"COMMUNITY BASED CHILD HEALTH PROGRAMMES IN RAJASTHAN" A STUDY

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About

History

Reproductive, Maternal, Newborn, Child and Adolescent Health

Improving the maternal and child health and their survival are central to the achievement of national health goals under the National Health Mission.

Home Based Newborn Care Operational Guideline- 2011" has been developed, in 2011 by Child Health Division, to provide framework and guidance to enable a coherent home-based newborn care strategy and act a reference tool for the states to plan necessary interventions.

Home-Based Care for Young Child Programme as an extension of the Home-Based Newborn Care programme to promote evidence-based interventions delivered in four key domains namely nutrition, health, childhood development and WASH. An operational guideline for Home Based Care for Young Child (HBYC) programme was released by Hon'ble Prime minister of India on 14th April 2018 in Chhattisgarh.

Vision

The NHM envisages achievement of universal access to equitable, affordable & quality health care services that are accountable and responsive to people's needs.

Mission

The mission is to make public health delivery system fully functional & accountable to the community human resource management community involvement, decentralization, rigorous monitoring, & evaluation against standards, the convergence of health & related programs from village level upwards, innovations & flexible financing & also interventions for improving the health indicators.

Organization Structure

Principal Secretary, Medical Health and Family Welfare → Mission Director NHM → Director RMCHA → Project Director CH → SNO CH → Program Officer

Aim

Assessing implementation of community-based child health programs in, specifically the HBNC and HBYC programs, by examining the roles of ASHAs and ANMs, evaluating program components, and identifying implementation challenges for program improvement.

Objectives

- To review the guidelines, specifically ASHA and ANM Roles and responsibilities.
- To study the implementation of HBNC and HBYC at the grassroots level.

Methodology

ASHAs were contacted three PHCs, CHC, DH in three Districts.
Interviewed **60 ASHA Workers.**
Observation by **home visits-120** one for HBNC one for HBYC; per ASHA two home visits.

Area of Study

Results

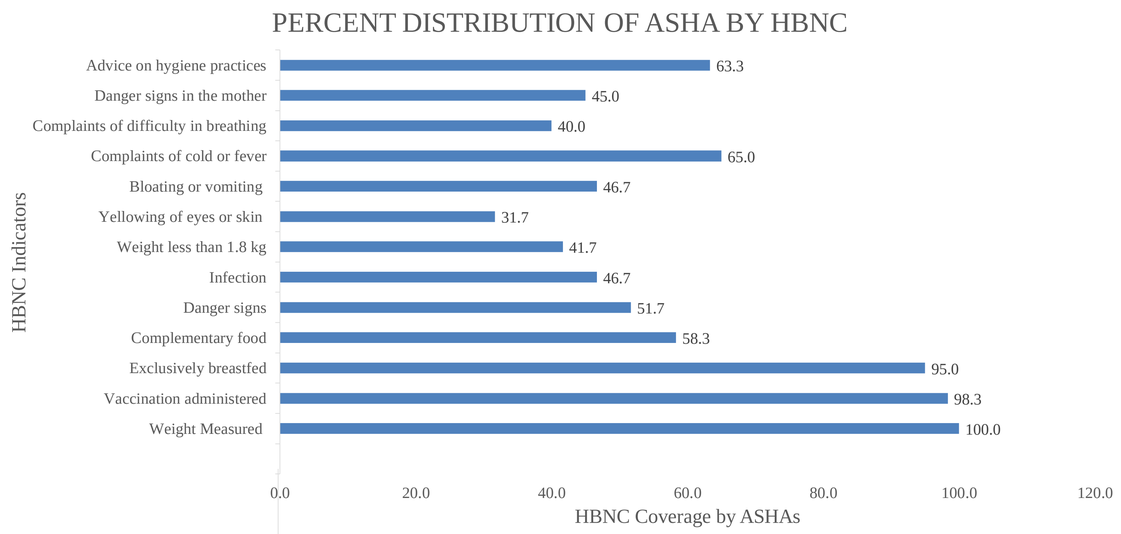

Chart 1. HBNC

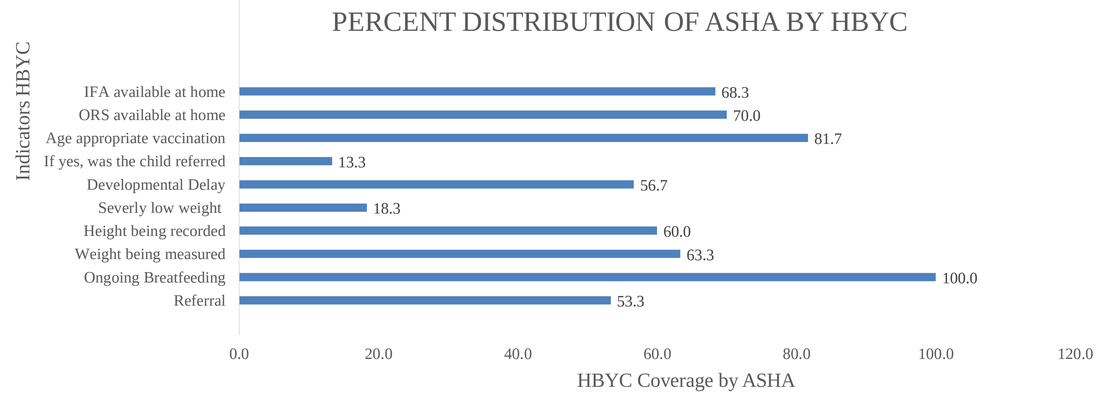

Chart 2. HBYC

Difference Between Theory and Practical Exposure

I gained knowledge about the healthcare system's hierarchical structure in theory. The true reality of the healthcare system, including elements like cleaning, sanitation, and the provision of healthcare at the community level, was what I saw during my practical exposure during the internship.

Challenges During Internship

- Extreme weather conditions
- Less interaction with ASHA workers due to limited working time

SWOT Analysis