Internship
at
National Health Mission,
Madhya Pradesh

By

Meenakshi Agrawal

MBA Hospital and Health Management
2014-2016

The IIHMR University, Jaipur
2016

Table of Contents-

S.No.	Content	Page No.
1	Introduction	3
2	Goal of internship	4
3	Organization Profile	4
4	Organogram	6
5	Services provided by the organization	7
6	Mandla District Profile	8
7	Project worked on (RMNCH+A)	9
8	Field visits undertaken with district staff	11
9	Observations of field visits	11

List of tables-

S.No	Content	Page No.
1.6.1	Health Indicators of Mandla	8

1.1 INTRODUCTION-

Outcomes for NHM in the 12th Plan are synonymous with those of the 12th Plan, and are part of the overall vision. The endeavour would be to ensure achievement of those indicators described below. 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.

1.2 GOAL OF INTERNSHIP

- Assisting selected department managers in their routine work
- To acquire skills to accomplish various protocols observed in the organization.
- To familiarize with different departments, staffing and equipments.
- To learn the culture of the organization.
- Observing human skills and understanding documentation, finance and accounting procedures

1.3 ORGANIZATIONAL PROFILE

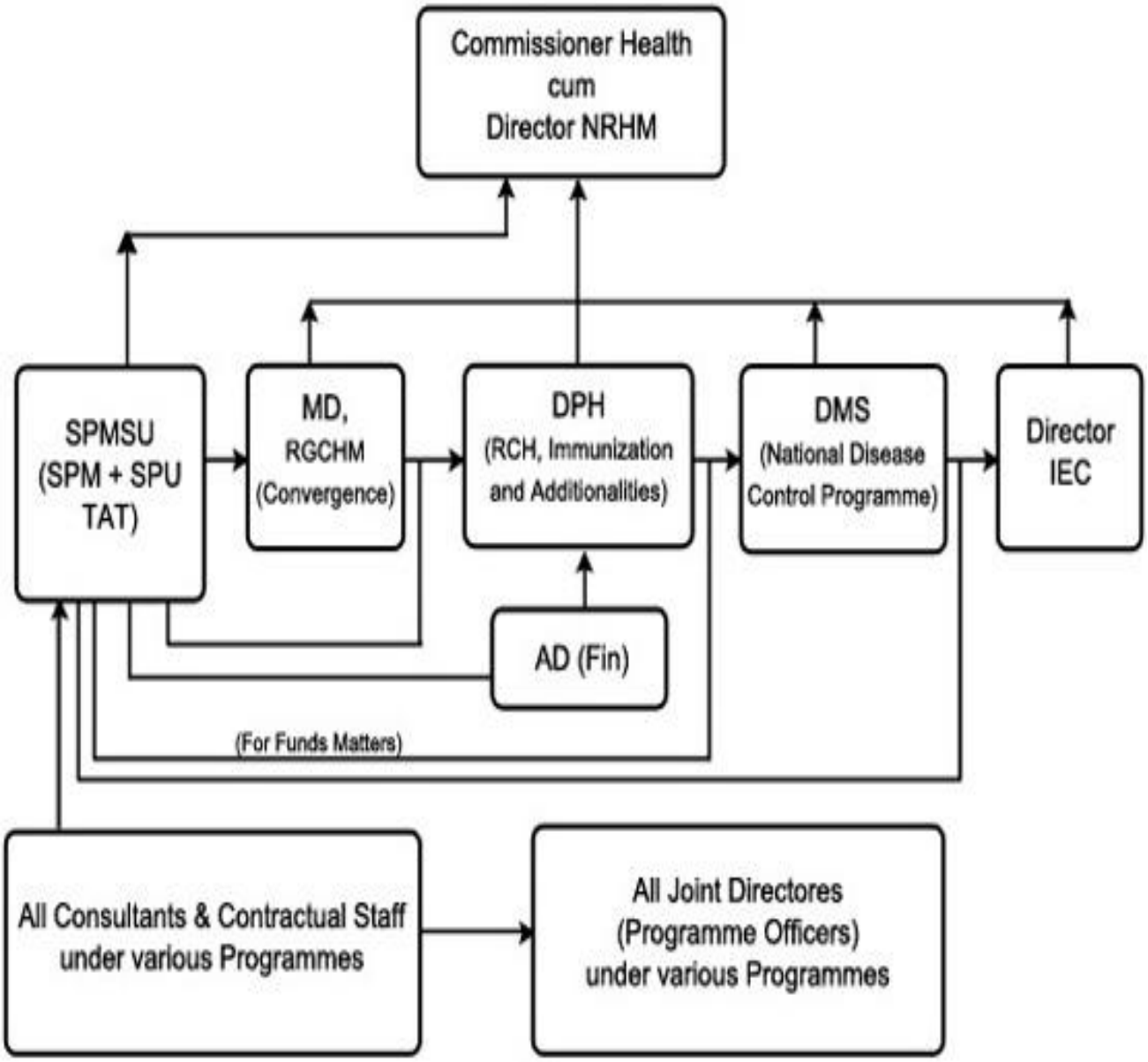
1.3.1 National Health Mission (M.P)

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.

1.3.2 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 and service 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.

1.4 ORGANOGRAM-



1.5 SERVICES PROVIDED BY ORGANISATION-

1.5.1 Maternal Health-

- 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 pregant women and women in reproductive age group.
- Mass media campaign for promotion of Safe abortion services.

1.5.2 Neonatal Health-

- Essential new born care (at every 'delivery' point at time of birth)
- Facility based sick newborn care (at FRUs & District Hospitals)
- Home Based Newborn Care

1.5.3 Nutrition-

- Promotion of optimal Infant and Young Child Feeding Practices
- Micronutrient supplementation (Vitamin A, Iron Folic Acid)
- Management of children with severe acute malnutrition

1.5.4 Management of Common Child hood illnesses-

- Management of Childhood Diarrhoeal Diseases & Acute Respiratory Infections

1.5.5 Immunisation-

- Intensification of Routine Immunisation
- Eliminating Measles and Japanese Encephalitis related deaths
- Polio Eradication
- The strategies for child health intervention focus on improving skills of the health care workers, strengthening the health care infrastructure and involvement of the community through behaviour change communication.

1.6 MANDLA DISTRICT PROFILE-

Mandla is a tribal dominated district, located in the hilly and forest areas of Maikal hill range of the Satpuras, in mostly scattered habitation. The District situated in the east-central part of Madhaya Pradesh lies almost entirely in the catchment of river Narmada & its tributaries. A district with a glorious history, Mandla comprises of numerous rivers and endowed with rich forests. The world's famous Tiger Sanctuary, Kanha National Park located in the district, is one of the hottest targets for both the domestic as well as foreign tourists. The extreme length of the district is about 133 Kms. from north to south and extreme breadth is 182 Kms from east to west. It covers a total area of 8771 Sq.Km. and consists a total population of 10, 53,522.There are 9 blocks 6 Tehsils and 1221 habitable villages in the district.

1.6.1 Health Indicators

S.No	INDICATOR	MANDLA	SOURCE
1	Infant Mortality Rate	71	AHS10-11
2	Under5 mortality Rate	89	AHS10-11
3	Neonatal Mortality Rate	48	AHS10-11
4	Post Neonatal Mortality Rate	23	AHS10-11
5	Maternal Mortality Rate	210	AHS10-11

1.7 PROJECT WORKED ON (RMNCH+A)

The RMNCH+A strategy promote links between various interventions across thematic areas to enhance coverage throughout the lifecycle to improve child survival in India. The "plus" within the strategy focuses on:

• Including adolescence as a distinct life stage within the overall strategy.

• Linking maternal and child health to reproductive health and other components like family planning, adolescent health, HIV, gender, and preconception and prenatal diagnostic techniques.

• Linking home- and community-based services to facility-based services.

• Ensuring linkages, referrals, and counter-referrals between and among health facilities at primary (primary health Centre), secondary (community health centre), and tertiary levels (district hospital).

1.7.1 Continuum of care approach

The RMNCH+A strategy promote links between interventions across the lifecycle and integrate child survival with other important health interventions. This approach reflects evidence showing that mother and child health cannot be improved in isolation—data show, for example, that high-risk pregnancies and maternal mortality rates are twice as high in adolescent mothers than in women above age 20; that anaemia is prevalent across all age groups; and that malnutrition is responsible for 34% of under-5 deaths. (MOHFW 2013).

1.7.2 Inclusion of adolescents

The health of adolescents has always been the weakest pillar in the continuum of care approach, and has often been ignored and neglected, leading to early age of marriage, early childbearing, lack of access to contraception, and lack of birth spacing. With this realization, India added "A" (adolescents) to the continuum of RCH.

1.7.3 Key features of the rmnch+a strategy

The RMNCH+A strategy approaches include:

• Health systems strengthening (HSS) focusing on infrastructure, human resources, supply chain management, and referral transport measures.

• Prioritization of high-impact interventions for various lifecycle stages.

• Increasing effectiveness of investments by prioritizing geographical areas based on evidence.

• Integrated monitoring and accountability through good governance, use of available data sets, community involvement, and steps to address grievance.

• Broad-based collaboration and partnerships with ministries, departments, development partners, civil society, and other stakeholders. Overall, the entire strategy can be visualized as having three major components: design, implementation mechanisms, and performance monitoring.

The RMNCH+A strategy provides a strong platform for delivery of services across the entire continuum of care, ranging from community to primary health care, as well as first-referral level care to higher referral and tertiary level of care. This "Central tenets guiding this programme have been equity, universal care, entitlement, and accountability. Our aim is to protect the lives and safeguard the health of women, adolescents, and children and this has been the driving force for reaching out to the maximum numbers in the remotest corners of the country through constant innovation and calibration of interventions." —Dr. Rakesh Kumar, Joint Secretary (RCH), MOHFW "The interdependence of various components of continuum of care is well recognized. In other words, reproductive, maternal, newborn, child, or adolescent health can be ensured only if all the life stages are healthy. RMNCH+A initiative aims to focus equally on all life stages across the continuum of care." —Ms. Vini Mahajan, Principal Secretary to Govt. of Punjab, Department of Health & Medical Education 16 integrated strategy is expected to promote greater efficiency while reducing

duplication of resources and efforts in the ongoing program. The RMNCH+A document provides a comprehensive approach to improving child survival and safe motherhood, and operational guidance to implement this approach during the next phase of the National Health Mission.

1.8 FIELD VISITS WITH STAFF-

- Visited all Nine blocks of Mandla district : Bamhni, Bicchiya, Nainpur, Mawai, Mohgaon, Narayanganj, Bijadandi, Ghughri, Niwas.
- Organised training for the Misoprostol distribution for prevention of PPH .
- Visited VHND sessions.
- Attended Dakshta Training.

1.9 OBSERVATION-

- Almost all delivery points DH, CHC, PHC and SHC are well constructed with electricity and water supply but a serious problem with electricity backup and network.
- Problem also has been noted regarding utilization of available equipments. Such as almost all facilities were equipped with Radiant Warmer, O2 cylinder, suction machine, autoclave but most of them kept unutilized and maintained in poor condition.
- VHND session sites are poor with respect to infrastructure. No electricity or water supply also record keeping is very poor.
- There is a dearth in supply of the essential medicine such as Oxytocin and Vitamin K