SUMMER TRAINING POSTER PRESENTATION

STATE OFFICE UNICEF, JAIPUR

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ABOUT THE ORGANISATION

We were given a chance by UNICEF to explore the health care facilities at block level. We were asked to visit one of the high priority district of Rajasthan, Jalore under the guidance of Mr. Inderpal Arora, Focus district coordinator, UNICEF. It works for child survival by setting up SNCU, it provides community based services, communication for development and many more.

Table showing no. of health facility centres visited

Health facility centers	No. of facility center studied
DH, Jalore	1
CHC, Ahore	1
PHC (Nosra and Guda balotan)	2
SC	12
AWC	4

The sub Centre visited were: Bhenswara, Sanvada, Bithuda, Jogava, Dodiyali, Kamba, nosra, Nimbla, Charli, Paota, Bedana, Hariyali, Sedariya balotan.

The AWC visited were: Bhenswara, Nosra, Khara and Kamba.

DISTRICT HOPITAL

JOB: To visit district hospital, Jalore and see the facilities available.

OBSERVATIONS:

1.Bhandari hospital covering the population of 51000
2. OPD and IPD of 700/ day
3. Electricity running 24*7 water supply
4. Functional and clean labor room but non active new born care corner
5. SNCU-functional 12 bedded with radiant warmer
6. Proper biomedical waste management,
7. 78% post were available and 22% vacant (no other specialist, no adolescent health counsellor)

DEPARTMENT WISE LEARNING

COMMUNITY HEALTH CENTRE

JOB: Visit community health centre at Ahore and observe the current facilities available.

OBSERVATIONS:

1.Covering population of 21000,
2.No. of beds: 80, OPD and IPD: 400
3.24 hours' emergency services.
4. 24 hrs delivery services available
5.Labour room functional with all facilities, no emergency obstetric care,
6.Blood storage facility is non- functional
7.Transportation services available.
8.All diagnostic services available.
9. 24 hrs water (unfiltered water) and electricity supply,
10.Biomedical waste management
11.User charges: OPD- 5 rs, IPD- 15 rs and 200 rs for ECG, X ray and blood test and deliveries.

PRIMARY HEALTHCARE CENTRE

JOB: Visit Primary Health Care Centre at Nosra and Guda Balotan and see the current facilities available.

OBSERVATIONS:

1.Neither 24 hrs staff or services available.
2.Only stretcher was available in Labour room. Normal delivery takes place
3.24 hrs water supply and electricity
4.MO and LHV was available at both the PHC whereas ANM only at Nosra.
5. At Nosra, RCH registers were found to be almost blank.
6.In Guda, post of ANM vacant as she was transferred, LHV at the age of retirement. Suggested quarters should be provided to health workers because they have to travel long distance.

SUB CENTRE

JOB: Visit Sub centres of Ahore block and observe the current facilities available.

OBSERVATIONS:

1. Out of 12 sub centers visited, only Charli has the facility of Doctor as MN2 was posted there. SC supported by Jain community. Rest SCs don't have doctor or LHV visiting- lack of supervision on doctors.
2. Five SC have Labour room deliveries carried out. Sanvada- delivery point (10-12 deliveries per month) and 7 SC does not have of Labour room.
3. 24 hrs electricity and water facility was available in those SCs where ANM use to live. ASHA

AAGANWARI CENTRE

JOB: Visit Anganwadi centres and attend MCHN Sessions and observe what services are provided. And how it is provided.

OBSERVATIONS:

1.Organized on every Thursday to improve maternal and child health and provide them nourishment.
2.Vaccine kit was well maintained.
3.Baby weighed on adult machine.
4.No Family planning counselling.
5.No Waste bin, polythene bags were used.
6.Urine test was done by Uri strips and HB by Hb strips.
7.Birth and JSY registration, Growth monitoring chart of child was filled by the AWW.
8.Khichdi was served as Poshahar.
9.Reasons for dropouts: People don't know the importance of immunization, Old beliefs and customs,

E Janswasthya an innovative hub

State institute of health and family welfare with the support of UNICEF developed an android based application "e-Janswasthya'

OBJECTIVES:

Improving quality of interpersonal communication; Improving counseling skill through Video; Identification of danger signs/ high risk; Growth monitoring and identification of sick & undernourished children; Real time tracking – RCH Register; Due list / Evidence based work plan; Quick & seamless reporting; Actions at local level

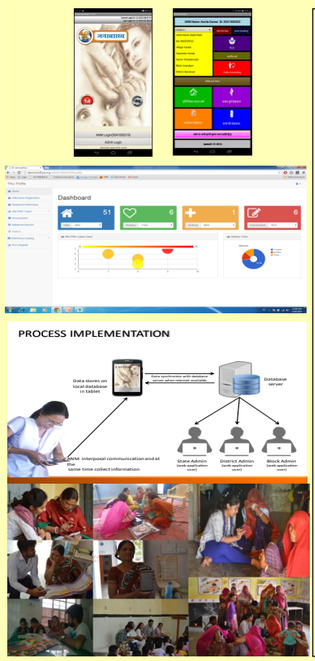
USERS: ANMs

BOTTLENECKS:

Interpersonal Communication; Identification of Danger signs; Weak memories both users and providers; Tedious process of planning – Still incomplete; Data collection multiple registers; Data computerization/ Quality of data.

KEY FEATURES:

- Less typing work
- Registration through photo
- Videos & Message POPUP
- No all-time internet
- Hindi language support
- Support all android version



WORK DONE:

- Selection of ANM who are not using application.
- Interacting with them
- Making them learn the application.
- Solve queries & Assisting them in doing online entries & Synchronization of the data

ANMs from the following SC:
Sedariya balotan, Charli, Thanvla, Paota, Madri and dayalpura, Khara, Ajeetpura, Guda balotan (PHC)

- Intervening with ANMs using tablets only for entries to give live counselling so that the effect of counselling can be seen on knowledge and practices of beneficiaries.
- **Sample Size:** 10 ANMs (5 case [intervened] + 5 control [observed])

Four different study were conducted:

. ANC: 100 currently pregnant women
. PNC: 100 lactating mothers
. Child Health: 120 women having children under five year who has suffered from diarrhea in last six months.
. Overall counselling: 150 beneficiaries

Tool used: Interview Schedule

COUNSELLING

1.The way of communication was easily understandable by beneficiaries of both the categories.
2.Mode of counselling: 100% verbally and difference was seen after intervention.
3. In ANC, 12% by videos & 14% by message popups. In PNC, 12% by message popups and videos in tablets and in child health, 16% by videos and 6% by message popups while the control one follows the verbal mode.

ANTENATAL CARE SERVICES

1. Consumption of IFA tablet- 48% case beneficiaries respond correctly 2 tablet after dinner with water whereas in control only 36% beneficiaries.
2. Knowledge of TT injection– 34% case & control 26% beneficiaries. More than half beneficiaries in both the cases took the injection but don't know.

POST NATAL CARE SERVICES

1. Mothers in both the categories knew the importance of breastfeeding.
2. Exclusive breastfeeding practices- in case mothers 40% while in control 26%.
3. Substitute was given with breast milk.
4.After family planning counselling, in case 40% was ready for sterilisation and in control 34%.

CHILD HEALTH (DIARRHEA)

1. Handwashing prevents from diarrhea: 15% case & 5% control.
2. It is normal to get diarrhea regularly: 82% case & 88% control.
3. Nearly 3/4th children defecate in open: case:80% & control: 87%)
4.Nearly 3/4th mothers dispose their garbage in open.
5.Water source: common tank, pond, tankers. Source of cleaning water: filter with cloth.
6. Have adequate knowledge of ORS and Zinc ta
control: 88%)