To identify gaps in the Home Based New Born Care & Home-Based Care for Young Child Program

Name : Anupriya kumari | Roll No : 1682 |MBA HM 28 |Under the guidance of- Dr R. B. Patel (Joint Director :Child health) , Dr. Piyusha Majumdar (Associate Professor)

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.

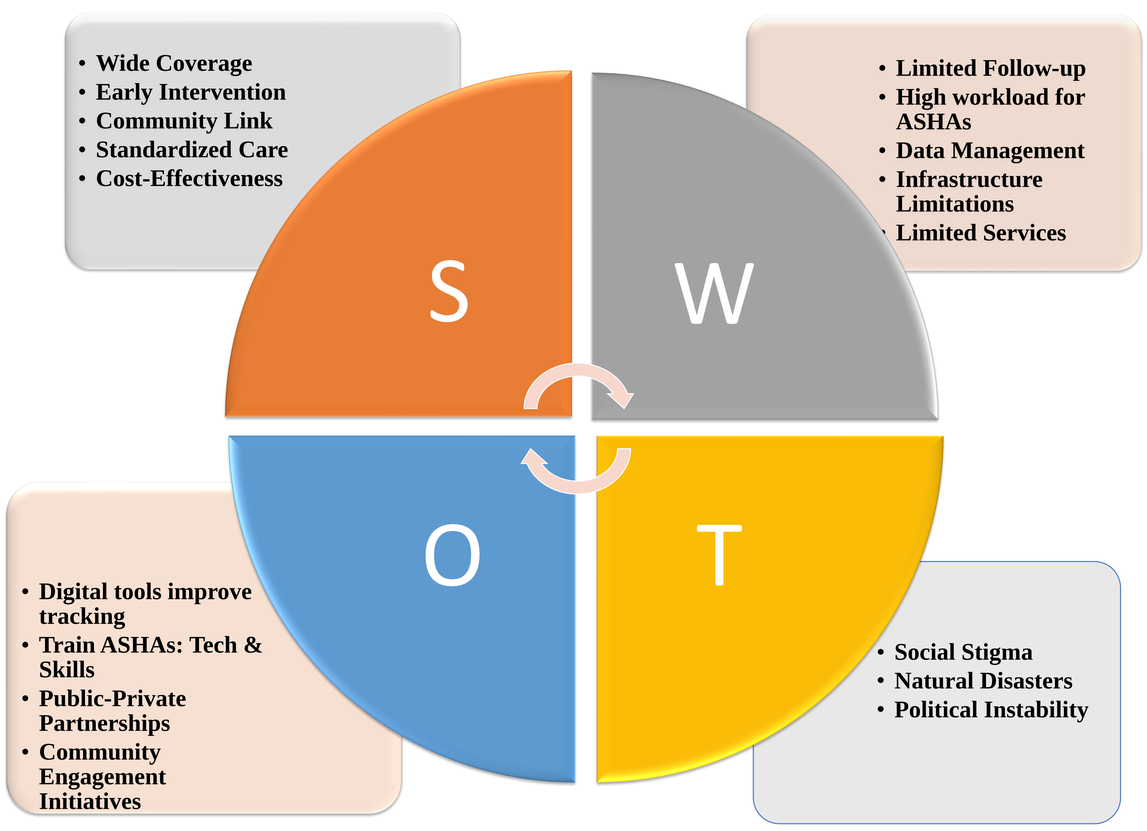
Mission

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

- CS-Chief Secretary (Head of the State Administration)
- PS-Principal Secretary (Head of a Department)
- MD - Mission Director
- Health Commissioner
- AD - Additional Director
- JD - Joint Director
- DD - Deputy Director
- Consultant
- Project officer
- Project Assistant

SWOT Analysis



Methodology

Study area : Gandhinagar Municipal Corporation - 10 UPHC
Study type : Observational study
Study period : 2 months
Primary source of Data : Through interaction with AHSHA , ANM , beneficiaries & through direct observation (8 HBNC & 8 HBYC)

Learnings & Value Additions

Theoretical understanding	Practical exposure
➢ HBNC safeguards neonates (0-42 days), while HBYC bridges the gap for young children (3-15 months), ensuring a continuous path for healthy development in a child's critical early years. ➢ HBNC empowers mothers with newborn care skills, while HBYC equips parents with knowledge for child development, promoting well-being across the early years. ➢ In conclusion, HBNC and HBYC's combined focus on continuous newborn to early childhood care offers a promising theory for healthier children.	➢ Every Wednesday, my field visit took place at the Anganwadi center, which coincided with the celebration of Mamta Diwas. ➢ I engaged in insightful discussions with ASHA and ANM workers ,We talked about the HBNC and HBYC programs, and I asked them questions to learn more about their work. ➢ This helped me understand what they do every day, what's working well, and what challenges they face in running these programs. ➢ At the field visit, I focused on reviewing HBNC, HBYC, and immunization records to verify if data was entered correctly and completely. This helped ensure the programs maintain accurate and reliable documentation.

Challenges faced during internship

- **Limited Observation Time: The one-day field visit, coinciding with Mamta Diwas activities, restricted my ability to observe a broader range of program activities and interactions.**
- **Data collection was hindered by incomplete or inaccurate beneficiary information, For example, some people didn't have their own account numbers, Some people did not have Aadhaar cards etc .**
- **Language barrier, Many ASHA/ANM workers and attendees at Mamta Diwas spoke Gujarati, creating a language barrier.**

Learnings during internship

- **HBNC's Personalized Care: Reviewing program records and discussing them with healthcare workers emphasized the importance of HBNC home visits.**
- **HBYC and Child Development: Discussions with healthcare workers and reviewing HBYC program records highlighted the program's focus on child development.**
- **Data Collection and Program Improvement: Examining HBNC and HBYC records showcased the significance of data collection. This data provides valuable insights for program monitoring, allowing healthcare workers to identify areas for improvement and ensure program effectiveness.**
- **Importance of Clear Communication: Talking to the healthcare workers, showed me how important clear communication is. When there are language barriers, it can be tough to make sure everyone fully understands each other and communicates effectively .**

Usefulness of internship

- **I gained practical skills in conducting gap analysis and collecting data directly from ASHA workers. This hands-on experience was invaluable in understanding how to assess healthcare gaps and gather accurate information, which are essential for improving healthcare delivery.**
- **Problem-Solving Abilities: Enhanced ability to identify healthcare gaps and develop tailored solutions, critical for improving health outcomes.**
- **Community Engagement: Developed skills in building trust and collaboration with community members, essential for effective healthcare delivery.**

Results

- **Data Management: Currently, data on HBNC and HBYC programs relies heavily on paper-based registers. This method suffers from several limitations: Limited Accessibility , Data Quality Issues etc .**
- **ASHA Knowledge & Skills : Insufficient or infrequent refresher courses for ASHAs might leave them unaware of recently updated guidelines and protocols.**
- **Monitoring & Evaluation:In the field, it often feels like valuable opportunities for improvement are missed due to limitations in the current Monitoring & Evaluation systems .**

Suggestions

- **Recording HBNC & HBYC data on digital platforms alongside registers increases data accessibility and reliability.**
- **Refresher Courses: Offer regular refresher courses for ASHA workers to update their knowledge and skills in HBNC and HBYC practices, including the latest guidelines and protocols .**
- **Strengthen Monitoring and Evaluation: Implement robust monitoring systems to track the coverage and impact of HBNC and HBYC interventions on maternal and child health outcomes.**

Visual Highlights of Summer Internship Program