Internship at

National Health Mission, Madhya Pradesh and Fortis Escort Hospital, Jaipur

By

Avantika Rathore

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

Comparative Study on urban and rural tuberculosis patients in Alirajpur District, Madhya Pradesh

1.0 INTRODUCTION

Tuberculosis (TB) continues to be a major public health problem in India, with over 1.9 million new cases annually, making it the highest TB burden country in the world.1 It accounts for one-fifth of the world's new TB cases, and two-thirds of the cases in the Southeast Asia region. For the second year in a row, India has landed the dubious distinction of being number one in the world for deaths from tuberculosis: 423,000 TB patients died in the year 2016. That is a third of the world's 1.4 million death toll. India, of course, is not the only country where TB is a bane. In the 20th annual edition of the World Health Organization's global tuberculosis report, India's high volume of TB deaths is followed closely by Indonesia, China, the Philippines and Pakistan TB is now the world's deadliest infectious disease, causing more annual deaths than HIV. There is good news in the report. Globally, the rates of TB actually dropped in 2016. Even in India, there was a 12 percent drop in the number of deaths from TB compared with last year. But the number of fresh TB cases in India only dropped by three percent. In a population of 1.324 billion people, that translated to 2.7 million new cases in 2016. (Rao et al., 2017)

India is a vast country inhabited by diverse groups of people, with a wide variety of socio-cultural backgrounds. The tribal population is one such group of people who share common cultural and socio-religious beliefs, and reside in particular discrete geographic areas. Their cultural and socio-religious beliefs are quite different from the wider general population. They are an underprivileged group of society, often having poor access to the health-care delivery systems. Prevalence of TB disease is an important epidemiological index to measure the burden of the disease in a community. Epidemiological information on TB is also vital for the planning of control strategies and service delivery systems (Varadarajan, et *al*., 2016).

A nation-wide disease survey conducted by the Indian Council of Medical Research (ICMR) in 2000 provided, for the first time, information on the TB disease situation in the general population of the country. Information on the TB situation in the rural populations of India is limited to a few studies carried out in small populations scattered across the country.4–6 The rural population accounts for 25% of the population of the central Indian state of Madhya

Pradesh (MP). Before beginning the research, it is important to understand the difference between the rural and urban populations in India. The rural people in India are also known as tribal and are the poorest in the country. Rural populations are still dependent on hunting, agriculture and fishing. Rural people have their own culture, tradition, language and lifestyle. The urban also known as non- tribal on the other hand are more civilized and sophisticated and have adopted westernization culture, lifestyle and have access to quality education and health services (Varadarajan, et al., 2016).

Though the Revised National Tuberculosis Control Programme (RNTCP), based on the Directly Observed Treatment Short Course (DOTS) strategy, was launched in India as a national programme in 1997, it was only implemented from 2004 in the survey area. In view of these, the present study was undertaken in the rural population of the state to compare the profiles of rural and urban tuberculosis patients.

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.

Revised National Tuberculosis Control Programme (RNTCP)

- Prevalence (old + new cases): 256per1lac population.

National Tuberculosis Control Programme

- NTCP was started in1962 with aim to detect cases at the earliest & treat them.
- However – Treatment success rate : unacceptably low – Death & default rate : high

Need For Revised Strategy

- In 1992, nation wise review was conducted with assistance of SIDA & WHO.
- NTP suffered from managerial weakness
- Inadequate funding
- Over reliance on X rays for diagnosis
- Frequent interrupted supplies of drugs
- Low rates of treatment completion.

In 1993, GoI decided to give a new thrust by revitalizing NTP.

• RNTCP thus formulated

Objectives of RNTCP:

1. To achieve and maintain a cure rate of at least 85% among newly detected infectious (new sputum smear positive) cases
2. To achieve and maintain detection of at least 70% of such cases in the population.

Revised strategy:

1. Augmentation of organizational support at centre and state level.
2. Use sputum testing as primary method of diagnosis
3. Standardized treatment regimen
4. Ensuring regular, uninterrupted supply of drugs
5. Emphasis on training, IEC, operational research & NGO involvement.
6. Increased budget outlay

Components of DOTS:

1. Political will ensures financial support and sustainability.
2. Case detection with the help of quality assured sputum smear microscopy.
3. Regular and uninterrupted supply of drugs patient wise boxes
4. Directly observed treatment while patient is getting treatment.
5. Systemic monitoring and accountability.