



Analysis of Neonatal Sepsis cases in SNCU department in Gujarat



Brief history

The National Health Mission (NHM) in India was launched on 12th April, 2005 encompassing two sub-Missions :The National Rural Health Mission (NRHM) 12 April 2005 and National Urban Health Mission (NUHM) 1 May2013. NHM is the combination of national programmes, namely :Reproductive Maternal neonatal Child and adolescent Health project, the National Disease Control Programmes and the Integrated Disease Surveillance Project.

VISION

The vision of NHM is to ensure achievement of "universal access to equitable, affordable and quality health care services, accountable and responsive to people's needs" .

MISSION

The National Health Mission (NHM) in Gujarat aims to improve access of healthcare to rural people, especially poor women and children to equitable, affordable, accountable and effective primary health care and 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.

ORGANIZATION STRUCTURE

- Chief secretary
- Principal secretary health
- Commissioner of health and Mission director NHM Gujarat
 - Urban Health
 - Rural Health
- Additional Director
 - Public Health
 - Medical Service
 - Medical Education
 - family welfare
- Deputy director MCH/Rural/Epidemic
- Assistant director
- State Nodal officer
- Consultant
- Project officer
- Program assistant

Theoretical understanding .	Practical exposure
Studied various health Programs for maternal and Child Health care.	Implementation of health Programs on field.
Knowledge about various digital tools and online platforms.	Got opportunity to see practicality of online platforms and tools like Techo+ app,HMIS, SNCU online portals.

SWOT AND TOWS ANALYSIS

Internal factors	STRENGTHS (S)	WEAKNESS (W)
External factors	- Round the clock medical care is available. - Provision of services free of cost i.e. government support. - Availability of specialists and infrastructure. - Kangaroo mother care practiced. - Prompt attention to neonates with good housekeeping facilities.	- Inadequate follow up care. - Lack of IEC activities. - Maintainance issues of equipment. - Lack of FBNC training to staff. - BMW protocol not followed leading to poor infection control..
OPPORTUNITIES (O)	S-O Strategies - Use government funds to upgrade infrastructure and equipments needed. - Using online SNCU tools to reduce mortality. - Implementing new technologies like telemedicine for faster positive health outcomes.	W-O Strategies - Set up internal quality assurance teams to improve care standards. - Partner with NGOs/private hospitals for equipment maintainance. - Provide skill based training to staff and strict adherence to IPC guidelines.
THREATS (T)	S-T Strategies - Reducing infection risk by appropriate training of staff. - Timely appropriate care by specialists to reduce LOS and DAMA/LAMA cases.	W-T Strategies - Reduce overcrowding and doing refferrals to other facilities. - Training of staff for counselling against DAMA/LAMA. - Make a follow up redressal mechanism for timely follow ups.

SNCU's VISITED



HBNC Home visits



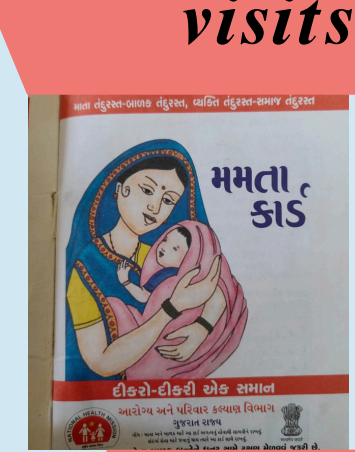
Activities



IEC Developed



MAMTA day visits



Visits to UPHC's and CHC's



Challenges faced

- Difficulty in communicating due to lack of understanding of local language.
- Lack of hands on experience related to data as data is confidential.
- Transport during field visits was not available via office.

Major learnings

- Exposure to the field work led to understanding of the public health domain and application of health programs on field.
- Data monitoring via platforms like Techo+ and HMIS gave insights into health service delivery.
- Report writing .
- Gap analysis of real world data i.e.weekly infant deaths in several districts of gujarat lead to understanding of gaps on field.

Suggestions

- Infrastructure and equipment need to be upgraded in SNCU Sola,Hospital,Ahmedabad according to guidelines.
- IPC guidelines to be followed in crucial departments like SNCU.
- An effective grievance redressal mechanism to be established to address staff and patient complaints, ensuring transparent and smooth functioning of SNCU.
- Health workers like ASHAs should be given refresher skill based training for positive health outcomes regularly.

GRAPHICAL ANALYSIS

Analysis of neonatal sepsis cases in SNCU Sola hospital , Ahmedabad

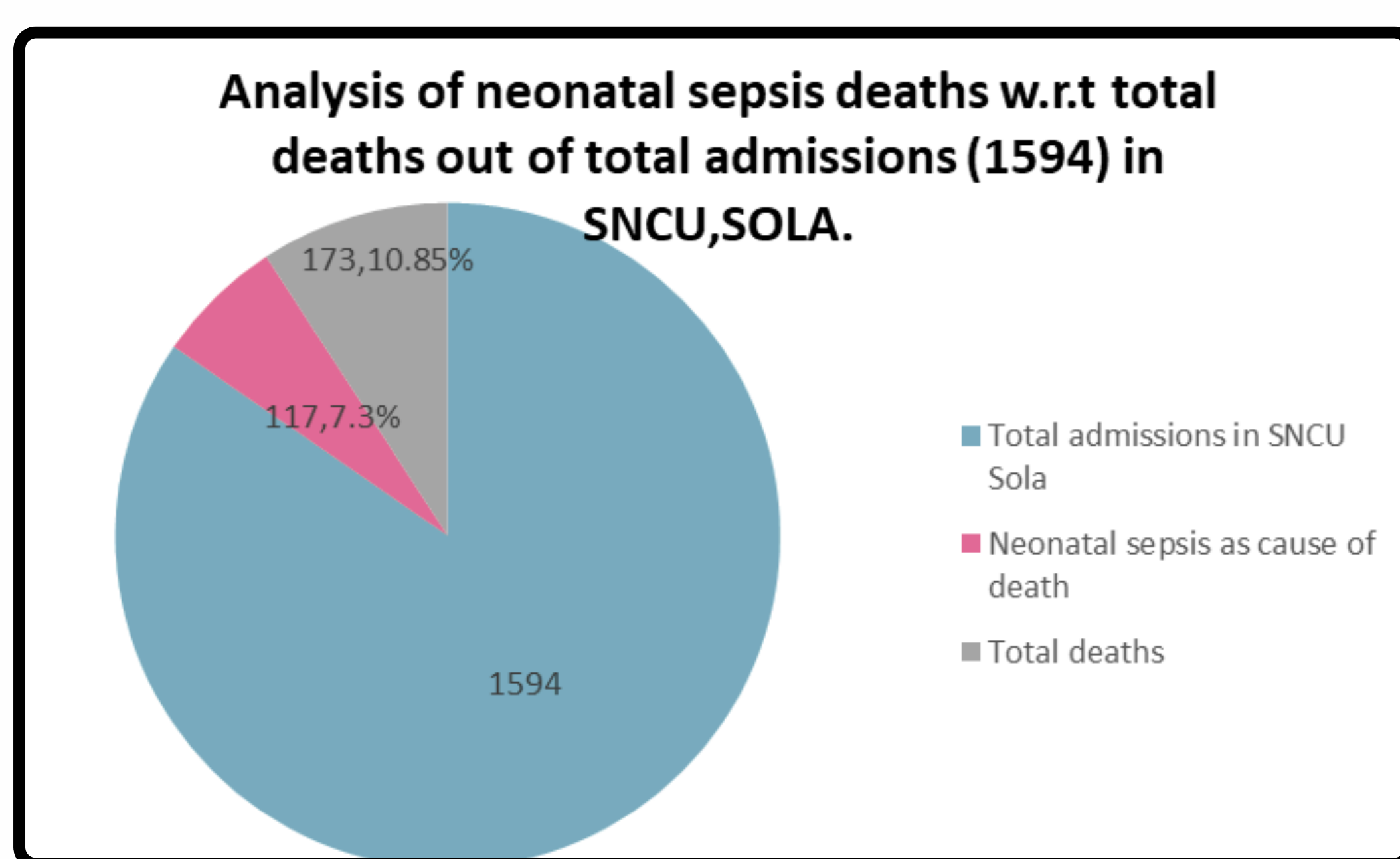


Fig 1

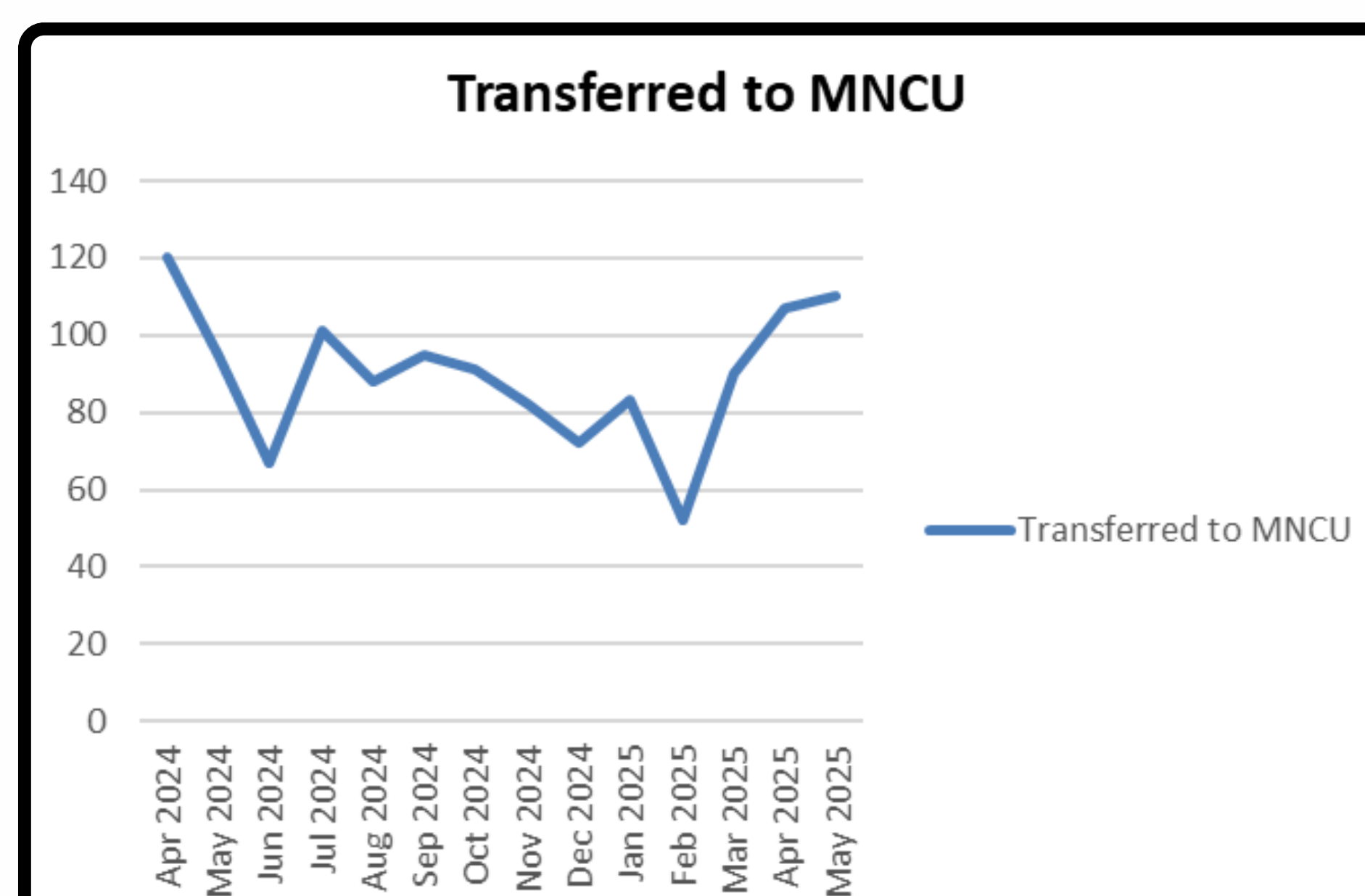


Fig 2

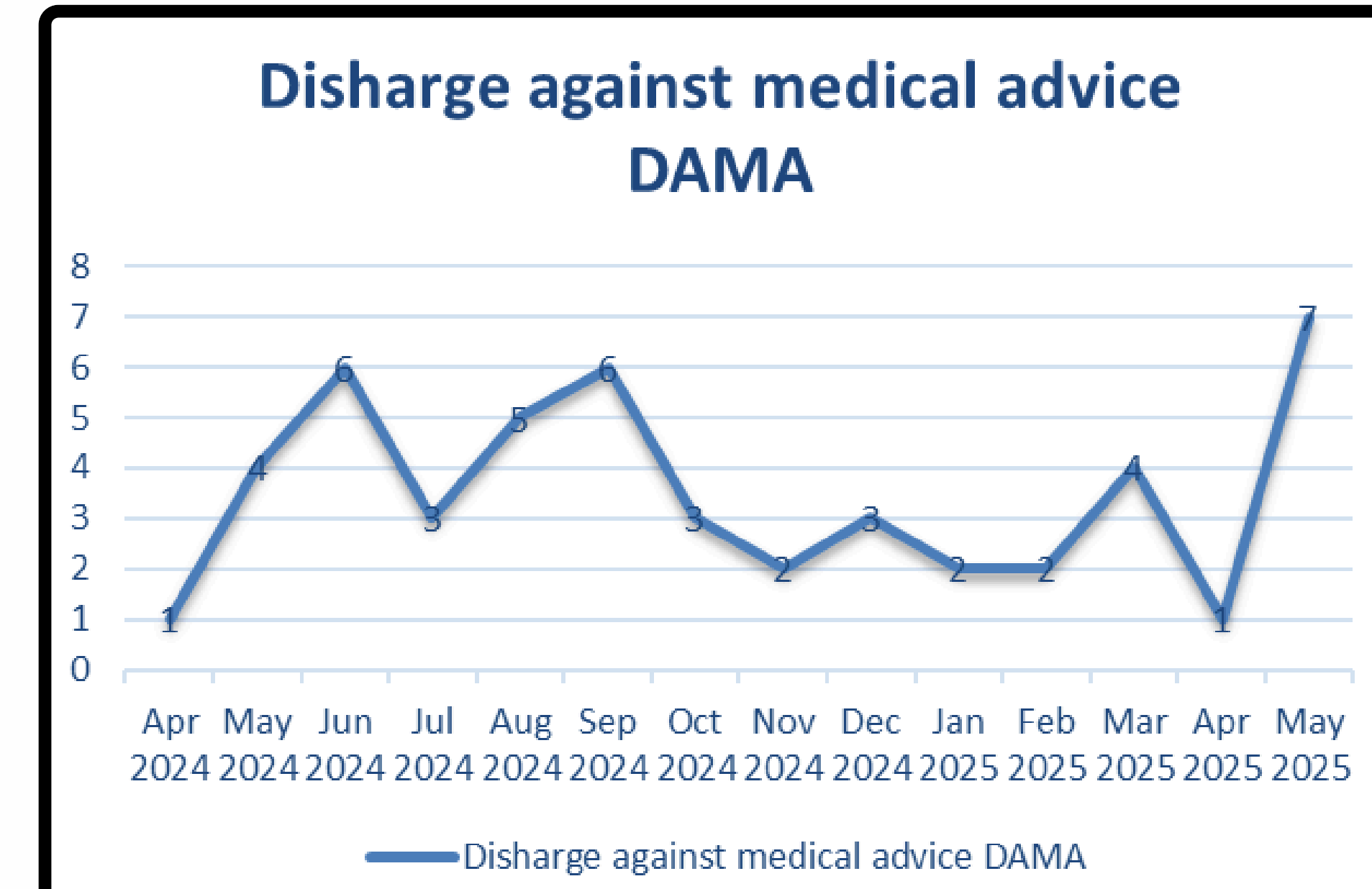


Fig 3

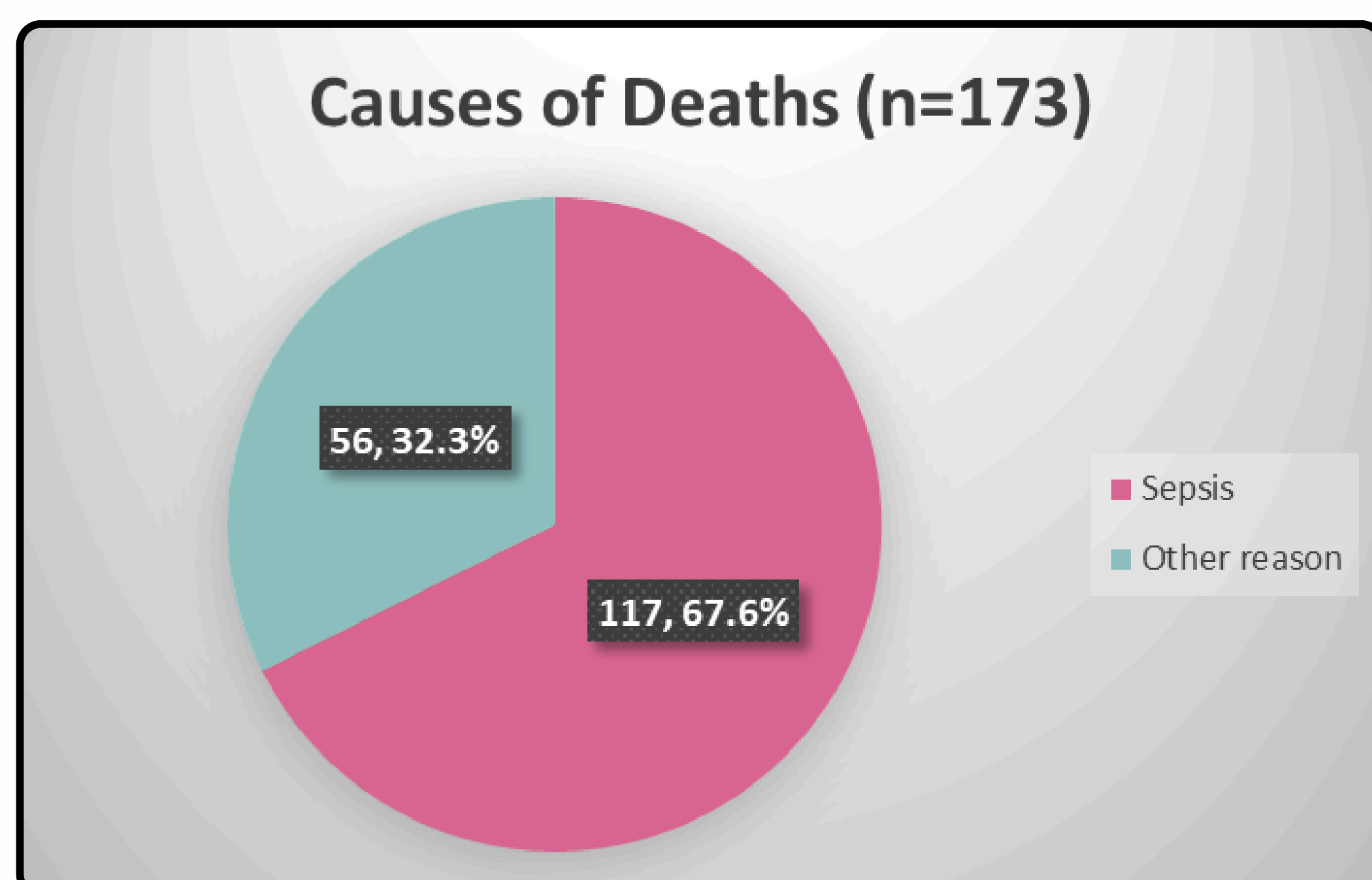


Fig 4

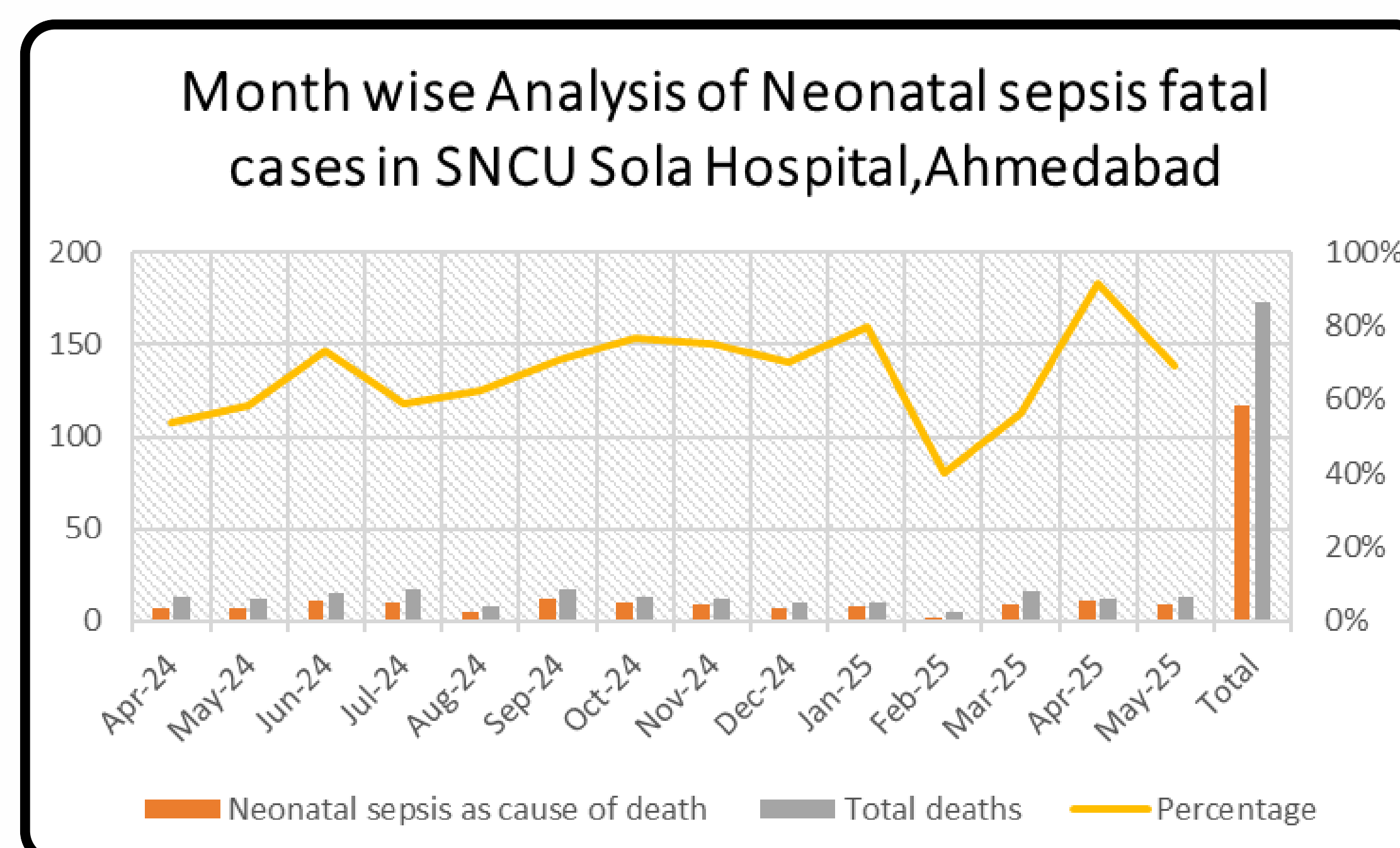


Fig 5

Findings

- Out of total SNCU admissions in the Sola hospital from April 2024 -May 2025 , 173 out of 1590 i.e. 10.85% of neonates died due to any cause and 117 out of 1590 i.e. 7.3% of neonates died due to neonatal sepsis.
- Proportional mortality rate of neonatal sepsis for this facility was found to be 67.6%.

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Batch :MBA-HM 29

Organization name: NHM Gujarat