

Assessment of ASHAs Knowledge on National Iron Plus Initiative program at Chhotaudepur District, Gujarat

By

Vikrant Kalal

*Dissertation submitted for the partial fulfillment of the
MBA Hospital and Health Management*

Academic year, 2015-2017



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TO WHOMSOEVER IT MAY CONCERN

This is to certify that Vikrant Kalal, student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at National Health Mission, Gujarat from 6th February to 6th May, 2017.

The Candidate has successfully carried out the study designated to during his internship training and his approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

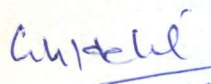
I wish his success in all his future endeavors.



Col. (Dr.) Ashok Kaushik

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To Whom It May Concern

This is to certify that **Mr. VIKRANT KALAL**, District Programme Co-ordinator, Chhotaudepur (Gujarat) has done his dissertation and internship in District health society, Chhotaudepur under NHM, Gujarat from **06/02/17 to 06/05/17**. He has worked on the Topic- **"A study on Knowledge assessment of ASHA on National Iron plus Initiative at Chhotaudepur"**.

He is hardworking, sincere and committed student and we wish him very best for all his future endeavours.


Chief District Health Officer
Chief District Health Officer
District Panchayat
Chhota Udepur

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **“A study on knowledge assessment of ASHAs on National Iron plus Initiative program at Chhotaudepur district , Gujarat”** and submitted by **Vikrant Kalal** Enrollment No **IIHMR-U/20/2015-17/0364** under the supervision of **Dr D.K. Mangal** for award of **MBA in Health Management** of the University carried out during the period from **February 06, 2017 to May 06, 2017** embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.



Signature

THE IIMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that all ethical issues have been considered while collecting data for my dissertation titled: A study on knowledge assessment of ASHAs on National Iron plus Initiative program at Chhotaudepur district, Gujarat.



Signature of student

PREFACE

The MBA (hospital and health management) course is well structured and integrated course of business studies. The main objectives of practical training at MBA level are to develop skill in students by supplement to the theoretical study of business management in general. Professors give us theoretical knowledge of various subjects in the institute. But we are practically exposed of such subjects when we get the training in the organization. It is the training through which we come to know that what an organization is and how it works. During this whole training I got a lot of experience and came to know about management practices in real that how it differs from those of theoretical knowledge and the practically in the real life.

It's very beneficial to learn health care delivery system at various levels. I observed the implementation of various National Health Programs at National/State/District levels; I understood various functions of health systems by interactions with key stakeholders, policy makers, program managers, academicians and researchers.

During my training period I had an overview of various programs undertaken By National Health Mission, Gujarat including the current status of the program I also carried out a small study on-

Assessment of ASHAs knowledge on National Iron plus Initiative program at Chhotaudepur district, Gujarat

I have tried to put my best effort to complete this task on the basis of skill that I have achieved during my studies in the institute.

ACKNOWLEDGEMENT

I would like to express my heartfelt gratitude to The Government of Gujarat and National Rural Health Mission, Gujarat for providing me an opportunity to work in such a wonderful organization and for making all the facilities available and giving the support in every way for completion of internship & Dissertation.

I would like to thank National Rural Health Mission Gujarat & District Program Management Unit, Chhotaudepur for facilitating my internship work.

I would like to take this opportunity to express great indebtedness to Dr. M.R. Chaudhari, CDHO and Dr. Niraj Desai, DRCHO without whom this training could not have been accomplished. I would like to extend my sincere regards to Program Officers who despite other preoccupations and busy schedule shared their views.

I would like to thank the staff of DPMU, Chhotaudepur for their support.

I would like to thank Dr. S.D.GUPTA, Director, Institute of Health Management and Research, Jaipur for his constant motivation, patience and valuable guidance.

This project would not have been completed without the tremendous contribution of my Guide, Dr. D.K. Mangal right from the onset lending a helping hand at every step.

I thank to my family and friends for their moral support.

Vikrant kalal

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Abbreviations:

NIPi: National Iron plus Initiative

NHM: National Health Mission

NUHM: National Urban health mission

IFA: Iron Folic Acid

SRS: sample registration system

ASHA: Accredited social Health Activist

AWC: Anganwari Center

AWW: Anganwari worker

CDHO: chief district health officer

MO: medical officer

NRHM-: national rural health mission

PHC: primary health centre

SC: sub centre

ICDS: integrated child development scheme

MOHFW: ministry of health and family welfare

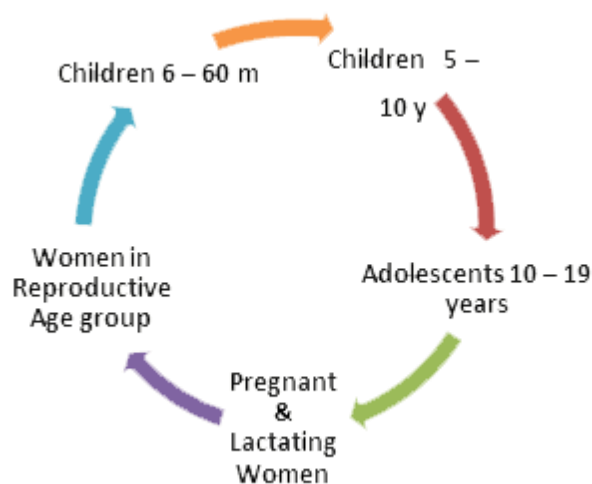
VHSC: village health and sanitation committee

INTRODUCTION

1. Background of Study:

Anaemia, a manifestation of under nutrition and poor dietary intake of iron is a serious public health problem among pregnant women, infants, young children and adolescents. NFHS III data reflects a higher prevalence of anaemia (among children and women in reproductive age) in our country.

Taking cognizance of ground realities discussed above, the Ministry of Health and Family Welfare (GOI) took a policy decision to develop the National Iron+ initiative. This initiative will bring together existing program (IFA supplementation for pregnant and lactating women and children in the age group of 6- 60 months) and introduce new age groups. Thus National Iron+ Initiative will reach the following age groups for supplementation or preventive programming through a **Life Cycle Approach**:



- Bi- weekly iron supplementation for pre-school children 6 months to 5 years.
- Weekly supplementation for children from 1st to 5th grade in Govt&Govt Aided schools
- Weekly supplementation for out of school children (5-10 years) at Anganwadi Centers
- Weekly supplementation for adolescents (10-19 years)
- Pregnant and lactating women
- Weekly supplementation for women in reproductive age

An anaemia supplementation program across the life cycle is proposed in which beneficiaries will receive iron and folic acid supplementation irrespective of their iron/haemoglobin status. The age specific interventions are based on WHO recommendations, synthesis of global evidence on IFA supplementation and the recommendation of national experts.

2. Review of literature:

- Anemia is a long-standing public health problem both in the developing as well as developed countries. Globally, the prevalence of anemia among women of reproductive age was estimated to be 29.4% by WHO.[1] Although the prevalence of anemia has declined in India from the past, more than half of the women in 11 states and UTs are anemic.[2] Moreover, there is gross unawareness and enormous ignorance in the communities about the effect of anemia on health and its prevention.[3]
- Recent studies in different parts of the country revealed that age, educational level of the women, socioeconomic status, history of excessive menstrual bleeding and inadequate intake of green leafy vegetables and pulses, increased parity, and narrow birth spacing were the significant predictors of anemia among women of reproductive age.[4,5] Moreover, the distribution of anemia across different geographical locations and population groups is determined by factors such as poverty, malnutrition, and social neglect.[6,7,8] In addition, it also reflects the presence of cumulative impact of dissociative privilege offered to a particular community.[9]
- According to a study numerous health and information needs of adolescents remain ignored due to constraints at various levels of health care system. One of the effective measures can be strengthening Anganwadis to meet these needs, so that better health and health seeking behavior can be expected. So, the study was carried out to objectives to assess baseline knowledge and practices of AFHS in Anganwadi workers (AWWs), to impart skill based training to AWWs, to evaluate improvement in knowledge and skills of AWWs at appropriate interval, to assess health status and KAP of adolescent girls of Anganwadis. The result shown that 81.69% girls were undernourished, 57.04 % showed pallor. Health seeking behavior was poor. Satisfactory improvement was observed in AWWs regarding health checkup of adolescent girls. Communication skill also improved in form of better history taking regarding menstruation, diet and effective health education.[10]
- To combat the anemia problem through the lifecycle, National Iron Plus Initiative has been launched in India with strategies including health and nutrition education, iron folic acid supplementation and deworming, and appropriate treatment for anemia.

3. Rationale:

The National Family Health Survey (NFHS)-420014-15 has stated anaemia as a major health problem in Gujarat, especially among women and children. It can result in maternal mortality, weakness, diminished physical and mental capacity, increased morbidity from infectious

diseases, prenatal mortality, premature delivery, low birth weight, and (in children) impaired cognitive performance, motor development, and scholastic achievement.

Not only NFHS, but also state government's School Health Program (SHP) has indicated the number of anaemic and malnourished children on a rise. As per the latest SHP report for the year 2015-16, the number of anaemic children is 6.06 lakh that increased from 5.13 lakh in 2014-15.

4. Methodology:

4.1. Research Question:

What is the knowledge level of National Iron plus Initiative Program among Accredited Social Health Activist (ASHA's) in Chhotaudepur district of Gujarat?

4.2. Objective:

To assess the knowledge level of National Iron plus Initiative Program among Accredited Social Health Activist in Chhotaudepur district of Gujarat.

5.3. Research design:

5.3.1. Study design:

The study Design is cross-sectional descriptive study(Non-Experimental Observational Study) design to assess the existing Knowledge among Accredited Social Health Activist On National Iron plus Initiative Program.

5.3.2. Study setting

This study was conducted in the all blocks (Chhotaudepur, Pavi-Jetpur, Kawant, Naswadi, and Sankheda) of Chhotaudepur District Gujarat.

5.3.3. Study population:

The entire Accredited Social Health Activist (ASHAs) of Chhotaudepur District Gujarat.

5.3.4. Duration of study:

Three months Duration from 6th February 2017 to 6th May 2017.

5.4 Sampling:

5.4.1. Sampling technique: Purposive Sampling.

5.4.2. Sample size: Total 1039 ASHA's are currently working in all blocks of Chhotaudepur District. From each block randomly 10% ASHAs selected (5% Good performing and 5% Poor performing). Performance scale based on incentive they were getting in previous Quarter (oct-16 to dec-16). From these in each block Chhotaudepur,

Pavi Jetpur, Kawant, Naswadi and Sankheda respectively 21,27,23,17 and 15 total 103 ASHAs selected as sample size.

5.5. Research Instrument:

5.5.1. Source of data collection: The source of data collected was primary in nature. For this purpose, a structured schedule was used.

5.5.2. Data collection Technique: Face to Face interview was conducted for data collection.

5.5.3. Data collection Tool: A structured Schedule was used as a tool for data collection. It had two parts: Basic information and Knowledge of ASHA's regarding NIPI.

5.6. Procedure:

First, from all blocks of Chhotaudepur 103 ASHA's were selected. Then data was collected personally by making personal visits to anganwari centers. For ensuring proper implementation of the program, registers were also checked.

5.7. Data Analysis: After the collection of data, it was compiled in SPSS. Most of the data analysis was done on SPSS. However, Microsoft excel was also used for analysis.

5.7.1 Statistical Method: Frequencies for different variables were calculated, Two Knowledge assessment indexes were created to measure overall knowledge of ASHA's regarding NIPI, respectively, and reliability of this scale was also checked.

5.7.2. Scale used:

All the indicators which were used to assess the knowledge of ASHA's regarding NIPI were measured on the following ordinal scale: **able 6.1**

S.NO.	Scale	Indicator	Response code	Score/value
1	Mentions without probing	Full knowledge	1	6
2	Agree after probing	Half knowledge	2	4
3	Disagree after probing	Very little knowledge	3	2
4	Don't know after probing	No knowledge	4	0

6. Ethical consideration:

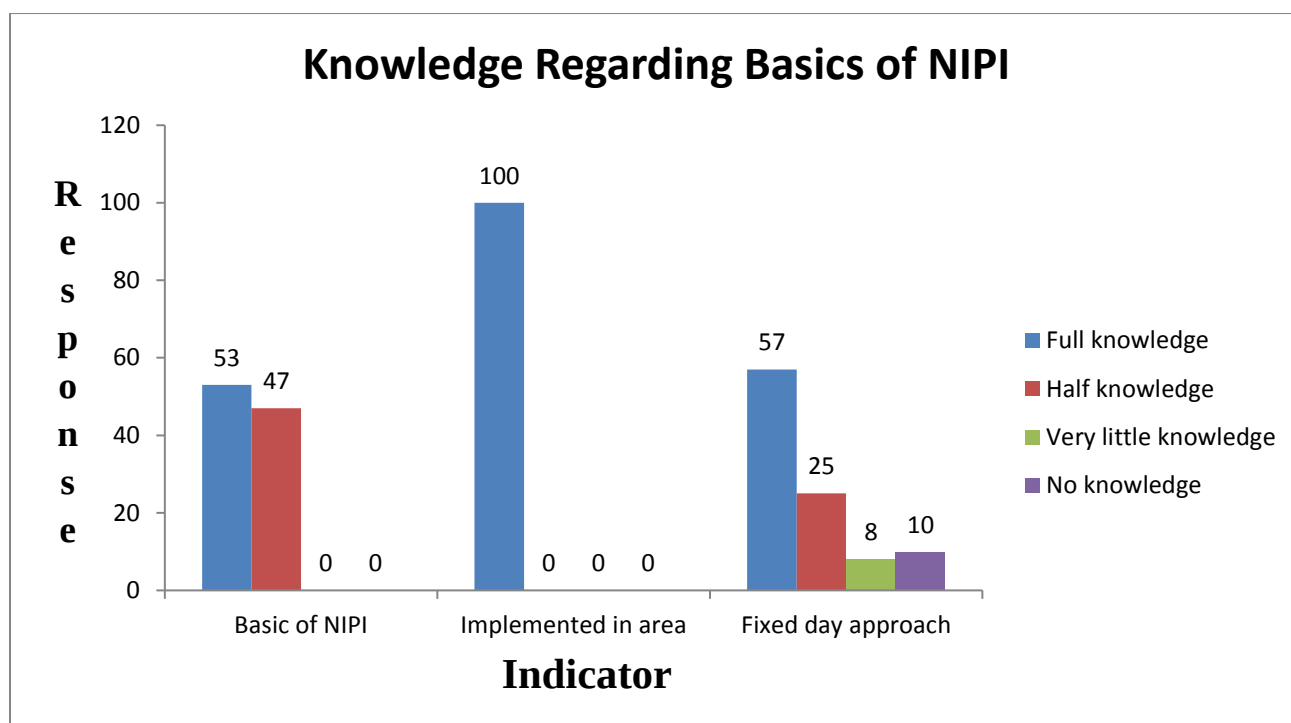
An informed consent process was carried out prior from start of data collection. To All participants (ASHA) gave a chance to ask questions before starting of the interview activities. Confidentiality of the participants was given utmost importance. I explained the informed consent process by sitting in on the session with the participant and making sure the participant understands the study procedures and was comfortable. To all participant Informed and reminded that they may refuse to answer any and all questions and may discontinue their involvement in the study at any time.

7. Results:

Knowledge of ASHA regarding National Iron plus Initiative program:

7.1. Knowledge level of ASHAs regarding Basics of NIPI:

- Three indicators were taken to measure the knowledge of ASHA regarding Basics of National iron plus initiative program. Following were the indicators:
 - About National iron plus initiative
 - Is implemented in her area
 - About fixed day approach.



- **Figure 7.1** knowledge of ASHA as per their responses regarding basics of NIPI
- These indicators were computed to know the knowledge level of ASHAs regarding basics of NIPI.

Table 7.1 Knowledge of ASHA regarding Basics of NIPI

Sr.No.	Indicators	Frequency	Percentage
1	Full knowledge of Basics of NIPI	70	67.10
2	Half knowledge of Basics of NIPI	33	32.90
3	Total	103	100

In the Table 7.1, complete knowledge of ASHA regarding basics of NIPI for all the beneficiaries was shown. It includes basic of NIPI, Implementation and fixed day approach. According to the table, 67 percent of ASHA have full knowledge and 33 percent have half knowledge regarding basic knowledge of NIPI. From these results, it is clear the most of the ASHA have clear knowledge about the basics of the NIPI.

7.2. Knowledge level of ASHAs regarding medicines used in NIPI:

- Five indicators were taken to measure the knowledge of ASHA regarding medicines used in National Iron plus Initiative program.
- Following were the indicators:
 - IFA for children 6 month- 5 year
 - IFA for children 5 to 10 year
 - IFA for adolescents 10 to 19 year
 - IFA for pregnant and lactating woman
 - IFA for woman of Reproductive age group 15 to 49 year

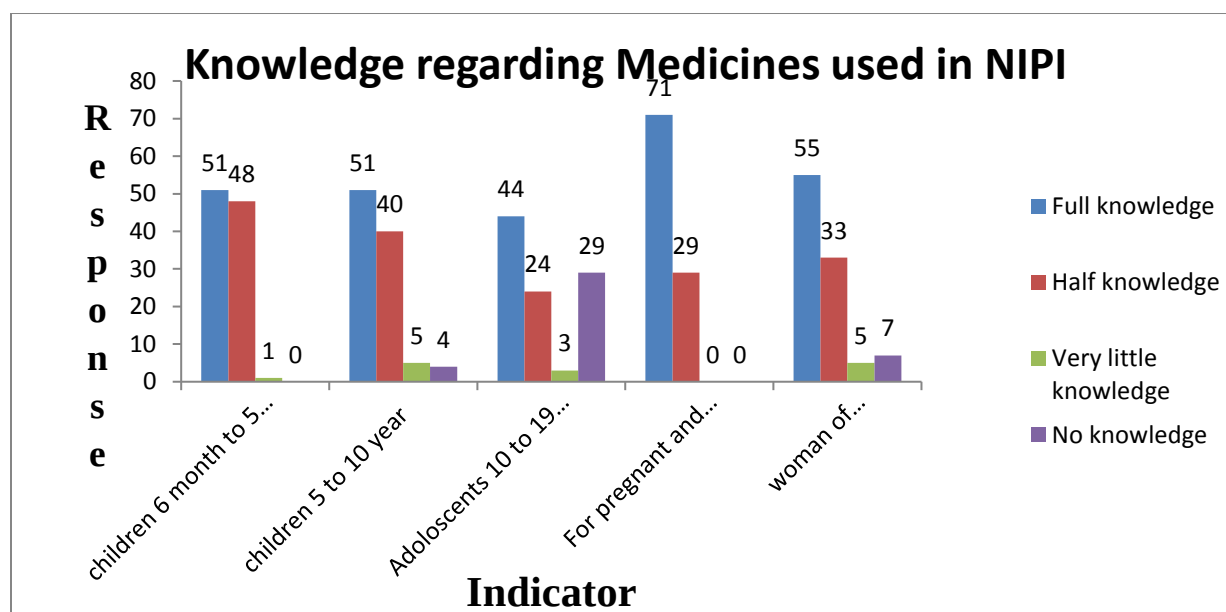


Figure: 7.2 knowledge of ASHA as per their responses regarding medicines

- These indicators were computed to know the knowledge of ASHA regarding medicines used in NIPI.

Table 7.2 Knowledge of ASHA regarding Medicines used in NIPI			
Sr.No.	Indicators	Frequency	Percentage
1	Full knowledge of Medicines used in NIPI	39	37.86
2	Half knowledge of Medicines used in NIPI	63	61.20
3	Very little knowledge of Medicines used in NIPI	1	0.94
4	Total	103	100

- In the Table 7.2, complete knowledge of ASHA regarding medicines used in NIPI shown. The table shows that only 38 percent ASHA have full knowledge, 61 percent have half knowledge regarding medicines used in NIPI.

7.3 Knowledge level of ASHAs regarding Dosage of medicines used in NIPI:

- Six indicators were taken to measure the knowledge of ASHA regarding dosage of medicine used in National Iron plus Initiative program.
- Following were the indicators:
 - Dose for children 6 month- 5 year
 - Dose for children 5 to 10 year
 - Dose for adolescents 10 to 19 year
 - Dose for pregnant woman
 - Dose for lactating woman
 - Dose for woman of Reproductive age group 15 to 49 year

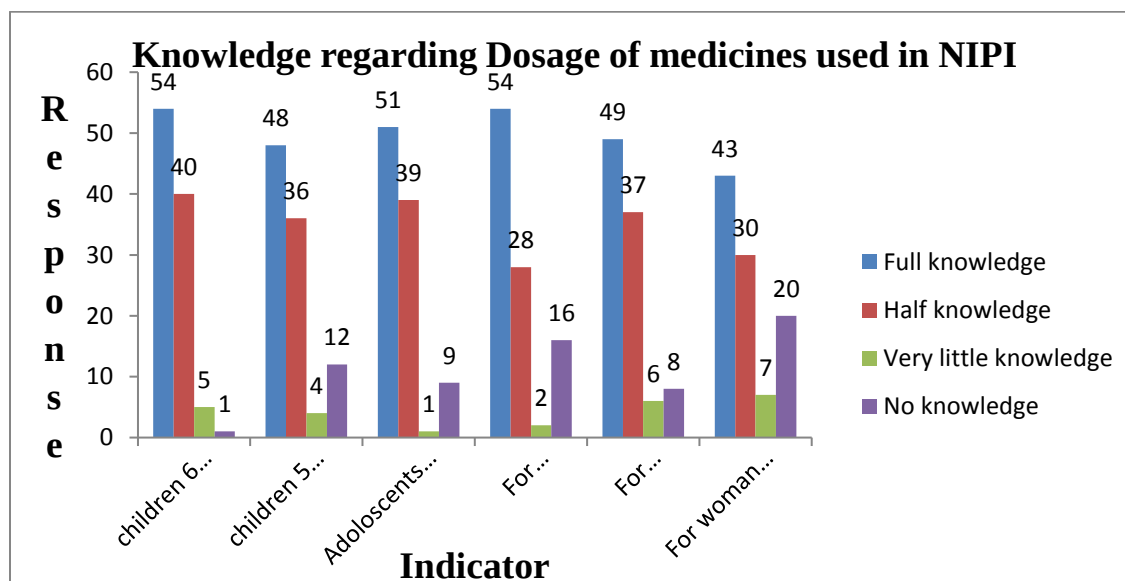


Figure 7.3: Knowledge of ASHA as per their responses regarding dosage of medicines

- These indicators were computed to know the knowledge level of ASHAs regarding dosage of medicines used in NIPI.

Table 7.3 Knowledge of ASHA regarding dosage of Medicines used in NIPI

Sr.No.	Indicators	Frequency	Percentage
1	Full knowledge of Dosage of Medicines used in NIPI	34	33
2	Half knowledge of Dosage of Medicines used in NIPI	66	64.10
3	Very little knowledge of Dosage of Medicines used in NIPI	3	2.90
4	Total	103	100

- In Table 7.3, knowledge of ASHA regarding dosage of medicines used in NIPI shown, the table shows that only 33 percent of ASHA have full knowledge about dosage and 64 percent have half knowledge of dosage.

7.4. Knowledge level of ASHAs regarding regime of dosage of medicines used in NIPI:

- Five indicators were taken to measure the knowledge of ASHA regarding regime of dosage of medicine used in National Iron plus Initiative program.
- Following were the indicators:
 - Regime of Dose for children 6 month- 5 year
 - Regime of Dose for children 5 to 10 year
 - Regime of Dose for adolescents 10 to 19 year
 - Regime of Dose for pregnant and lactating woman
 - Regime of Dose for woman of Reproductive age group 15 to 49 year

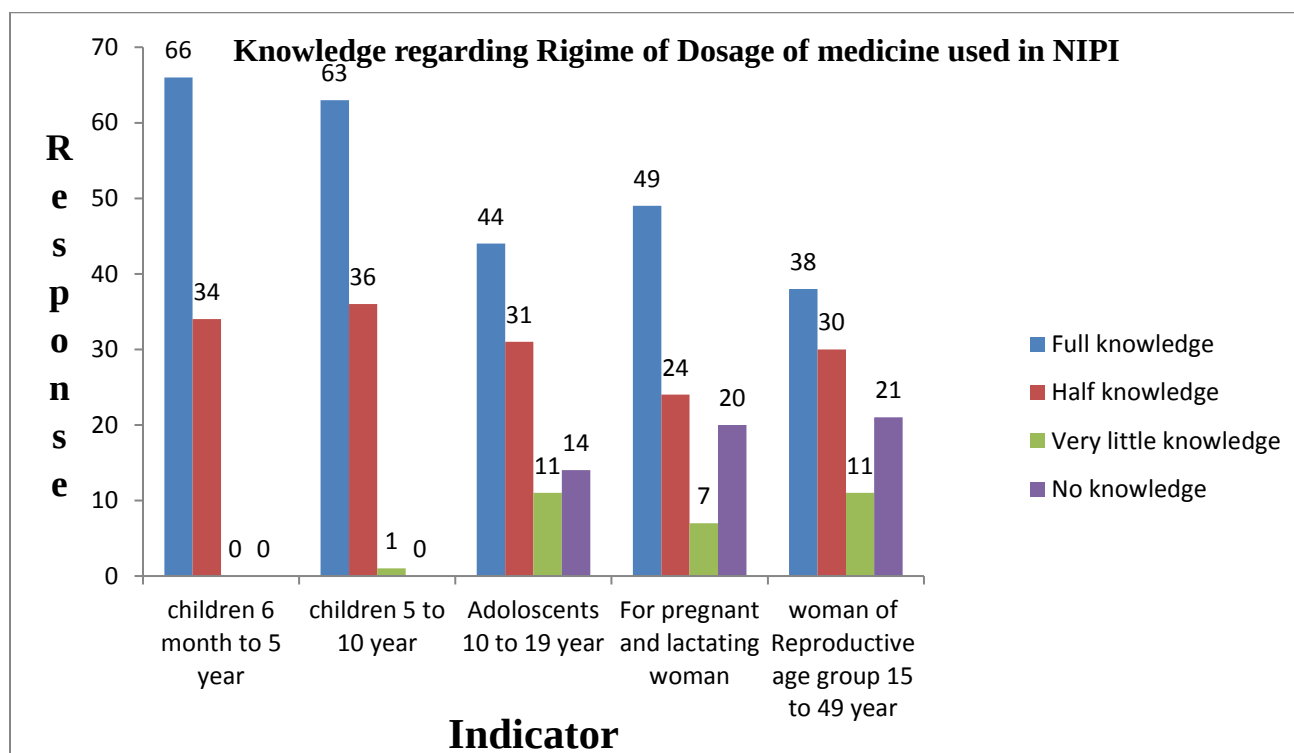


Figure: 7.4 knowledge of ASHA as per their responses regarding regime of dosage medicine

- These indicators were computed to know the knowledge level of ASHAs regarding regime of dosage of medicines used in NIPI.

Sr.No.	Indicators	Frequency	Percentage
1	Full knowledge of Medicines used in NIPI	55	53.40
2	Half knowledge of Medicines used in NIPI	63	45.50
3	Very little knowledge of Medicines used in NIPI	1	.90
4	Total	103	100

- In Table 7.4, knowledge of ASHA regarding regime of dosage, the table shows that 53 percent of ASHA have fully knowledge about regime of dosage and 45 have half knowledge about regime of dosage.

7.5 Knowledge level of ASHAs regarding Avail of medicines:

- Two indicators were taken to measure the knowledge of ASHA regarding Availability of medicine used in National Iron plus Initiative program.
- Following were the indicators:
 - From where you can avail the medicines
 - Tablets are provided to school

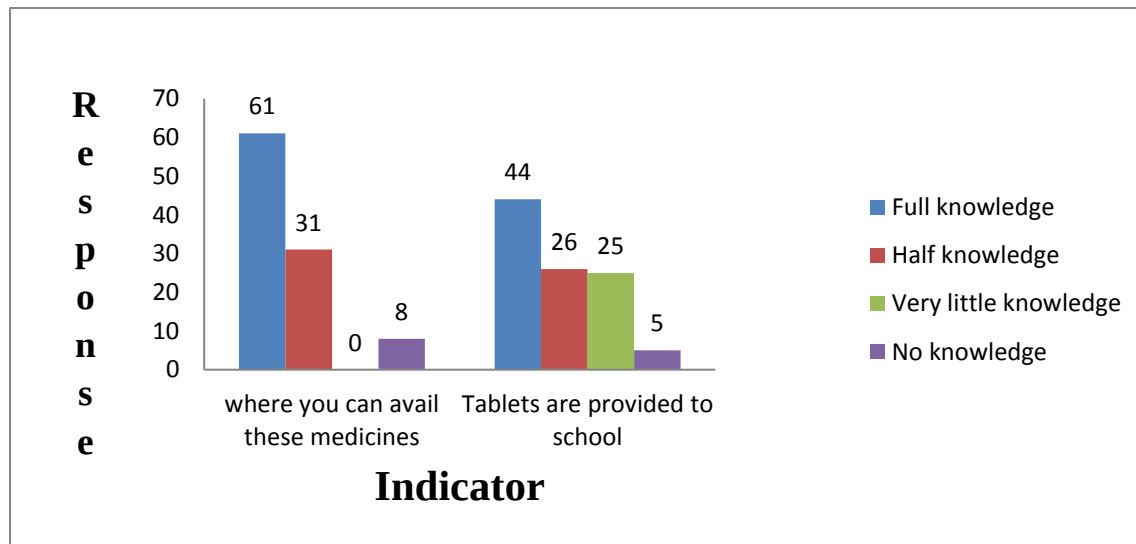


Figure: 7.5 knowledge of ASHA as per their responses regarding availability of medicine

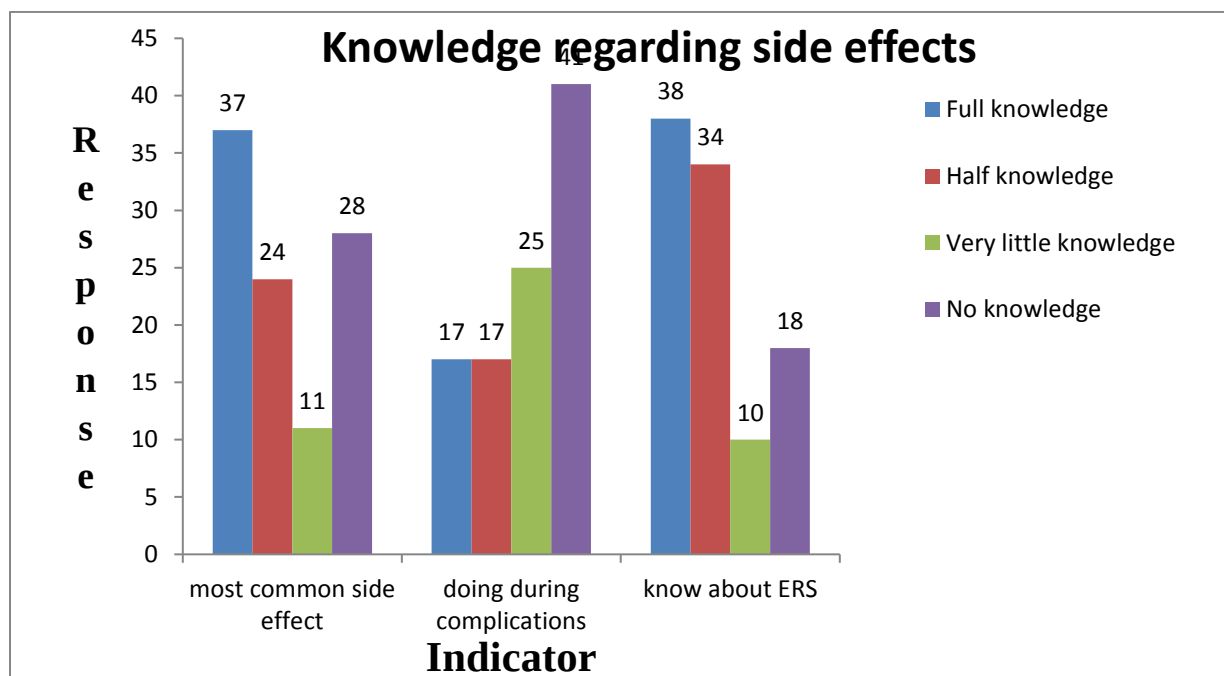
- These indicators were computed to know the knowledge level of ASHAs regarding avail of medicines used in NIPI.

Table 7.5 Knowledge of ASHA regarding avail of medicines			
Sr.No.	Indicators	Frequency	Percentage
1	Full knowledge of avail of Medicines	58	56.30
2	Half knowledge of avail of Medicines	37	35.90
3	Very little knowledge of avail of Medicines	7	0.90
4	No knowledge regarding avail of medicines	1	6.90
5	Total	103	100

- Table 8.5 shows that only 56 percent of ASHA have full knowledge regarding availability of medicines and only 36 percent have half of knowledge regarding availability of medicines.

7.6 Knowledge level of ASHAs regarding side effects:

- Three indicators were taken to measure the knowledge of ASHA regarding side effects.
- Following were the indicators:
 - Most common side effect
 - Doing during the complications
 - About ERS



- These indicators were computed to know the knowledge level of ASHAs regarding side effects of medicines used in NIPI.

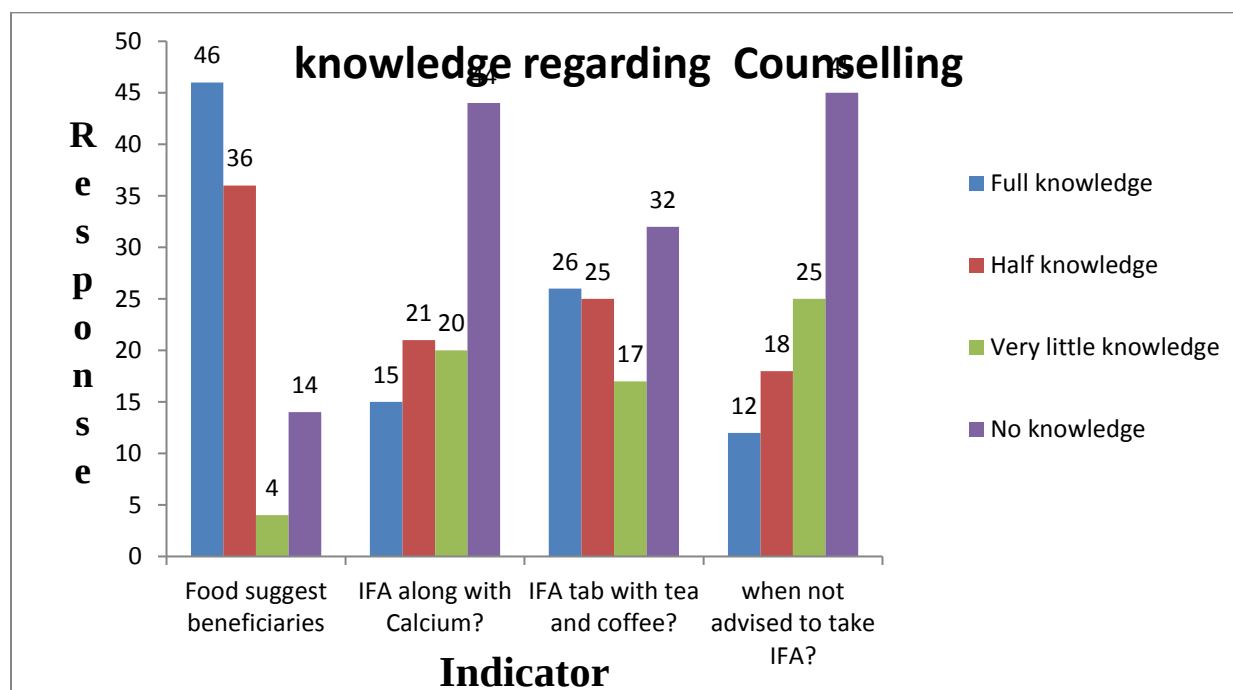
Table 7.6 Knowledge of ASHA regarding side effects

Sr.No.	Indicators	Frequency	Percentage
1	Full knowledge of avail of Medicines	12	11.65
2	Half knowledge of avail of Medicines	50	48.50
3	Very little knowledge of avail of Medicines	30	29.15
4	No knowledge regarding avail of medicines	11	10.70
5	Total	103	100

- Table 7.6 shows that only 12 percent of ASHA have full knowledge regarding side effects, 48 percent have half knowledge, 29 % have very little knowledge and 11 have no any knowledge.

7.7 Knowledge level of ASHAs regarding Counselling:

- Four indicators were taken to measure the knowledge of ASHA regarding counseling she is doing.
- Following were the indicators:
 - Food suggest to beneficiaries
 - Can we give IFA along with calcium tab
 - Can take IFA with tea and coffee
 - In condition not advised to take IFA



- **Figure 7.7:** knowledge ASHA regarding counseling as per their responses
- These indicators were computed to know the knowledge level of ASHAs regarding counseling

Table 7.7 Knowledge of ASHA regarding counseling			
Sr.No.	Indicators	Frequency	Percentage
1	Full knowledge of counseling	8	7.80
2	Half knowledge of counseling	42	40.80
3	Very little knowledge of counseling	51	49.50
4	No knowledge regarding counseling	2	1.90
5	Total	103	100

- In Table 7.7 includes counseling part by ASHA to beneficiaries. It shows only 8 percent ASHA have full knowledge, 41 percent have half knowledge, 49 percent have very little knowledge.

7.8 Knowledge level of ASHAs regarding recording and reporting:

- Three indicators were taken to measure the knowledge of ASHA regarding records and reports keeping and maintained by her she is doing.
- Following were the indicators:
 - Responsible for manage records at AWC
 - Records and registers maintained at AWC
 - Responsible for managing stock of medicines.

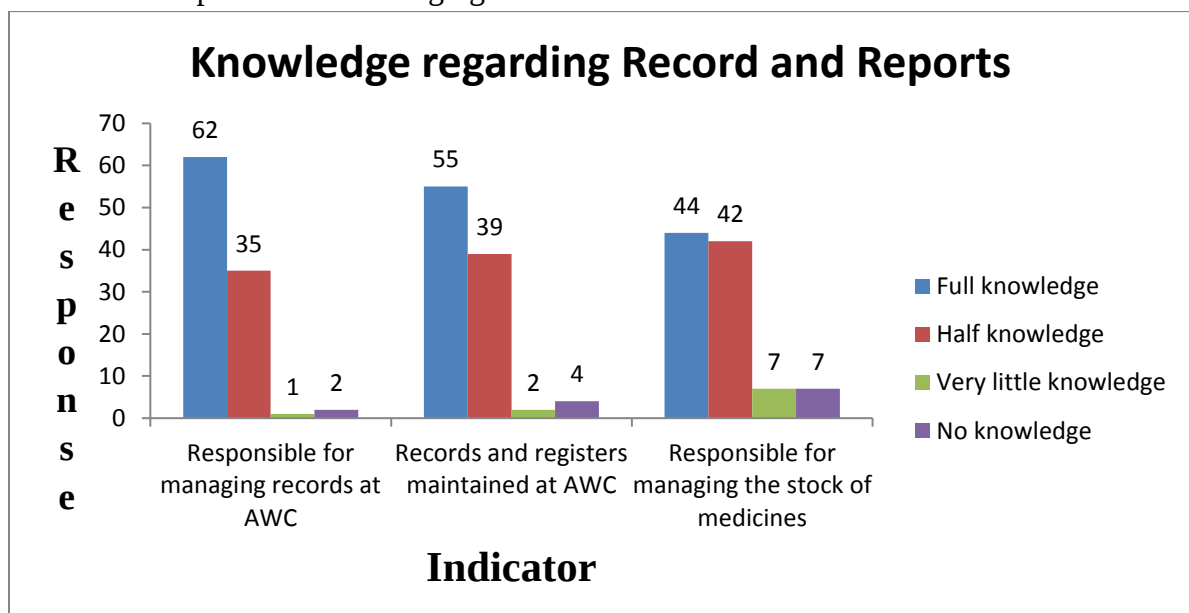


Figure 7.8: knowledge of ASHA regarding records and reports as per their responses.

- These indicators were computed to know the knowledge level of ASHAs regarding recording and reporting.

Table 7.8 Knowledge of ASHA regarding recording and reporting			
Sr.No.	Indicators	Frequency	Percentage
1	Full knowledge of recording and reporting	90	87.70
2	Half knowledge of counseling	13	12.30
5	3Total	103	100

- Table 7.8 shows very beautiful result that 88 percent majority of ASHA knows about recording and reporting. Only 12 percent of ASHA have half of knowledge

7.9 Knowledge assessment index of National Iron plus initiative program for ASHA:

This index was developed to see the overall knowledge of ASHA regarding National Iron plus Initiative program. for calculating the score 8 major indicator were taken. Values were assigned to each response. The assigned values are shown in table 5.1.

As per the assigning values all indicators were computed and range is given to the computed values for final assessment. The range is shown in table 7.9.1

Table 7.9.1 Range for knowledge assessment index of National Iron plus Initiative program for ASHA		
S. No.	Computed score	Assigned Range
1	54	Excellent knowledge regarding NIPI
2	45 to 53	Very Good knowledge regarding NIPI
3	37 to 44	Good knowledge regarding NIPI
4	30 to 36	Fair knowledge regarding NIPI
5	Below 30	Poor knowledge regarding NIPI

Table 7.9.2: Knowledge assessment index of NIPI for ASHA		
S. No.	Indicators	Percent
1	Excellent knowledge regarding NIPI	0
2	Very Good knowledge regarding NIPI	0
3	Good knowledge regarding NIPI	50.5
4	Fair knowledge regarding NIPI	47.6
5	Poor knowledge regarding NIPI	1.9
6	Total	100

9. Discussion:

Chhotaudepur is a one of the high priority Tribal district in Gujarat. And now at grass root level RCH is majorly dependent on ASHA. NIPI is important program for reducing anaemia for all as per life cycle and continuum of care. As per the result in Chhotaudepur NIPI implement in whole district. But when we got overall result of NIPI still 67 percent has full knowledge regarding NIPI. And if we talk about medicines/IFA used in NIPI more than 60 percent ASHA has half knowledge. So from here it clearly indicate that if in Chhotaudepur district wants to implement in better way of NIPI needs to give training as refresher training in some duration of time in a year. In next dosage of medicines again more than 60 percent have half of knowledge. And in regime of dosage of IFA it was quite good more than 50 percent knows. About the where they can avail the medicines more than 50 percent knows but there are 7 percent of ASHA those who are doesn't know anything about these. One of the major disappointed results in side effects 10 percent of ASHA even don't know anything about side effects and what they need to do during complications and side effects. Around 30 percent have very little knowledge. Again in counselling part only 7 percent have full knowledge regarding and around 50 percent have very little knowledge means they know only few things. In recording and reporting result is quite good as compare to other indicators 88 percent have fully knowledge means they have responsibility regarding this.

Conclusion:

The overall knowledge of ASHA regarding NIPI program is in between Good and Fair in Chhotaudepur district as result shown, However, Majority of the ASHA have satisfactory knowledge in IFA medicines and their dosage and regime but they needs to improve about side effects from IFA and what needs to do during side effects and complications. Counselling part also has to improve. They have good knowledge in recording and reporting. Training is need in period of time for refreshing the knowledge. NIPI is one the important program for reducing anaemia as life cycle.

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Schedule with Consent

Consent: I am working with NHM, Chhotaudepur District of Gujarat. A study is being conducting on assessing the knowledge of ASHA regarding National iron plus initiative program in Chhotaudepur District. All responses will be kept confidential. Your interview responses will only be shared with research team members and will ensure that any information we include in our report does not identify you as the respondent. It is very important for the success of this study that you take part in this survey. Remember, you don't have to talk about anything you don't want to and you may end the interview at any time.

Please fill the response in corresponding box and signature/ Thumb Impression.

Yes.....1 → COUNTINUE

No.....2 → END INTERVIEW

Responder

Sign/Thumb Impression

SECTION A: Basic Information

Sr. No.	Question	Answer
A.1	Name of Block	
A.2	Name of sub centre	
A.3	Name of AWC	
A.4	Name of ASHA	
A.5	Age of ASHA	
A.6	Class Passed	
A.7	Experience as an ASHA	
A.8	Are you Received Training For NIPI Program	

SECTION B: Knowledge assessment of ASHA Regarding NIPI

Sr. No.	Question	Coding Categories	Response			
			1	2	3	4
B.1	About Basics of NIPI	1-Mentions without probing, 2-Agree after probing, 3-Disagree after probing, 4- Don't know after probing				
B.1.1	Do you know about NIPI?	Service of Packages for treatment and management of anaemia across levels of care				
B.1.2	Is NIPI Implemented in your area?	Yes-Continue interview No- End interview				
B.1.3	Do you aware about fixed day approach and which are days?	Wed and Saturday				
B.2	Knowledge about medicines used in NIPI	1-Mentions without probing, 2-Agree after probing, 3-Disagree after probing, 4- Don't know after probing				
B.2.1	Children 6 month to 5 year?	IFA Syrup				
B.2.2	Children 5 to 10 year?	Small pink IFA Tab.				
B.2.3	Adolescents 10-19 year?	Blue IFA Tab				
B.2.4	For pregnant and lactating Woman?	Large Red IFA Tab.				
B.2.5	Woman of Reproductive age group 15-49 year?	Large Red IFA Tab.				
B.3	About Dosage of Medicines used in NIPI?	1-Mentions without probing, 2-Agree after probing, 3-Disagree after probing, 4- Don't know after probing				
B.3.1	Children 6 month to 5 year?	One ML				
B.3.2	Children 5 to 10 year?	1 tablet				
B.3.3	Adolescents 10-19 year?	1 tablet				
B.3.4	For pregnant?	1 Tablet (From 2 nd trimester to delivery)				
B.3.5	For lactating woman?	1 Tablet (Delivery to 6 th months of lactation period)				
B.3.6	Woman of Reproductive age group 15-49 year?	1 Tablet				
B.4	About Regime of Dose of Medicines used in NIPI?	1-Mentions without probing, 2-Agree after probing, 3-Disagree after probing, 4- Don't know after probing				
B.4.1	Children 6 month to 5	Biweekly				

	year?					
B.4.2	Children 5 to 10 year?	Weekly				
B.4.3	Adolescents 10-19 year?	Weekly				
B.4.4	For pregnant and lactating Woman?	Daily				
B.4.5	Woman of Reproductive age group 15-49 year?	Weekly				
B.5	About avail of medicines?	1-Mentions without probing, 2-Agree after probing, 3-Disagree after probing, 4- Don't know after probing				
B.5.1	Do you from where you can avail these medicines?	Sc and PHC				
B.5.2	Which are the tablets are provided to school for children from PHC & SC?(because Asha is mobilize availability in school)	Small pink IFA & Blue IFA Tab				
B.6	About side effects of medicines?	1-Mentions without probing, 2-Agree after probing, 3-Disagree after probing, 4- Don't know after probing				
B.6.1	Do you know about the most common side effects of these tablet?	Black discoloration of stool				
B.6.2	What are you doing during any complications occurred due to these tablets?	Contact to ERS formed by PHC				
B.6.3	Do you know about ERS?(Emergency Response System)	Committee created by PHC MO for emergency response				
B.7	Counselling	1-Mentions without probing, 2-Agree after probing, 3-Disagree after probing, 4- Don't know after probing				
B.7.1	Which food you suggest beneficiaries?	Green vegetables & Fruits like-Chickpea(chana), spinach(palak), Fenugreek leaves(methi), Mustard leaves (sarso ka saag)etc.				
	Can we give beneficiaries IFA along	No				

B.7.2	with calcium tablet?					
B.7.3	Can beneficiaries take IFA tab with tea and coffee?	NO, only with water				
B.7.4	In which condition beneficiaries are not advised to take IFA?	When More side effects and complications occur by IFA.				
B.8	Recording and Reporting?	1-Mentions without probing, 2-Agree after probing, 3-Disagree after probing, 4- Don't know after probing				
B.8.1	Who all are Responsible for managing Records at AWC?	Asha & AWW				
B.8.2	Which are the records-registers will be maintained at AWC for this program?	R-Register C-Compliance card MR-monthly Report				
B.8.3	Who is responsible for managing the stock of medicines at AWC?	Asha& AWW				