SUMMER TRAINING PROJECT

BY

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MBA HOSPITAL AND HEALTH MANAGEMENT

2019-21

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PART 1

LITERATURE REVIEW

IMPACT OF ASHA ON POSTNATAL SERVICES IN RURAL INDIA AND THE GROUND LEVEL CHALLENGES

INTRODUCTION

- Government of India on April 12 launched National Mission for Rural Health (NRHM) was initiated to tackle rural India's health needs.
- Presenting a trained woman within the community or Accredited Social Health Activist (ASHA) from the same village.
- ASHAs position at the grassroots level - organizer, interconnect worker or mediator and healthcare worker.

INTERNATIONAL CHW UPDATE

- In general, CHW initiatives rely primarily on primary care facilities, such as child and maternal welfare, education, immunization, family planning, water and sanitation, the essential curative treatment of specific infectious diseases and communicable disease prevention.

- Most CHW programs enrol women in healthcare workers because of their large significance for mothers' and children's health but notable programmatic examples of men in Egypt, Iran, Bhutan, Thailand and Bolivia also exist.

- Antenatal and postnatal diagnosis, birth participation, and developmental follow up were conducted by the Village Health Office (VHW), and study results led to a reduction in neonatal mortality by up to 20 per cent relative to the target community.

Mitanin, Chhattisgarh: In 2002, in collaboration with civil society, the government of Chhattisgarh initiated the Mitanin Initiative; it was an ASHA project model.

Mitanins were encouraged and trained on the spread of households, including basic neonatal care, nutrition consultations, childhood and rights-based case management practices.

A Mitanin is not charged; rather, they are charged a piece of land, depending upon the decision of the villagers, for cultivation or from other ways.

Currently, greater than 60,000 Mitanins are present in over 70,000 hamlets, with 3,000 women assisted as middle-level supervisors.

IMPORTANCE OF POSTNATAL SERVICES

The goal of the ASHAs is to connect the marginalized communities with access to a better and improved healthcare system.

Some of the roles of these health activists include identifying and register new pregnancies, deaths, and births.

ASHAs deliver maternal and new-born healthcare services through home visits, immunization, and first aid.

ASHA’S ROLE AFFECT THE STATISTIC OF INFANT MORTALITY RATE (IMR), AND MATERNITY MORTALITY RATE (MMR)

The roles that the ASHAs play in the community are of great benefit for the reduction and maintenance of the IMR and MMR in India.

Their counselling strategies, educating pregnant mothers and those who have recently delivered, and practices are involved in ensuring that the targeted group acquires the most appropriate care.

ASHAs records and retains the information on the births that have occurred in the community.

- The ASHA program in India was ranked to meet the objectives of connecting the poor and marginalized people with healthcare services.
- Through the influence of the ASHAs in the community between the year 2005 and 2012 after the launch of the program demonstrated that there was at least 74 to 84% rise in antenatal care.
- The use of skilled attendants during birth increased from 53 to 75% while giving births through the health facilities increased from 43 to 66%.

ASHAS RESPONSIBILITIES AND CHALLENGES FACED FROM FAMILIES

- Families with cold behaviour in terms of unwelcome attitude have difficulties in expressing themselves because they are deeply hurt inside such that sometimes not sure about their conditions.

- These people might be either having trust issues with the healthcare system, or they may be having mood swings and thus try to suppress their anger for some reason.

ASHAs act as counsellors to those people.

Some people in the community are very reluctant to seek health care services as they are influenced by the traditions, myths, and cultural norms of the society.

Such people in the community are characterized by cold behaviour and attitude towards the healthcare system.

CHALLENGES FACED BY ASHA

- The research was being conducted via a rural improved health project. It was showed how financial incentives played a major role and increased drop-out rates were resultant of dissatisfaction with pay levels in comparison to hours invested.

- Two years of extensive training have allowed CHWs to handle responsibilities more efficiently while recognizing high expectations of quality in Iran.

- The disregard appeared by clinic staff and need to get to fundamental solutions and pregnancy testing units are driven to the misfortune of validity among ASHAs, which influenced their work execution.

- Poor mentoring structures and sustaining supervision hinder ASHA’s activities in some districts and states.

- There are inadequate training and recruitment of new ASHAs, which is vital to promote investments in ensuring the available ASHAs receive education and institutional support required to offer the necessary services.

- The investment in ensuring the effective services there is a need to establish robustly and evaluated extensive scale programs of services such as mobile academics in the training of new ASHAs .

- Further research is still required to understand the implementation of the different approaches, support structures, and incentives systems that have been adopted in several states that have affected the functioning and uptake of the ASHA program.

- Several analytical improvements are required to explore in facilitating ASHA’s roles of respectful maternity care.

PART 2

ONLINE COURSE REPORT

eHealth: More than just an electronic record

Course Offered By – The University of Sydney
Course description – The course is self-paced five weeks, 3 hours a week. The overall course includes 5 modules and two tasks (one module per week). Attribute 1 weight is 40 per cent in module 2 and attributes 2 is 60 per cent in module 5.
Course Type – MOOC
Course Language – English
Course Methodology – The data was transferred via pre-recorded videos of lectures and a written lectures description. If required, additional reading material will be supplied with the module. The website offers a forum for debate, where people around the world can engage in the course.

Objective of the course

- A multidisciplinary approach to equalize the effect on adoption of electronic health care through the global population of health professionals, teachers, executives, administrative officers and researchers.
- Evaluate the current and evolving style of the technology application.

Outcome of the course

1) eHealth basics and where they are going.

2) What type of health information are we currently collecting and how will health care change in the future?

3) How do new technologies impact and contribute to health care for health consumers?

4) How can eHealth improve health harmonization and efficacy and what are its obstacles?

KEY CONCEPTS OF THE COURSE

Module 1:

- Differentiate eHealth principles with healthcare practitioners and customers.
- Identify an eHealth design which depicts how fundamental eHealth fields cross to influence upon health care.
- Build insight into the basic eHealth principles.
- Evaluate the recognition of eHealth in current custom.
- Assess the prevailing and forthcoming barriers of eHealth to both health consumers and practitioners.

Module 2:

- Understand the potential of mobile technology for the transition from healthcare to health and wellness.
- Analyse strategies for incorporating mobile health apps in the professional system.

Module 3: What health data are we gathering currently and how can healthcare in the future be transformed?

Module 4:

- How can eHealth enhance the coordination and effectiveness of the healthcare and what are the limitations?
- Define a spectrum of innovative eHealth communications between consumers and healthcare professional.
- Evaluate the benefits of technology-based eHealth services in enhancing passage and interaction in healthcare.
- Understand the discrepancies between online and face to face health service communications.
- Comprehend how eHealth could be useful to promote professional advancement.

Module 5: Some cases of eHealth in professional practice have been investigated.

KEY LEARNING FROM THE COURSE

- Denmark has a consolidated database, which is now open to 98 per cent of primary care medical professionals, hospital physicians and all pharmacists.
- The data obtained from personal devices would rapidly improve the likelihood of tracking care remotely.
- Genome analysis adds to individual health information a new data layer.
- In a website article published in October 2015, IMS (Integrated Management System) Healthcare stated that "over 165,000 mHealth Apps offer connectivity to sensors and wearables with a higher level of retention when physicists prescribe applications."A 2015 survey by the international consulting company Accenture found that more than 40% of patients globally either already wear or would be willing to wear technology to track fitness and vital signs.

- Commercial legal drones are now delivering pharmaceutical goods in the United States, Australia and New Zealand.
- Medical records are most often owned by companies, governments or service organizations in private ownership. Individual patient ownership of the medical record system has not yet been accepted as a model.
- The Garvan Institute in Australia is currently applying a plan to support cancer research by transforming personal cell phones into supercomputers.

- Electronic tattoos should be required for future tracking of wellbeing and paying for healthcare. According to online physio Karen Finnin, the most critical aspect for successful online treatment is to look at all self-treatment therapy options.

- The most critical element in a telehealth diagnostic education program is, according to neurologist Dr. Jelle Demeestre, the collection and sharing of diagnostic data.

A comprehensive program moreover concentrates on diverse faces of e-health. Earlier, the thought process about e-health was, people, referring to the usage of computerised health recordings, and tools, normally in the acute quarter.

It definitely isn't the entire picture, though. One of its rising domains of eHealth is how we can use innovation to facilitate interaction amongst providers and consumers of healthcare.

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THANK YOU