All the Mobile Health teams are stationed at RBSK Centre CD-19.
- Mobile Health Teamvisits are pre-scheduled as per planned and approved roaster.
- Children in anganwadicentres are screened twice a year and schools are screened once a year.
- Mobile Health Teams were formally trained in Oct-2014 as per guidelines.

Early Intervention for screening:

- GMSH-16 has been dedicated as DEIC.
- Children Suffering from 4D's are be registered at DEIC, GMSH-16 and then referred for further treatment.

Tertiary Care:

- PGIMER Chandigarh has been identified as collaborative centre for follow up and treatment of selected health conditions including surgical interventions.
- Children requiring tertiary care will be referred from DEIC to respective hospitals i.e. GMSH-16, GMCH-32 and PGIMER Chandigarh for further follow-up/intervention.
- Referral of child from DEIC will be well documented including particulars of child with details of investigations, course of treatment and the disease which is cause of referral.
- DEIC manager could not be recruited and now post has been abolished (due to financial constraints in NHM).
- Procedures and costing have been provided by GOI which includes pre-operative, post-operative costs including cost of surgery itself.
- Meeting for finalizing M.O.U for tertiary care of the referred children was held at the office of Dr.VipinKaushal, Hospital Administrator PGIMER on 10/08/2015.

- PGI demanded regular staff who is well versed with the accounts, which was denied by DHS due to lack of staff.

Reporting

- Every Month report is submitted on Performa's as per GOI Guidelines.
- Birth Defects Report from all the 7 delivery points is forwarded to GOI after approval.
- Zika virus microcephaly every week is reported even if nil to GOI.

6.2.1.4. Constraints:

- Financial constraints due to relatively new Programme
- DEIC could not be established as per the GOI guidelines.
- M.O.U with PGIMER could not be signed due to non-availability of staff.

6.2.2. RKSK:RashtriyaKishorSwasthyaKaryakram

At 253 million, India has the largest share of the adolescent population in the world. With a view toaddress the health and development needs of this age group which is 21percent of India's population, Ministry of Health and Family Welfare launched the **RashtriyaKishorSwasthya Karyakram (RKSK)** on the 7th of January 2014.

RKSK has been developed to strengthen the adolescent component of the RMNCH+A strategy which,as we are all aware, is one of the weakest and a sub-critical programme area. Whilst core programming principles for RKSK are health promotion and a community based approach expandedscope of the programme includes nutrition, sexual & reproductive health, injuries and violence(including gender based violence), non-communicable diseases, mental health and substancemisuse.

6.2.2.1.Specific interventions under RKSK are:

- WIFS
- Facility based RKSK Services (clinics and counseling Adolescent Friendly Health Clinic-AFHC))
- Community based RKSK Services (Peer Educator & Adolescent Health Day)
- Menstrual Hygiene Scheme

6.2.2.2. Status of the interventions in U.T. Chandigarh:

- WIFS (Weekly Iron Folic Acid Supplementation Programme)-All adolescents in Schools & AWs are provided tab IFA blue weekly
- MHS(Menstrual Hygiene Scheme). This scheme has not started in Chandigarh however awareness regarding menstrual hygiene is provided to adolescent girls in schools and Anganwadis.
- Quarterly Adolescents Health Day (AHD) is celebrated in villages for out of schools adolescents.
- Peer Educator Programme. Although this has not commenced in Chandigarh as of now but, peer educator will be enrolled and the PE programme will be started shortly subject to the approval of funds in ROP.

6.2.2.3. Constraints:

- There are financial constraints as it is arelatively a new programme and lacks allocation in both PIP and ROP.
- Lack of full time consultant for this programme, hence the activities that need to be taken suffer.

7. GOALS COMPLETED DURING INTERNSHIP:

To assist the programme officer in day-to-day operations and gain practical knowledge and skills to handle managerial issues related to major departments of the organization.

The responsibilities included:

- Assisting the programme officer (PO) in their routine work and
- Assisting PO in drafting communication letters/ mails as and when asked.
- Preparing lists for stock distribution and collecting reports for National Deworming Day from the schools.
- Accompanying pharmacists in field work for stock distribution of medicines (WIFS).
- Observation of various protocols, followed by the organization and acquisition of skills to accomplish them.
- Familiarization with different departments, staff and equipments used in them.
- Observation of mannerism of the existing employees and learning the culture of the organization.
- Observation of human skills and understanding documentation, finance and accounting procedures that are followed in the programme.