Study to Assess the Knowledge of ASHA in Providing Home Based Newborn Care at Shyampur Block of Sehore District, Madhya Pradesh

By

Imran uz zaman

Dissertation submitted for the partial fulfillment of the

MBA Hospital and Health Management

Academic year, 2016-2018

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TO WHOMSOEVER MAY CONCERN

certify that Imran uz zaman student of MBA Hospital and Health Management from
IR University, Jaipur has undergone dissertation at TAABAR Foundation, Jaipur from
2018- to 3rd- april-2018 and National Health Mission, Madhya Pradesh from 5-April-
3th-May-2018.

lidate has successfully carried out the study designated to her during dissertation
ıd her approach to the study has been sincere, scientific and analytical.

tation is in fulfillment of the course requirements.

ı all success in all his future endeavors.

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TO WHOM SO EVER IT MAY CONCERN

This is to certify that Imran uz zaman, a student of MBA-Health & Hospital management IIHMR University, Jaipur, India has successfully completed internship period at TAABAR organization(5th March 2018 to -3rd April 2018).During the period of her training program with us he was found punctual, hardworking & inquisitive.

We wish him every success in life,

11/5/18

Ramesh Paliwal
Director /secretary
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Dt. 11/05/2018
Place: - Jaipur

Secretary
TAABAR SOCIETY

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled A **Study to assess the knowledge of ASHA in providing Home Based Newborn Care** and submitted by **Imran uz zaman** Enrollment No. **IIHMR-U/01/2016-18/0422** under the supervision of **Dr. Tanjul Saxena** for award of **MBA in Hospital and Health Management**of the University carried out during the period from **3rd March 2018 to 28th May 2018** 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.

I. zaman

Signature

Imran uz zaman
MBA-HM21-0383

PREFACE

Any knowledge is incomplete without first-hand experience about it .In the health sector especially getting in to rub of the things is extremely essential as its problems are complex and deep rooted .To manage the problems in the health sector 'MBA student of Health care management 'need to know the functioning of the different organizations be it private or public, for this purpose Dissertation of 3 months is scheduled enclosed to 2nd year.

For the purpose of Dissertation, I am thankful that I got opportunity to work under NHM Madhya Pradesh as I thought I would get to know the functioning of various government schemes in state of Madhya Pradesh

In the NHM Madhya Pradesh complete discretion was given to us for opting of program of our choice to study upon and I opted for the Knowledge assessment of ASHA with special focus on working ASHA under the program

TABLE OF CONTENT

ACKNOWLEDGEMENT

The Dissertation opportunity I had with National Health Mission, Madhya Pradesh was a great chance for learning and professional development. Therefore, I consider myself as a very lucky individual as I was provided with an opportunity to be a part of it. I am also grateful for having a chance to meet so many wonderful people and professionals who led me though this dissertation period.

I am using this opportunity to express my deepest gratitude and special thanks to **Dr Shailesh Kumar Sakelle** who in spite of being extraordinarily busy with his duties, took time out to hear, guide and keep me on the correct path and allowing me to carry out my dissertation.

I express my deepest thanks to **Dr.Tanjul Saxena**, associate professor IIHMR University and my mentor for giving necessary advices and guidance to make this research easier. I choose this moment to acknowledge their contribution gratefully.

I would also like to acknowledge with much appreciation the crucial role of Mr **Pankaj Shah**, ASHA program facilitator and **Smt Arti pandey**, State community Mobilizer, Madhya Pradesh, who helped me a lot at different level of my study.

I would also like to thanks **Smt Vindhyawasini kushwaha**, district community mobilize, Sehore district, NHM Madhya Pradesh.

A special thanks to **Dhirendra Arya**, District program manager,Sehore district.

"Finally, and most importantly I would like to thank Almighty for allowing me to complete my project, my beloved parents for their blessings and my friends for their help and wishes for the successful completion"

Regards

Imran uz zaman

ACRONYMS

ASHA	**Accredited social health activist**
ANM	**Auxiliary nursing midwives**
NRHM	**National Rural health mission**
HBNC	**Home based newborn care**
IMNCI	**Integrated management of neonatal and childhood illness**
CHC	**Community health centre**
EBF	**Exclusive breast feeding**
IMR	**Infant mortality rate**
NMR	**Neonatal mortality rate**
LBW	**low birth weight**
PHC	**Primary health centre**
MMR	**Maternal mortality ratio**
PCM	**Paracetamol**
KMC	**Kangaroo mother care**

Introduction

Reducing child and infant "mortality is one of the foremost goals" of National Rural Health Mission. The country as a whole, has made significant progress. However it is now clear that a High proportion of infant death burden is related to newborn deaths, and further gains in reducing IMR are only through a focused effort in implementing evidence in cost effective interventions that effect neonatal health outcomes. There is sufficient evidence to demonstrate, that despite the increasing number of institutional deliveries a substantial proportion of, neonatal deaths occur in home. Thus, the provision of Home based Newborn HBNC care is critical.

The NRHM offers several platforms that need to be used more effectively to promote HBNC. The presence of trained ASHA in every village, in most parts of the country a second ANM at the sub centers in several areas and increasing, numbers, of women accessing health care facilities for delivery and the institutionalization of the monthly, village health and nutrition days provide unprecedented opportunities to provide quantum improvement in infant, newborn and child health in India.

Rationale

Post natal care is established in concern regarding the contemporary high maternal mortality rate. A considerable proportion of mother to return home within a only some hours after delivery which means that home care is to be available even for such babies born in institution to tide them over the first day and later.

After training module of 6 and 7 Module of ASHAs completed in Sehore district of Madhya Pradesh there has been no attempt to have a systematic assessment of knowledge retained on different variables and activities being carried out by ASHA for HBNC or any Assessment of Correct practice. In order to initiate any program intervention to provide effective HBNC it was imperative to assess the current situation of knowledge and practice of ASHAs. Hence this study is performed as Knowledge and practice of ASHA is one of the critical aspect of Health system to improve the coverage of community based new born health care program

Research question

How knowledgeable is ASHA in providing HBNC services in Shyampur block of Sehore district, Madhya Pradesh?

General Objective

- To assess the knowledge of ASHA in providing home based newborn care

Specific objective

- "To assess the knowledge of ASHA on HBNC kit"
- "To assess the knowledge of ASHA on HBNC visit"
- "To assess the knowledge of ASHA on kangaroo mother care"

Sample selection procedure

Shyampur block out of 5 blocks in Sehore district was purposively selected and from all the ASHA in Shyampur block the required ASHA were selected

Sample size- 104

Study design- Cross sectional descriptive study

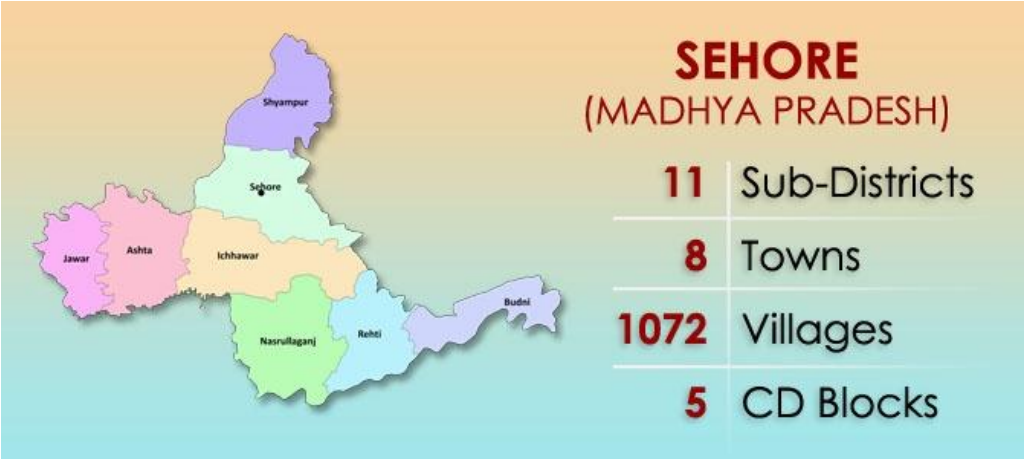
Study Area- Shyampur block of Sehore District

Study participants- ASHAs of Sehore district

Data analysis- after the collection of data it was crosschecked if there is any partial or unfilled data. Then data was entered in excel and analysis with the help of pivot function

Ethical consideration- an informed consent was obtained before asking for information and confidentially will be ensured. The participant was kept voluntary and the ASHAs was given liberty to withdraw participation at any point during the study. The information collection would be purely unbiased and unpressurised. The results and conclusion will be conveyed honestly to the organization and transparency will be maintained with the subject also

District profile and key health Indicator



Sehore is a city and municipality district in the Indian state f Madhya Pradesh. It is the district head quarters of Sehore district and is located on the Bhopal-Indore highway, 37 km away from Bhopal.

- According to the 2011 census Sehore District has a population of **1,311,008**, roughly equal to the nation of Mauritius or the US state of New Hampshire
- Sehore has an average literacy rate of 68%, higher than the national average of 59.5%: male literacy is 75%, and female literacy is 61%.(census 2011)
- In Sehore, 14% of the population is under 6 years of age.
- Sex ratio at birth in Sehore is 929 whereas sex ratio at birth in rural area is 937 and in urban area it is 897. (AHS 2010-11)
- Children under age 6 months exclusively breastfed is 43.1% (NFHS 4)

Background

India “has contributed immensely toward generating ‘evidence on two key domains of newborn care: Home Based Newborn Care (HBNC) and community mobilization. In a model developed in Gadchiroli (Maharashtra) in the 1990s, a package of Interventions delivered by” “community health workers during home visits led to a marked decline in neonatal deaths. On the basis of this experience, the national HBNC program centered around Accredited Social Health Activists’ (ASHAs) was introduced in 2011 and is now the main community-level program in newborn health. Earlier in 2004, the Integrated” “Management of Neonatal and Childhood Illnesses (IMNCI) program was rolled out with inclusion of home visits by Anganwadi” “Worker as an integral component. IMNCI has been implemented in 505 districts in 27 states and 4 union territories. A mix of Anganwadi Workers, ASHAs, auxiliary” “nursing midwives (ANMs) was trained. The rapid roll out of IMNCI, program resulted” in improving “quality of newborn care at the ground field. However, since 2012 the Ministry of Health and Family Welfare decided to limit the IMNCI program to ANMs only and leaving the Anganwadi component to the stewardship of the Integrated Child Development” Services. ASHAs, the “frontline workers for “HBNC, receive four rounds of training using two modules. There are a total of over 900 000 ASHAs per link workers in the country, out of which, only 14% have completed the fourth round of training.” “The pace of uptake of the HBNC program has been slow. Of the annual rural birth cohort of over 17 million, about 4 million newborns have been visited by ASHA during the financial year 2013–2014 and out of this 120 000 neonates have” “been identified as sick and referred to health facilities for higher level of neonatal care. Supportive supervision remains a challenge, the role of ANMs in supervision needs more clarity and there are issues surrounding” “quality of training and the supply of HBNC kits. The program has low visibility in many states. Now is the time to tap the missed opportunity of miniscule coverage of HBNC; that at least half of the country's birth ,cohort should be covered by this program by 2016, coupled with rapid scale up of the community-based treatment of neonates with pneumonia or sepsis, where referral is not possible”

Literature review

study on Newborn care practices and home-based postnatal newborn care programme – Mewat, Haryana, India 2013 shows that mother adopted a few safe practices, "ASHA seems to have play a key role in facilitating the acceptance of safe practices, however the quality of service can be more improved. Study suggests that routine clinical assessment," of the observation of the women "and her baby, routine infant screening help to detect potential disorders, support for infant feeding and ongoing provision of information and support. It provides maternal and child health services, "including health counseling, physical examination of women", vaccination, nutrition, immunization as well as weighing of "children less than 5 years of age, all conducted on a monthly basis. Study concludes the knowledge practice gap existed in mother counseled by ASHAs. Reduced utilizations of reproductive and child health services decreased opportunities for ASHA- mother dialogue on protected practices. Recommendation included training ANMs, training TBAs as ASHAs, innovative communications strategy for ASHA and superiors referral system"

"A study to assess the knowledges about home based new born care among accredited social health activist (ASHA) in rural area". The cross sectional exploratory research design with survey approach was used where 37 ASHAs of rural Maharashtra were assessed. The tool, knowledge questionnaire and "practices checklist on the subject of home based newborn care was used for" the data collection for "study. After consent data collection had done of total 37 ASHA. They were assessed for home based" new born care. They majority of the ASHA belonging to the (38-41) years of age group''

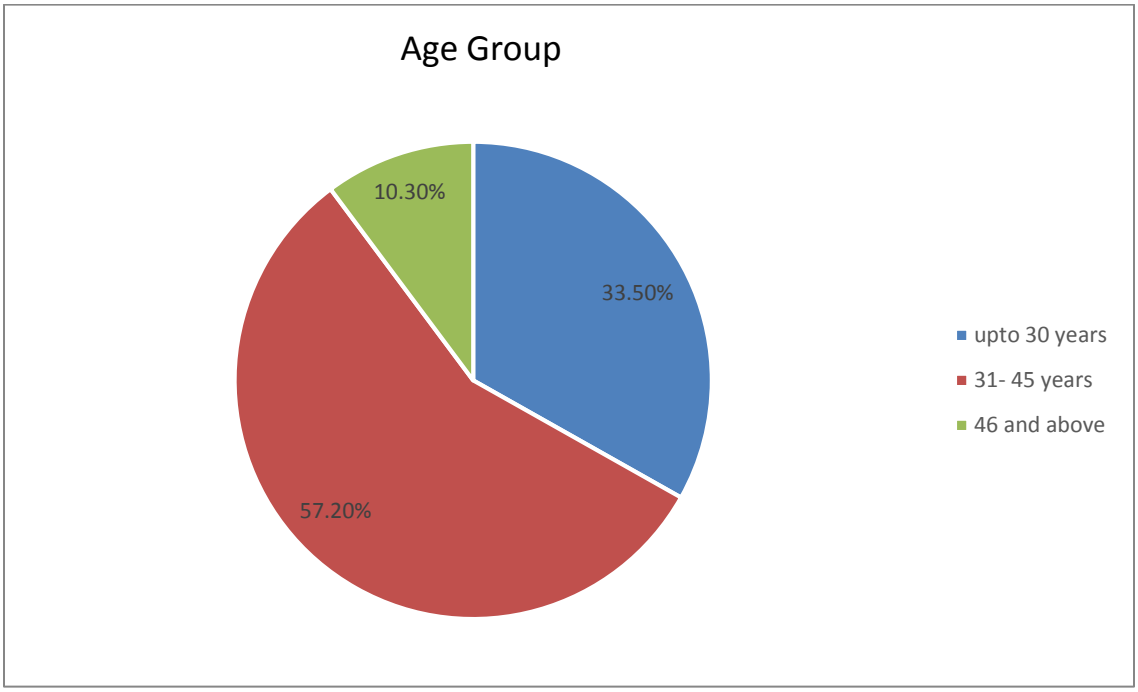
(48.6%). Educated up to the SSC (42.3%) "had experience (59.5%) between (5-10) years. 94.6 % had finished their" trainings. The 5.41% ASHA had poor level 83.78%had average and 10.81 had good level of knowledge score correspondingly. The 16.22 % of ASHA had poor 72.97% had average and 10.81% had good "level of practice score correspondingly. The study shows that majority of the ASHA had average knowledge and practice regarding home based newborn care and recommend that there is need for competency based training to get better their skills."

Results

Socio demographic characteristics of the populations

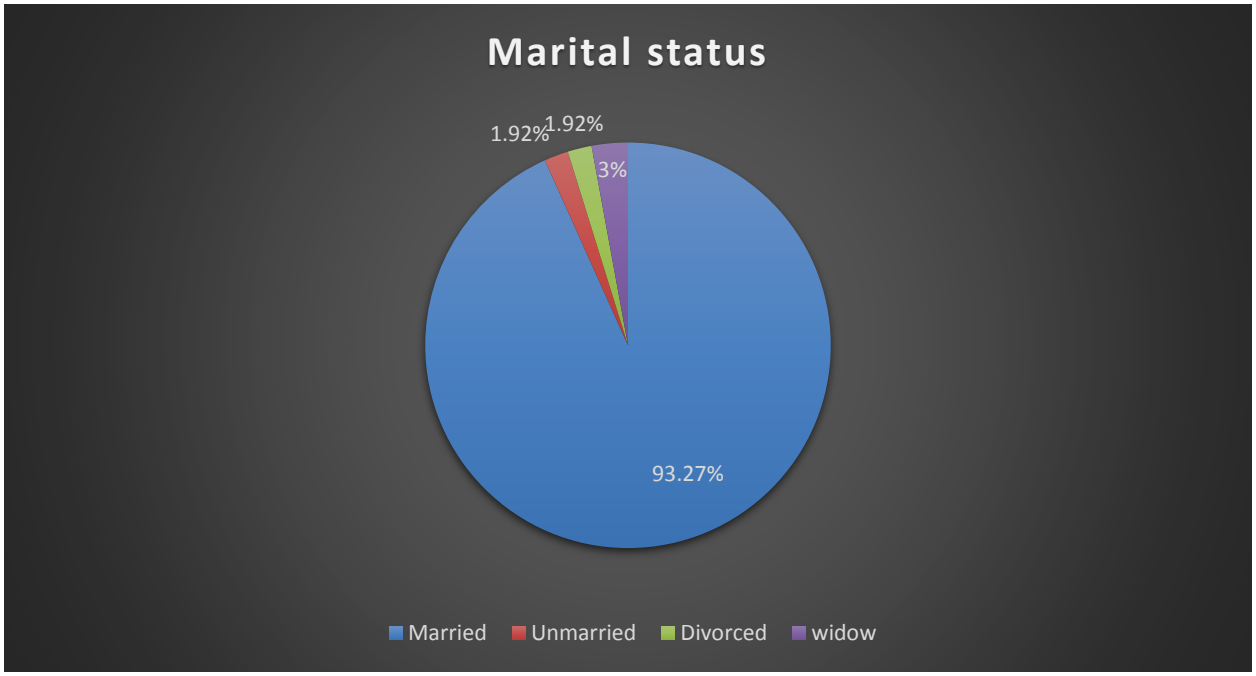
- ✓ About one third (33.5 percent) of ASHAs were in the Age group of up to 30years. More than half(57.2) of the ASHAs were in the age group 31-45years and few ASHAs(10.3%) were in the age group 46years and above
- ✓ Out of 104 ASHA 102 of them belong Hindu and only 2 ASHA belong to Muslim
- ✓ Out of 104 ASHA 97 ASHA are married, 2 unmarried,3 widow2 divorced
- ✓ The minimum age of ASHA is 22 where the maximum aged ASHA is 57
- ✓ The highest qualified individual found was post graduate while the lowest qualification of an individual was class six passed

Fig: A



The participants were divided into 3 age groups; upto-30 years, 31-45 years, 46 and above. The guideline for the selection criteria of the ASHAs envisages that they should be having an age limit of 25 -45 years but at the study it was found that there are 2 cases where the age of the ASHA are exceptional i.e. below 25 years.33.50 % were in the age group of up to 30 years, 57.20% were in the age group 31-45 years and 10.30% were in 46 and above age group. It shows that majority of respondents were in the age group of 31-45 years.

Fig B



ASHA must be a woman resident of the village – preferably 'Married/Widow/Divorced/ Separated, as per community process guideline. The above data shows that majority of ASHA (93.27%) ASHA were married while 1.92% of ASHA were divorced and 3% were widow. But the rare observation was that there were 1.92% were unmarried which is against ASHA selection

guidelines.

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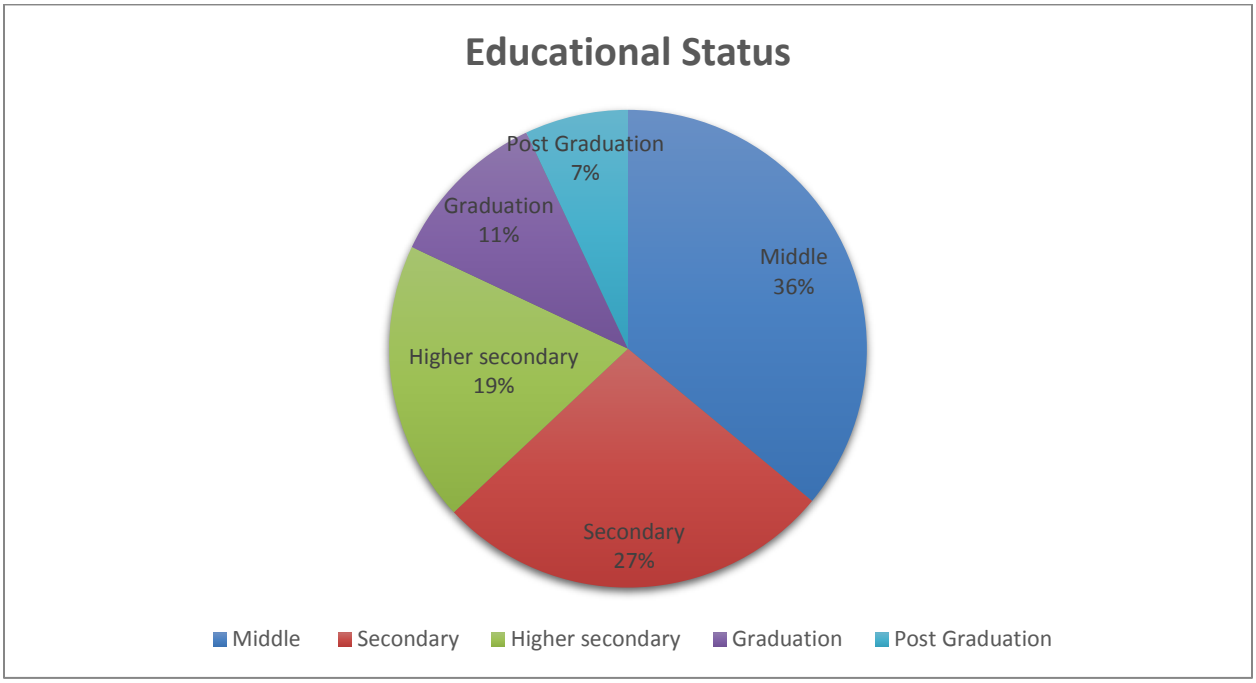
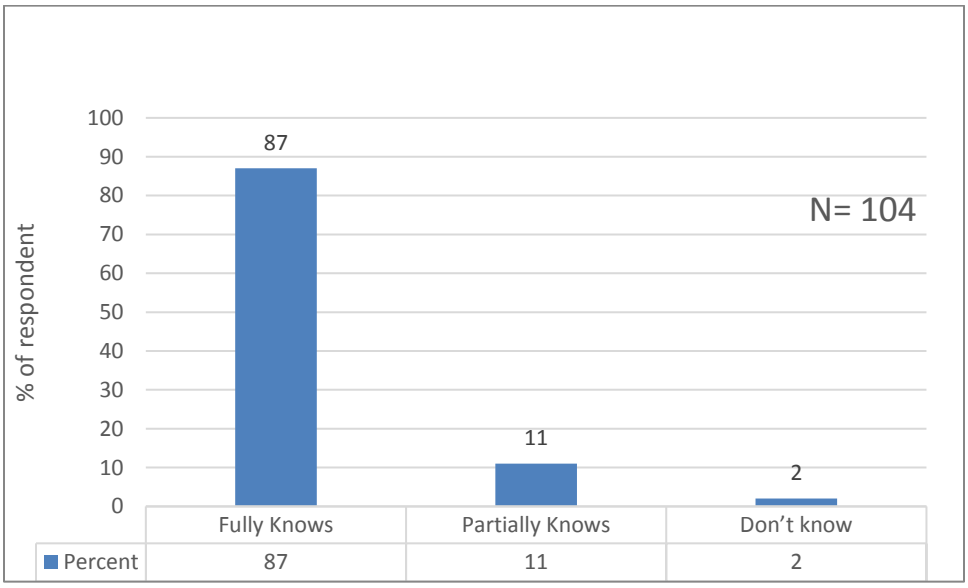
Fig C



In questionnaire the educational status was divided into 5 parts; middle level, secondary, higher secondary, graduation and post graduation. 36% of the ASHA workers are having education of Middle level i.e. 8th standard, which is as per the community process guideline that ASHA worker should be minimum 8th pass. 19% of the ASHA worker were high school passed, 11% of ASHA worker were graduate and 7% were post graduate.

FINDINGS AND DISCUSSIONS

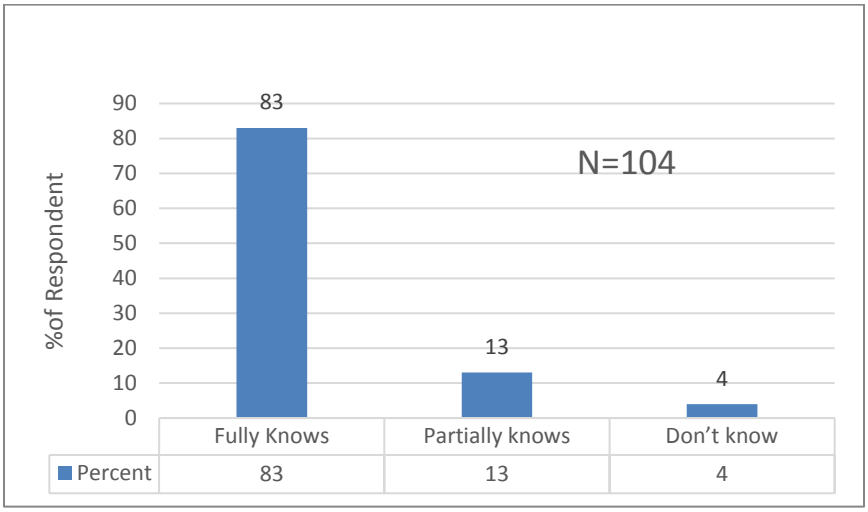
CHART 1- KNOWLEDGE OF ASHA REGARDING HOME VISIT IN CASE OF HOME DELIVERY



- ✓ Fully knowledgeable- Know all about 7 visit(1st day,3rd day,7th day,14th day,21th day,28th day, 42nd day after birth
- ✓ Partially knowledgeable- know about less than 7 correct visits
- ✓ Don't know- unaware about any visit of HBNC

From the above chart number 1 it is shown that 87% of ASHA correctly know about when they should visit in case of home delivery where 11 % of ASHA partially knows and 2% of ASHA don't know the correct answer

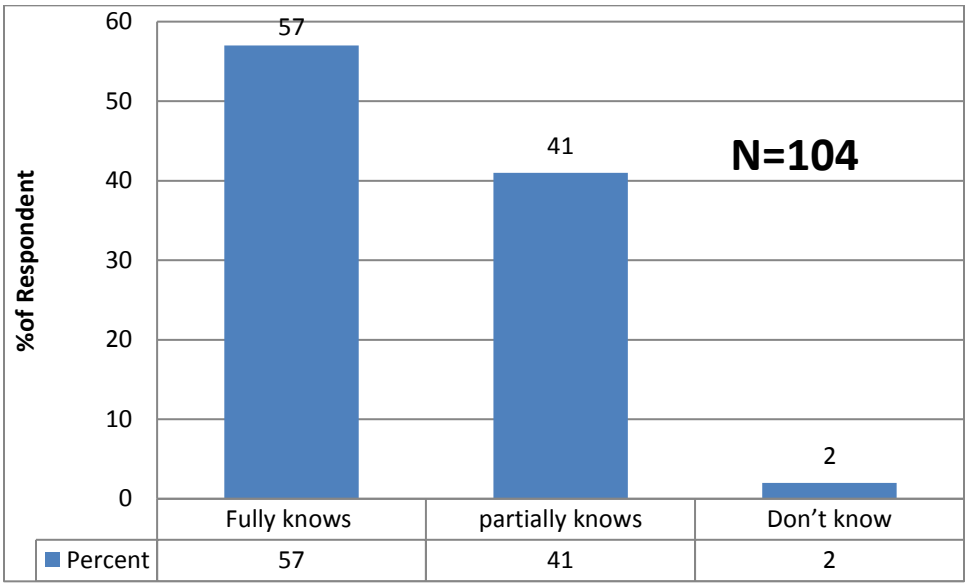
CHART 2- KNOWLEDGE OF ASHA REGARDING HOME VISIT IN CASE OF INSTITUTIONAL DELIVERY



- ✓ Fully Knowledgeable- know about all visit (day 3, day7, day 14, day21, day28 , day 42 post delivery.
- ✓ Partially knowledgeable- not aware about all the correct visit
- ✓ Don't know- They are not aware about any visit during HBNC

The above chart no 2 shows that 83% of ASHA are aware about the correct home visit i.e. when to visit for HBNC, where 13 % of ASHA are partially aware and 4% of them do not know about any visit during HBNC

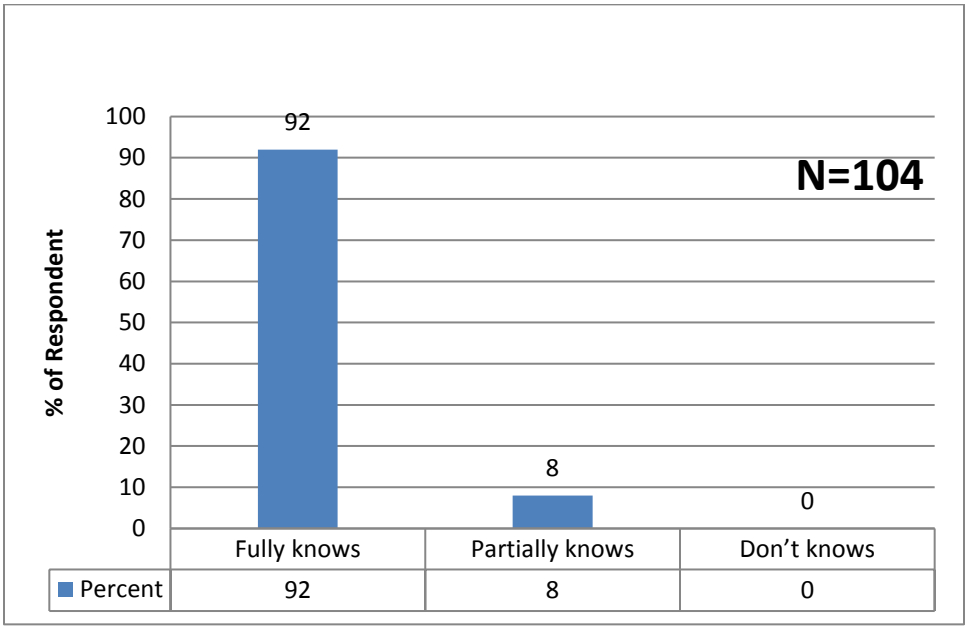
CHART 3- KNOWLEDGE OF ASHA ABOUT THINGS TO BE CARRIED DURING HBNC VISIT



- ✓ Fully knows- These ASHAs knows about all the things that should be carried by them during HBNC visit. These are weighing machine, thermometer, timer, pcm syrup, soap and soap care, gentian violet paint, cotrimoxazole syrup
- ✓ Partially Knows- These ASHAs knows about few of the things
- ✓ Don't know- Are not at all aware about these things

The above chart no 3 shows that more than half (57 %)ASHAs knows about all the things that are to be carried during HBNC visit where 41% aware about few of the things and 2 percent ASHA don't know about any of these things that are to be carried during HBNC visit

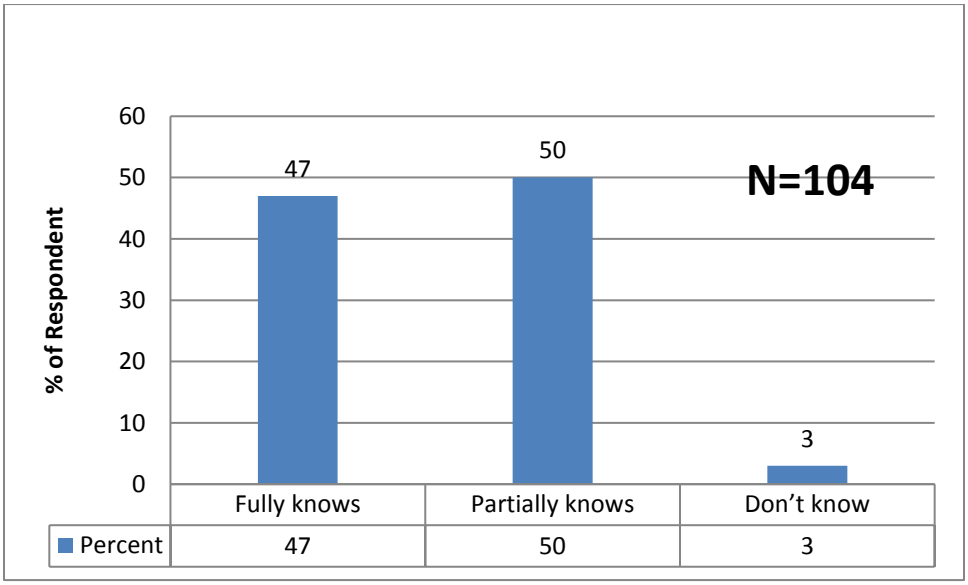
CHART 4- KNOWLEDGE OF ASHA REGARDING INITIATION OF BREAST FEEDING



- ✓ Fully knowledgeable- Know all the answer (within 1hr, immediately)
- ✓ Partially knowledgeable- Do not know about the both
- ✓ Do not know- Do not know about any information of breast feeding

The above graph shows that 92% ASHA knows that when to start breast feeding after baby is born while 8 % knows about the initiation partially.

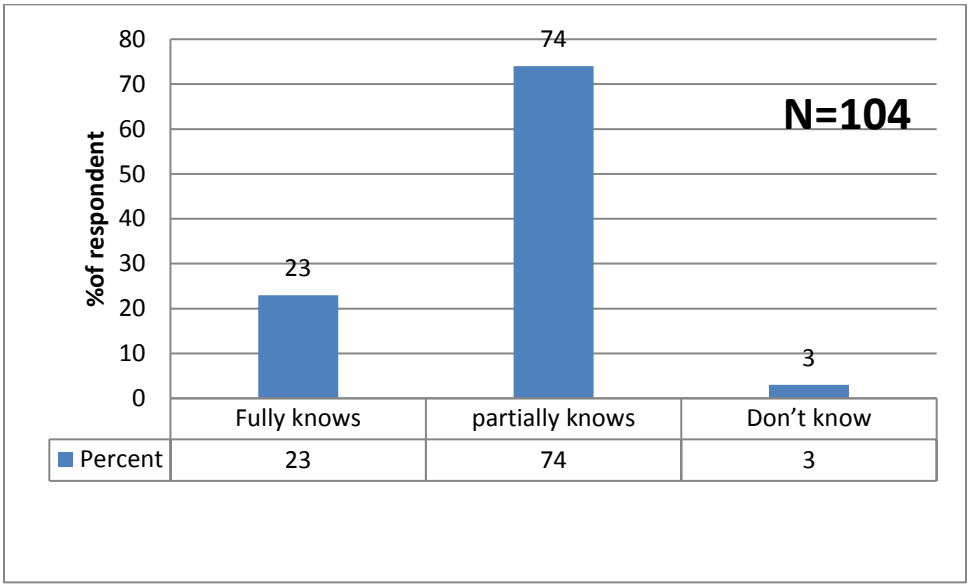
CHART 5- KNOWLEDGE ABOUT HIGH RISK BABY



- ✓ Fully knows- Birth weighing less than 2 kgs , baby not taking feeds on day one, preterm
- ✓ Partially knows- Know about few information
- ✓ Don't know- do not have any of the information

The above graph no 5 shows that 47 % ASHA have full knowledge high risk baby while 50% are partially knowledgeable and 3% ASHA don't have any knowledge about High risk baby.

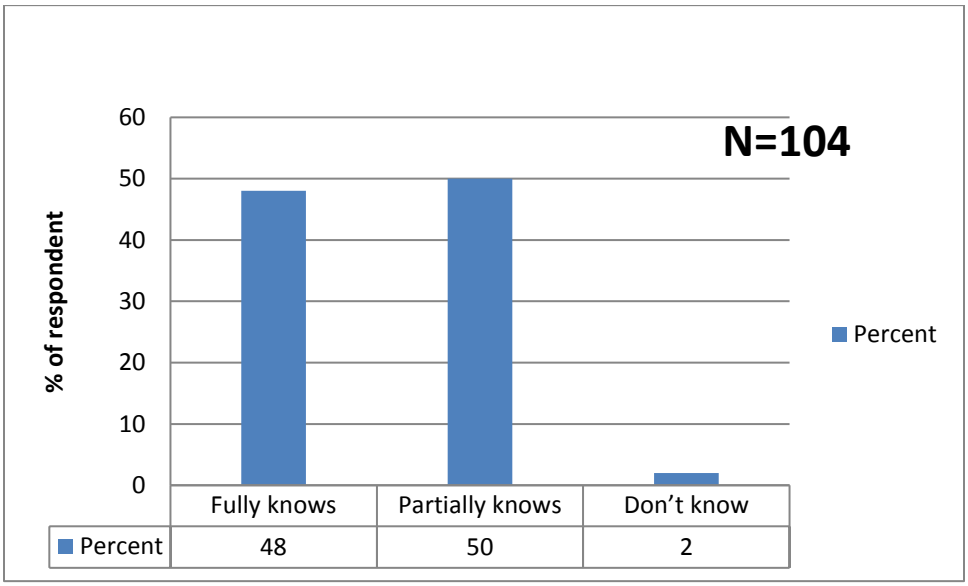
CHART 6- KNOWLEDGE OF MAINTAINING BABY'S BODY TEMPERATURE



- ✓ Fully knowledgeable- know all the answer- cover head and extremities, kangaroo mother care, keep near to mother
- ✓ Partially knowledgeable- few information are known
- ✓ Don't know- do not aware about any of the information

The above graph no 6 shows that only 23 % of mother have full knowledge of maintenance of baby's body temperature while 75 % partially knows and 3% ASHA do not have any information

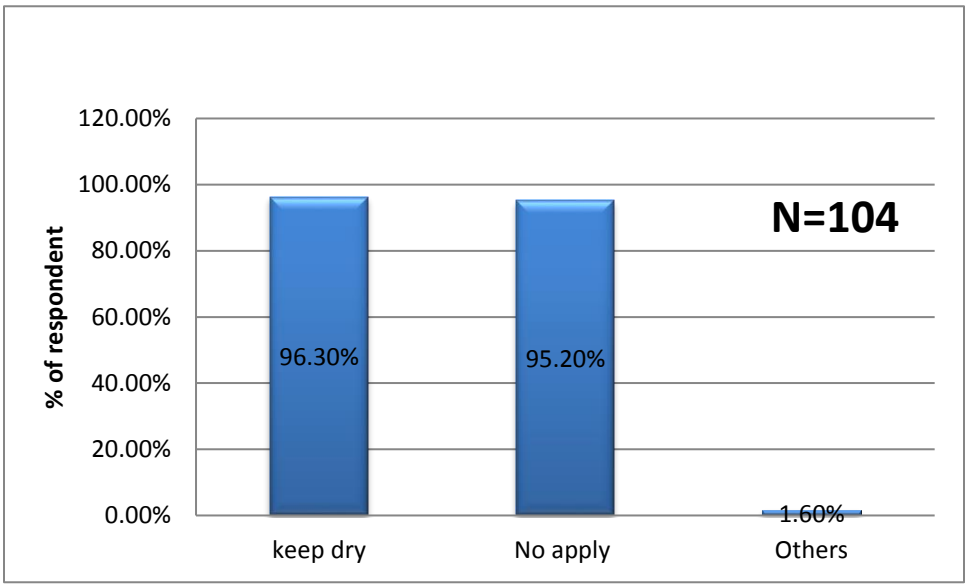
CHART 7- KNOWLEDGE REGARDING SIGNS TO BE EXAMINED



- ✓ Fully knowledgeable- know all the answer- swelling and pus in eyes, weight/temperature, pus filled pimples, change in breathing, pus in umbilicus, yellowness in eyes
- ✓ Partially knowledgeable- Know about few of the signs
- ✓ Do not know- do not know about any of the information

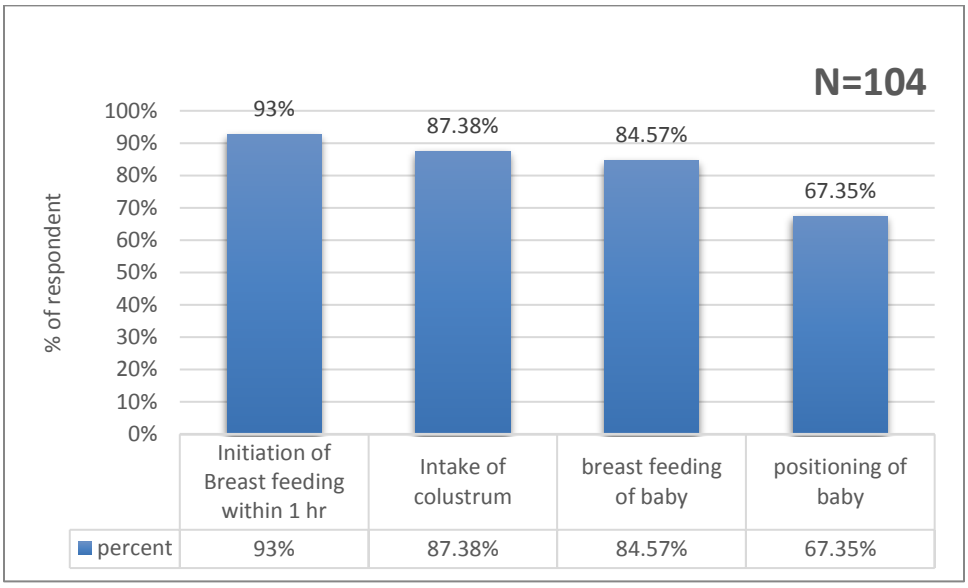
The above graph no 7 shows that 48 % of AHSAs have the full information about the sign to be examined during HBNC visit while same percent have partially aware and 2 % ASHA do not have any Information

CHART 8- ADVICE FOR CORD CARE



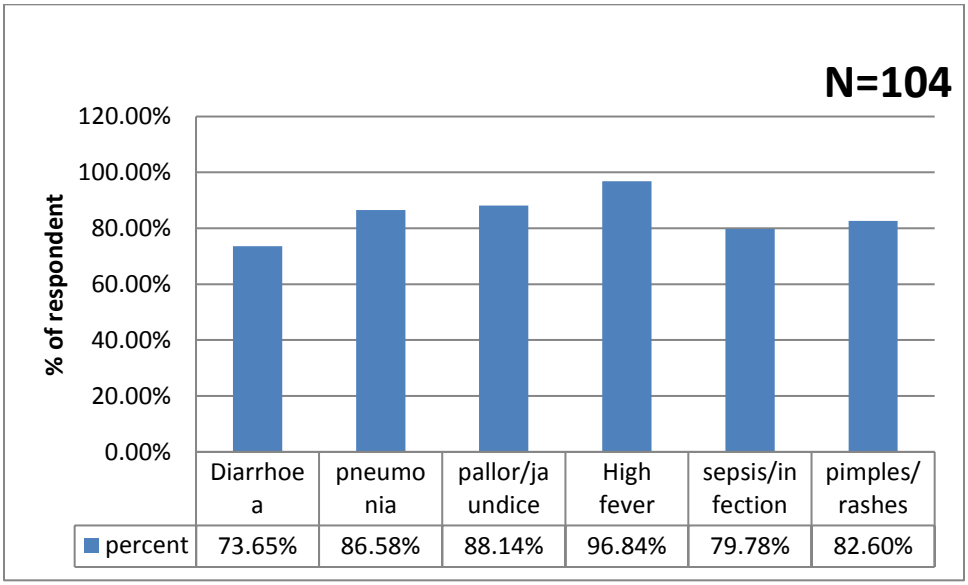
The above graph no 8 shows that more that 96% ASHA says that cord of the baby should keep dry while around 95 % of ASHA advice mother that nothing should be apply in the cord of the baby and only around 2% ASHA had other opinion

CHART- 9- ADVICE TO MOTHER'S REGARDING FEEDING PRACTICES



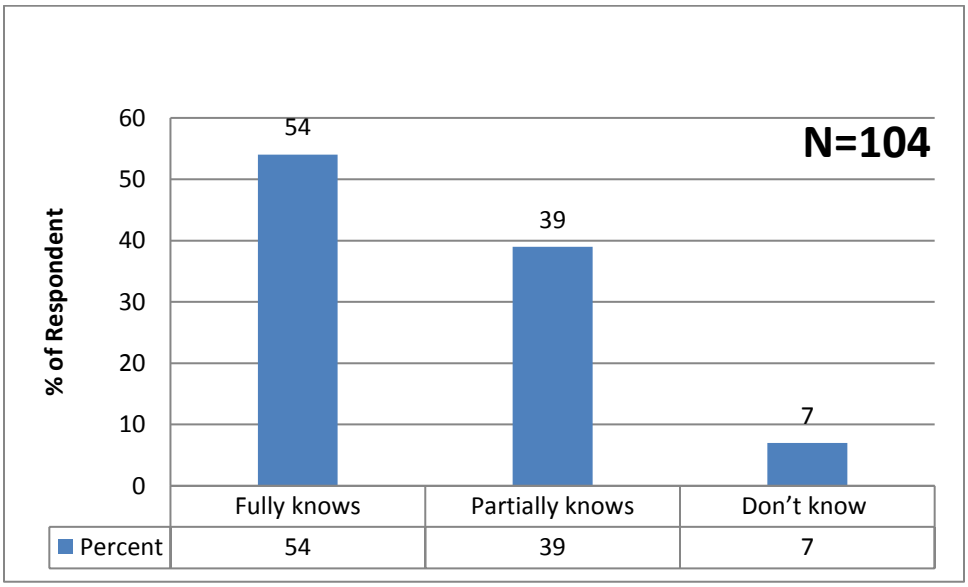
The above graph no 9 shows that 93 % ASHAs advices mother to start initiation of breast feeding within 1 hrs or immediately after birth. Around 87 % ASHA suggests mothers for colostrum consumption around 84 % advice for breast feeding and 67.35% about positioning of baby.

CHART 10- COMPLICATIONS NEED TO BE OBSERVED DURING HBNC



The above graph 10 shows that 73.65% ASHA think Diarrhoea need to be observed during HBNC while around 86% think about Pneumonia, and maximum 96.84% of ASHA think that high fever should be observed at the time of HBNC

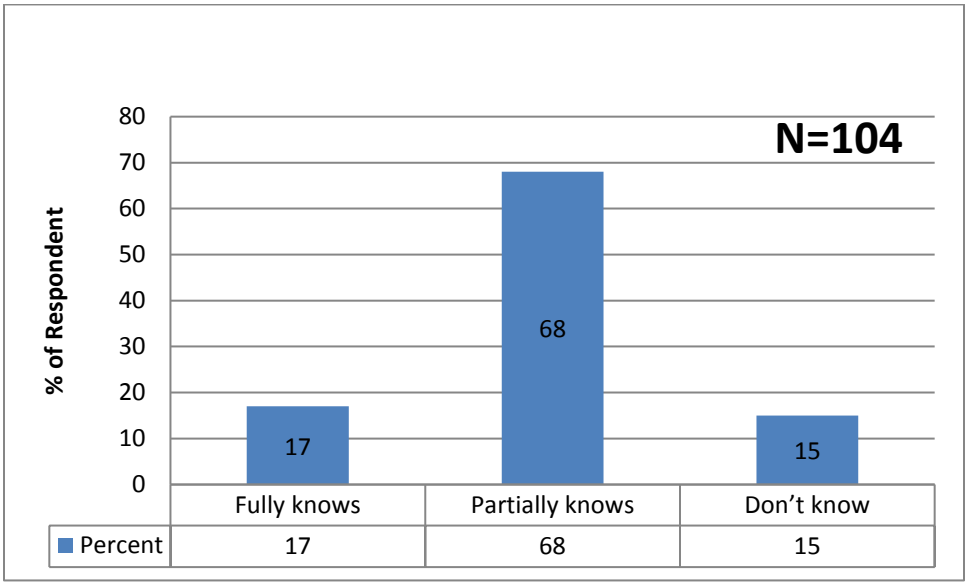
Chart 11- **KNOWLEDGE REGARDING BENEFITS OF BREASTFEEDING FOR MOTHERS**



- ✓ Fully Knowledgeable- Helps wombs to contract, placenta is expelled easily, Helps in reducing weight loss, reduce risk of bleeding
- ✓ Partially knowledgeable- Knows few
- ✓ Do not know- do not have information about any of these

Above graph 11 shows that only 54 % of the ASHA fully knows that Breast feeding also gives benefits to mother as well apart from baby while 39 % have partial knowledge and 7 % of ASHA don't know about any benefits.

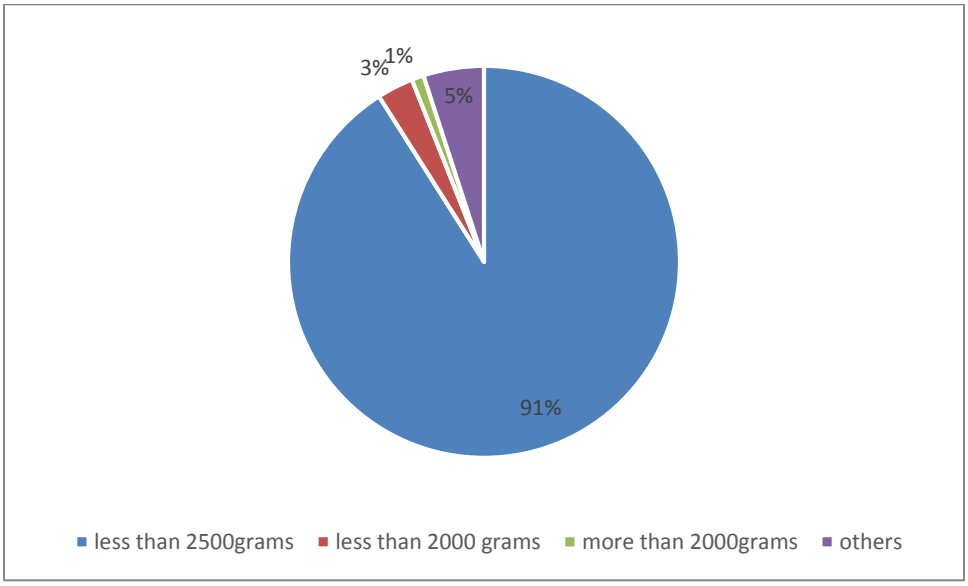
CHART 12- KNOWLEDGE OF PREVENTION OF SEPSIS



- ✓ Fully knowledgeable- Knows all the answer- keep the baby warm during cold season, good hygiene, frequent hand washing, clean instrument at the time of delivery, clean cloths. Breast feeding (initiate early, on demand and exclusive). Keep umbilical cord clean and dry
- ✓ Partially knowledgeable- information are known
- ✓ Do not know- unaware about any information

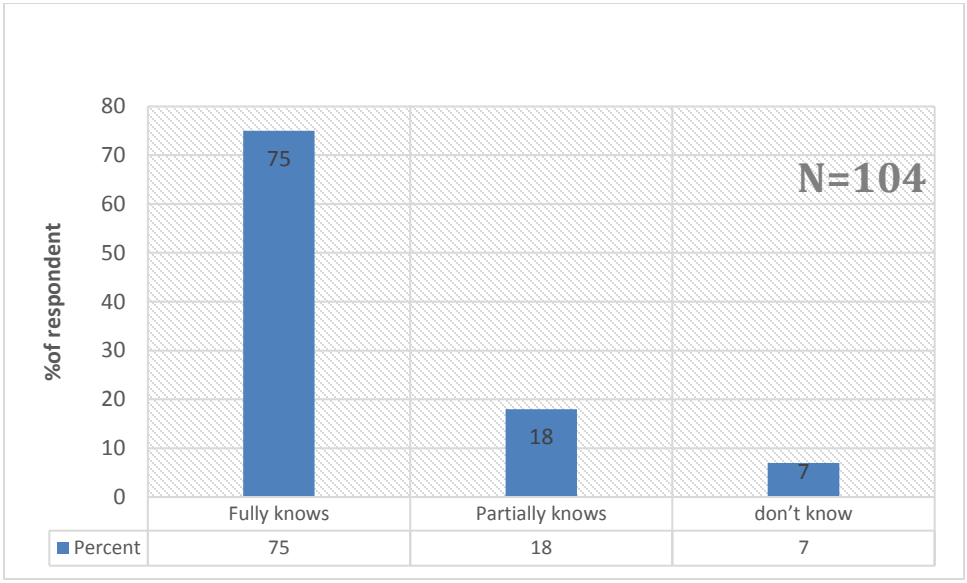
The above graph no 12 shows that only 17% ASHA fully know about the prevention of sepsis while the majority i.e. 68 % ASHA have partial information how to prevent sepsis and 15 % ASHA do not have any information regarding the prevention of sepsis

CHART 13- KNOWLEDGE OF LOW BIRTH WEIGHT BABY



The above pie chart Shows that majority percent (91%) of the ASHA responded correctly about the weight of low birth weight baby is less than 2500grams while 5% said others and only 1% said more than 2500grams and 3% of ASHA said that low birth weight baby is more than 2500 baby

CHART 14- BENEFITS OF KANGAROO CARE



- Fully Knowledgeable- all the answer are known- Reduce hypothermic risk, promote weight gain and lactation , reduce hospital stay and infection
- Partially knowledgeable- Know about few
- Do not know- ASHA do not have any information about the benefits of KMC.

From the above graph it shows that three fourth(75%) of the ASHA have full correct information about the benefits of KMC while 18% ASHA are Partially aware and 7% ASHA do not know anything about the benefit of KMC

Conclusion

The study aimed to assess the knowledge of ASHAs of Shyampur block in provision of HBNC services. It is evident from the results and the discussions that the knowledge level is good among the ASHAs. Most of the ASHAs had correct knowledge regarding the number of home visits to be made for HBNC. Talking of advices given to the mothers it was appreciable to know that most of the ASHAs gave advices on Breast Feeding, care of cord hand benefits of breastfeeding. 87% ASHA had full knowledge only 11 % partially knew and only 2% were not aware about the home visit in case of home delivery and for institutional delivery the percentage are 83%, 13% and 4 percent respectively. 57% ASHA were fully aware or had full correct knowledge regarding the things carried during HBNC visit. The only area where the knowledge of ASHA is much poor and the matter of concern is regarding the prevention of sepsis where only 17% had full knowledge about how to prevent sepsis. Ensuring refresher training regular supportive supervision can make HBNC effective and thus help in achieving the goal of reduction of maternal mortality ratio and neonatal mortality

Recommendations

- ✓ Ensuring training to all ASHA
- ✓ Provision of refresher training in a year
- ✓ Regular supportive supervision
- ✓ Systematic assessment of ASHAs

Limitations of the study

- This study was done only in one block of Sehore district, Madhya Pradesh and sample collected is small, and hence cannot generalize over a large population

- The time period for the study was very short for the various activities of the project.

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