

Strengthening the Health Care System (HCS) in Jharkhand State at the Primary, Secondary and Tertiary Health Care Level: Need to be Revisilent

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Abstract

The global health agenda (GHA), normally portends to privilege short-term global (STG) interests at the expense of the long-term capacity building (LTCB) within the national level and community health system (CHS) need to develop rural to metro level. The Health Care System Strengthening (HCSS) movement needs to focus on the (developing the capacity of local organizations, Education, training, research, patient management and skill enhancements). Medical institutions influences specific organizations and interact with local and international stakeholders with proper planning, evaluation and monitoring of their appropriate growth and developments are quite necessary to run smoothly with aim and objectives of patient’s management and research increasingly dynamic and interdependent post-Millennium Development Goals (post-MDG) in the JHARKHAND STATE need a new ways of working manual to improve the global health system, underpinned by the complex adaptive systems lens and approaches to build the local organizational capacity (LOC) and Town organizational capacity (TOC) in district head quarters to state level is quite necessary.

**Keywords:** Health Care System Strengthening (HCSS); Privilege Short-Term Global (STG); Long-Term Capacity Building (LTCB); Primary; Secondary and Tertiary Level Health Care (TLHC)

Introduction

Global health sectors have recognized the importance of supporting local organizations through the HSS activities are very important task of state level hospitals stifle learning and development [1]. Recognition is important as translate into actual policies to influences the funding and practice [2]. Although not a single approach is related to HSS applied to all contexts in several messages emerge from the experience of successful health systems are represented as using in case studies through a complex adaptive systems lens [3]. Two key messages deserve special attention: the need for donors and recipient organizations to work as equal partners and the acute need for the stronger and the diffuse leadership in low-income countries are useful [4].

Material and Methods

A gross systematic literature review has been conducted to identify the appropriate conceptual models for scaling up health in developing Jharkhand state in countries, with the articles assessed according to the practical concerns of how to scale up, including the planning, evaluation, monitoring, assessment and recent advances research with targeted implementation approaches in the PubMed(®) database will obtain the evidence based of socio-eco-

nomic indicators. Here, we have evaluated, selected, and extracted data from national scale studies published from (2017 to 2020). This research is included with all experience of selected papers published in the English, Italian, French, Portuguese, and Spanish languages and according to our experiences.

Results

Strategic importance of monitoring social determinants of health (SDH) and health equity and inequity now given the central focus in global discussions around the 2011 Rio Political Declaration on the SDH and the Millennium Development Goals 2020 of study is part of the World Health Organization (WHO) equity-oriented analysis of linkages between health and other sectors (EQuAL) project is aiming to define new framework for monitoring SDH and health equity in the correct proposition [5]. Mozambique’s current national health information system (NHIS) prevents comprehensive measure and monitor health equity. In comprehensive national health information systems (CNHISs) are an essential for public health domain need a new policy and political challenges are also be addressed to ensure effective interventions and action towards health equity in the (Jharkhand State and our country like India) [6,7].

Discussion

**Developing the capacity of local organizations:** NRHM guidelines now available with the decentralization and actual implementation on the ground level is needful for substantial capacity building at all levels of the health system to empower functionaries, particularly at the district level, in order to translate the benefits of decentralization into the careful utility [8]. We need to high scale unexplored research area, with use of financial resources by local governments, the factors that drive local decision-making system, existing processes and effects of decentralization on health care sector performance (HCSP) is important one area for development [9]. Decentralization is a longer and very complex journey with not an automatic solution for enhancing correct service delivery for the central decision-maker so that Ministry of Health, education, HRD important to assist local levels to perform their functions well as new policy-relevant to analyze the conditions that make decentralization work and the optimal combination of decentralized and centralized functions for the better health care system (HCS) [10].

**Education, training, research:** The National Health Policy (NHP) in India mentioned that as equity as a key policy principle and emphasises on the Reservation policies in higher education and electoral constituencies had a limited positive impact on the access and representation for the minorities reservations in government jobs remain poorly implemented till date [11]. In general, class, gender and location intersect, creating inter- and intra-group differentials and transgender government initiatives aimed to enhance at public services/institutions is important in future research and practice need to focus on neglected [12]. In private sector providers in supporting the inclusion of minorities in the political aspects of policy development and implementation of social mobilization and movements need to be full filled information systems for monitoring and assessment of social disadvantage, implementation and evaluative research on inclusive policies and guidelines are mandatory for progress of education, training and research need to be promoted [13]. In fact PhD, MD, JR, SR, MCh. MBBS candidate also equally encourage to submit their project/proposal to government funding for growth and development of innovation and research.

**Primary, secondary and tertiary level health care system:** World Health Organization South-East Asia Region, disease patterns in India rapidly transitioned towards an increased burden of noncommunicable diseases (NCDs) had epidemiological transition a major driver impelling a radical rethink of the structure of health care in quality and capacity of primary health care [14]. Pradhan Mantri Jan Arogya Yojana insurance scheme, covering 40% of the poorest public. Most of vulnerable individuals in the country for secondary and tertiary care, Ayushman Bharat is based on programme of transforming India's 150 000 public peripheral health centres into health and wellness centres (HWCs) free comprehensive primary health care by the end of 2022 transformation to facilities delivering high-quality, efficient, equitable and comprehensive care will involve paradigm shifts in human resources to include a new cadre of mid-level health care system [15]. Al-

though, major challenges ahead to meet these important to capitalize on the current higher level of political commitment and action to comprehensive primary, secondary health care should be an urgent agenda then tertiary level health care's should be automated and advanced for patient management and research (district level Hqrs) [16].

**Patient management and skill enhancements:** EPIC Wheels training program offers now several innovative features with convenient, portable, economical, and adaptable tablet-based, home program model for wheelchair skills training has great potential for clinical uptake and opportunity for future enhancements for development of medical devices and there theory-driven design may foster through e learning and adherence for older, young adults [17]. Establishing the study protocol and estimating effect size for the primary clinical outcome measure will be used to develop a multi-site randomized controlled trial to test the future guiding hypotheses are mandatory [18].

Recent advances and future prospective: In Community by improving Wheelchair Skills participants demonstrated good program skills will adherence and clinical benefits were evident in community participation and wheelchair self-efficacy and Wheelchair safety and mobility were positively affected, while skill capacity showed a smaller and nonsignificant improvement [19]. Future study should investigate benefit retention over time of point of care (POC) and appropriate guidelines are required for patients management and new innovation and further research progression in the JHARKHAND state and our nation as well [20].

Mode of action plan

1. Capacity Building of Stakeholder Block level to district Head Qrs.
2. Phase wise training program in Institution level through AI-IMS.
3. Impact of TOT need to be addressed.
4. Training and assessment provide through reputed institute with concerned department.
5. Research curriculum need proper attention (MBBS, MD, PhD, Research scholar, Mch, MSc, MSc nursing, life sciences etc.
6. Research Methodology should be based on patients benefit and mankind.
7. Medical Ethics strictly followed by Primary to Institutional level.
8. Training required through Senior personnel's.
9. P5 = is must
10. P- Patients benefit
11. Preventive/Primordial
12. Policy implementation
13. Political wiliness with action

14. Poverty in Population

15. Awareness

16. Proper triggering

17. Mode of counseling

18. PMR need to develop/Rehabilitation

19. Traumatic care

20. Cardiac critical care

21. Neuro trauma and rehabilitation

22. Emergency medicine and critical care

23. Geriatric medicine/Rehabilitation

24. Ethical committee

25. Hospital acquired infection control board

26. Waste management

27. Nursing research

28. Biotechnology/Bio informatics/Imaging/Biochemistry/Microbiology

29. Applied research

30. ORBO.

Conclusion

Development is a spontaneous process so for strengthening Jharkhand Health Care System in primary, secondary, tertiary health care needs urgent monitoring, evaluation, implementation, importance and complexity within the scientific health impact and assessment are identified. We all need to make indicators more wide-ranging in order to include a broader range of the social conditions. New ways of thinking process and working, underpinned by the complex adaptive systems (CASs) and building local organizational capacity (BLC), within the potential effect for developing sustainable and people-centered health systems (PCHS) and the post-MDG agenda need to graduate to research level from a primary focus on effective approaches emphasized that direct efforts to systems development approaches improve health institutions and help organizational capacity in JHARKHAND state and our country develop local leadership and innovative solutions expected to develop the stronger health systems that can efficiently and equitably address the progression of disease burden faced by low-income states in our country.

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