STUDY ON MATERNAL HEALTH CARE SERVICES AT HWC's LEVEL, GWALIOR

SUMMER TRAINING AT DPM UNIT, NHM GWALIOR

ORGANIZATION HISTORY

- The National Health Mission was launched by government of India in 2013 subsuming the National Rural Health Mission and National Urban Health Mission.
- The National Rural Health Mission was launched on 12th April 2005 by union Cabinet Headed by Prime Minister to bring about a dramatic improvement in the health system and health status of people in rural India.

•**Mission** : To strengthen Health system and deliver quality health care at optimum level to people.

•**Vision** : To provide accessible, affordable and quality universal health care, preventive as well as curative.

BRIEF DESCRIPTION OF ORGANIZATION

Establishment of Health and Wellness Centre-

- HWC deliver expanded range services along with RMNC Health care services, non-communicable disease, mental, palliative, ENT, oral, free essential drugs and diagnostic services.
- HWC headed by Community Health Officer.
- Present one registered medical practitioner, ANM, MPW,ASHA at HWC's Gram Panchayat level.

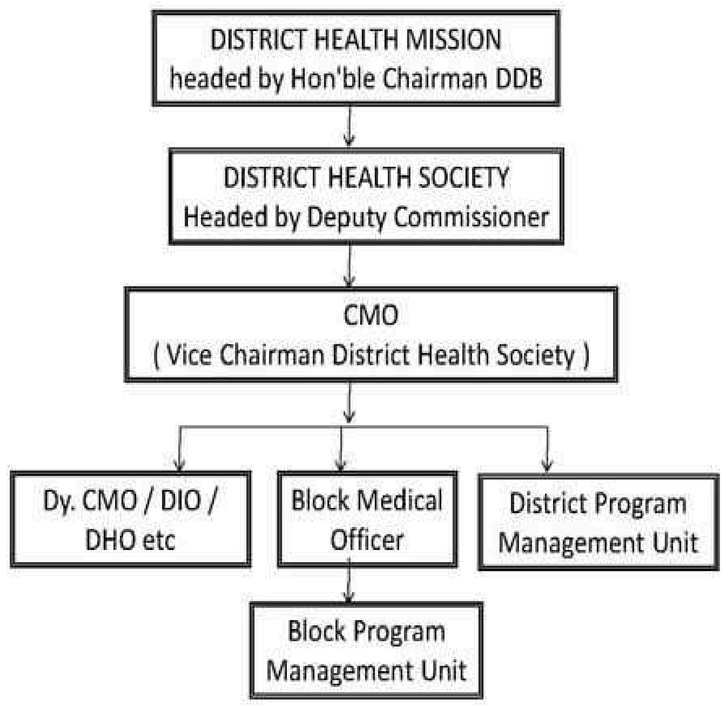
Learning And Value Additions

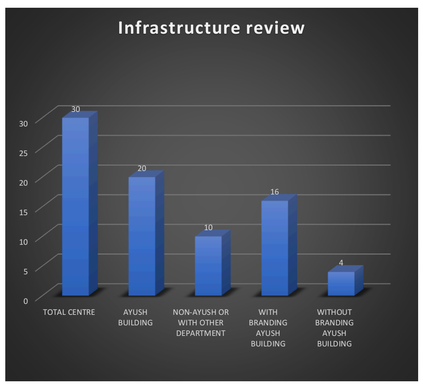
- An assessment on infrastructure and maternal health services conducted at several HWC's – Gwalior.
- Understand the maternal health care services at sub health center level.
- Learn how to maintain record of ANC services on register as well as online portal "ANMOL".
- Work on Moderate Anemia Management (Iron Sucrose Activity) & NCD to collect data of HWC's.
- I Visited 29 HWC's in Gwalior district, where there was some center less tele consultancy and able to make it working by assisting the Doctors.
- At many HWCs there was problems regarding the logistics for Iron Sucrose activity.
- Some CHO can not perform the iron sucrose activity due to shortage of logistic and infrastructure at HWCs.
- Able to screening activity for NCD by CHOs and ANM , they were fill the CBAC form for screening of peoples.
- Able to analyze the maternal health care quality services by CHOs.
- Providing comprehensive health services as per comprehensive package.
- Referrals patient in high risk conditions, medical emergency and trauma.
- Able to analyze the NCD portal regarding the Non-Communicable Diseases.
- Learn how to create health ID on NCD portal.
- CHOs to the examine Hb, B.P., Sugar, fetal heart sound.
- Mainly to collect SAMAGRA ID by the beneficiaries for benefits of "Janani Suraksha Yojana"
- I attend Swasthya Mela at district level and take valuable feedback by local beneficiaries.

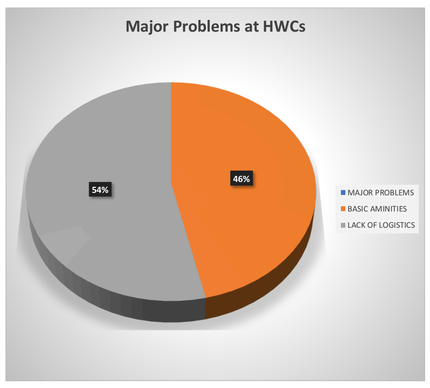
WORK ON ORGANIZATION

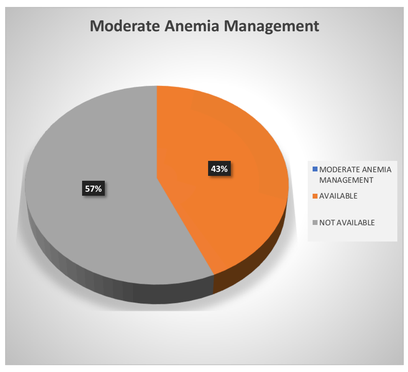
- To observation the maternal health care services at HWCs Gwalior.
- Observation of NCD services at HWC
- Moderate anemia management (Iron sucrose activity)
- Find out the major problems at HWCs Gwalior.

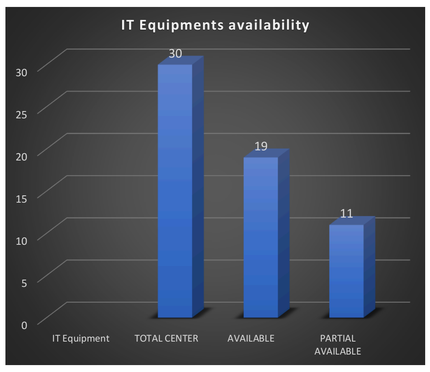
INSTITUTIONAL STRUCTURE AT DISTRICT LEVEL











Challenges During Internship

- First ever exposure to health care sector so, it was difficult to manage myself according to the norms of the organization.
- Field visit in the starting days was very new, so making communication with the professional and conveying the things was little difficult.
- It was difficult to handle many problems at a time and convey the things at the same time to higher authority.
- It was difficult to handle the staff at different HWCs if their problem not solved in time.
- Logistic supply major issue at HWC'S.

Usefulness of Internship

- Great learnings of discipline, communication skills, leadership skills and the working in organization with the senior staff and able to find out my weaknesses.
- Able to know very usefulness know about iron sucrose activity for maternal women at HWCs.
- Get to know the exact situation of healthcare sector by visiting field and meeting with different professionals.
- Able to have good connections with the staff .
- Able to gain confidence by applying both practical and theoretical concepts in field.

Practical Exposure Vs Theoretical Work

- Theoretically, I studied a lot about healthcare system, which when comes to practical implementation becomes a little difficult and more resource consumption as compared to written things.
- Theoretically it's easy to run any program in documents but practically at ground level it differs in criteria like the population where it's to be implemented ,place and behavior of the staff.
- Ground reality for real performance of any sector can be easily understood by practical aspects but theoretically it's only number can be analyzed which may or may not be same.
- Many of the schemes are provided to citizens by the government in documents but practically many of the things maybe missing.

Suggestions To Organization

- First and very important logistic delivery system should be monitor by monitor committee.
- Proper monitoring the of CBAC to be filled by CHOs and ANMs.
- Weekly visit to all HWCs by a technical person to assist the CHO's and ANM and can make them aware about all the functions of the application for more tele consultancy to beneficiary.
- There should be daily report update on ANMOL App and NCD portal by CHOs.
- Should take feedback from CHO's and patients about the working of tele consultation so that ground reality can be checked.

SWOT ANALYSIS

Strengths
- To give public health services up to village level
- Specially focuse on NCD programme
- Maternal health services to reduce MMR.
-Reduce the burden of OPD services at higher facilities using tele consultation.

Weaknesses
- Logistic management system very poor.
- Teleconsultation quality depends on the speed and connecting of internet services.
- Shortage of specialist doctor at hub regarding the tele consultancy.

Opportunities
- More employment for the professionals as CHO at HWC's.
- Comprehensive health services at village level.

Threats
- Lack of awareness among beneficiaries regarding services being provided through tele consultancy.
- Privacy of the patients especially vulnerable groups, while communicating with a doctor can be hampered.

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