Study to Assess the Knowledge and Practice of ASHAs in Providing Post Natal Care at Sidhpura Block of Kasganj District

By

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ABBREVIATIONS

ANC : Ante Natal care
ASHA : Accredited Social Health Activist
PNC : Post Natal Care
HBNC : Home Based Newborn Care
LBW : Low Birth Weight
KMC : Kangaroo Mother Care
P&D : Pneumonia & Diarrhea
CHW : Community Health Worker
BCS : Block Community Supervisor
DCS : District Community Specialist
GoI : Government of India
IHAT : India Health Action Trust
IIHMR : Indian Institute of Health Management and Research
IMR : Infant Mortality Rate
UP : Uttar Pradesh
UP-TSU : Uttar Pradesh-Technical Support Unit

Dissertation

A STUDY TO ASSESS KNOWLEDGE AND PRACTICES OF ASHA IN PROVIDING POST-NATAL CARE AT SIDHPURA BLOCK OF KASGANJ DISTRICT, U.P.

1.1 INTRODUCTION

The postnatal period, just after delivery and through the first six weeks of life, is recognized as a critical time for both mothers and newborns. The importance of postnatal care services has been reported in various studies worldwide. Postnatal care services enable health professionals to identify post-delivery problems, including High Risk complications and to promptly provide treatments.
Postnatal care is pre-eminently about the provision of a supportive environment in which a woman, her baby and the wider family can begin their new life together. It is not the management of a condition or an acute situation

Reducing infant and child mortality is one of the foremost goal of National Health Mission. High proportion of infant death burden is related to newborn deaths, and further gains in reducing IMR are likely only through a focused effort at implementing evidence based cost effective interventions that affect neonatal health outcomes. There is sufficient evidence to demonstrate that despite the increasing number of institutional deliveries a substantial proportion of neonatal death occur in the home. For effective promotion of post natal care, NHM offers several platforms which include the presence of trained Accredited Social Health Activist (ASHA) in every village.

Care is likely to include routine clinical examination and observation of the woman and her baby, routine infant screening to detect potential disorders, support for infant feeding and ongoing provision of information and support. It provides maternal and child health services, including health counselling, vaccination, physical examinations of women, nutrition, immunizations, as well as weighing of children under five years of age, all conducted on a monthly basis.

The Government of India release Post natal care guideline in 2011 to increase access to newborn care through ASHAs. The guideline expect ASHAs to make home visit to promote essential newborn care, identify illness ,and refer infants, if needed.

1.2 Literature Review

A situation analysis on performance of ASHA to provide post natal care services by Emil Das et.al. showed that through the guidelines of Government of India on post natal care on post natal care expect ASHA to make home visit health counseling, vaccination, physical examinations of women, nutrition, immunizations to promote essential newborn care, identify illness and refer infant if needed.

Study on the effect of Knowledge of community health worker on essential newborn health care suggest that community health worker's (CHD) knowledge is one of the crucial aspects of health system to improve the coverage of community-based newborn health care programs as well as adherence to essential newborn care practices at the household level. Intervention of ASHA is proved successful in providing home based services after delivery.

A study of knowledge and skills of female health workers regarding maternal care under RCH program suggests that the knowledge, practice and skills of female health worker in regards to post natal care services is very crucial aspects of maternal care for prevention of maternal mortality. Therefore in service periodical sensitization & advocacy workshops and trainings of these female health workers recommended. Supervisory cadres are required to brace themselves for most strict and stringent vigilance & supervision of the functioning of female health workers.

A study on new born care practices and home based postnatal care new born care program Mewat, Haryana, India, 2013 shows that mothers adopted a few safe practices, ASHA seems to have play a key role in facilitating the adoption of safe practices, however the quality of services can be further improved. Study suggests that routine clinical examination and observation of the woman and her baby, routine infant screening 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, vaccination, physical examinations of women, nutrition, immunizations, as well as weighing of children under five years of age, all conducted on a monthly basis. Study concludes that Knowledge–practice gaps existed among mothers counseled by ASHAs. Poor utilization of reproductive and child health services decreased opportunities for ASHA–mother dialogue on safe practices. Recommendations included training ANMs, training TBAs as ASHAs, innovative communication strategies for ASHAs and improved referral system.

1.3 RATIONALE

Post natal care is established in response to concerns about the contemporary high maternal mortality rate. In cases of institutional delivery, where baby and mother are discharged after 48 hour according to the current guideline it is expected that care for newborn during this period is provided in the institution. When the mother and baby return home care is still required to save baby during the critical first month. Any illness during this period could result in newborn dying at home, unless the baby is provided with appropriate care or referred to a facility equipped to treat sick newborn.

A significant proportion of mothers prefer to return home within a few hours after delivery, which means that home based care is need to be available even for such babies born in institutions to tide them over the first day and thereafter.

Furthermore for the home deliveries, home based newborn care is essential even on the first day. The guidelines Government of India on Post natal care expect ASHAs to make home visits to promote essential newborn care, identify illness and refer infants if needed. Thus the knowledge and practice of ASHA is one of the crucial aspect of health system to improve the coverage of community based newborn health care programmes as well as adherence to essential new born care practices at household level.

Postnatal care services is the recommended intervention aimed at preventing MMR & IMR worldwide. Bareilly District is one of the high priority district of Uttar Pradesh with a high proportion of home deliveries, a low attendance of postnatal care uptake. Rationale, including reasons for not using these services, the services received during postnatal care, and cultural practices during postnatal periods in Bareilly Districts of Uttar Pradesh.

The Government of India has recommended that all mothers and newborns receive three postnatal (PNC) checkups within 42 days of delivery as follows: first within 48 hours, second between 3-7 days and the third within 42 days of delivery, by ASHA under the scheme of HBNC(Home Based Newborn Care). Here ASHA plays an important role in finding out any complications in mother(foul discharge, swelling in feet, fever, problem in defecation/urination, stiffness in breast) and child (Jaundice, Malnourished, Sepsis), Breastfeeding counselling. IMR 78 whereas Neonatal Mortality Rate is 51 according to Annual Health Survey 2011-12.

1.4 RESEARCH QUESTION

Q. What are the knowledge and Practices of ASHA in providing PNC services at Nawabganj Block of Kasganj District of Uttar Pradesh ?

1.5 OBJECTIVE

1. To assess the Knowledge of ASHA regarding services delivered under Post natal Care.
2. To assess the Practice of ASHA regarding services delivered under Post Natal Care.
3. To study various factors influencing the effective provision of PNC services by ASHA.

1.6 METHODOLOGY

Study Design : Descriptive Cross Sectional Study
Study Area : Sidhpura Block of Kasganj District, U.P.
Study Duration : 3 Months
Study Participants : ASHAs of Sidhpura block who have undergone Module 6&7 training.
Sampling : Focused block Sidhpura was selected out of 4 TSU Blocks by Simple Random Sampling. And all the working ASHAs of the block were taken as Sample and interviewed
Sample size : Total ASHAs - 165
Working ASHAs 157 + 8 Inactive ASHAs
(All 157 working ASHAs of Sidhpura Block was taken out of total ASHAs of the block).
Data collection Technique :Interview
Data Collection Tool : Semi- structured questionnaire

1.7 DATA COLLECTION AND ANALYSIS

Data was entered in Ms-excel and analyze with the help of "Pivot" Function and "COUNTIF" Function.

1.8 ETHICAL CONSIDERATIONS

- Data was collected after informed consent obtained after explaining the study objectives and procedure to the respondents and their parents.
- Privacy was ensured by conducting interviews in absence of any other person, than the interviewer and respondent.
- All information linked with personal identity of the respondents was only provided to the principal investigator and was removed from the data during all stages of analysis.

1.9 RESULTS

1.9.1 Number of ASHAs have HBNC kit

Around 88 % ASHAs have HBNC Kit with them out of 157 ASHAs and 12 ASHAs don't have HBNC Kit.

S.No.	Does ASHA have HBNC Kit	Values (N=157)	Percentage
1	Yes	138	88%
2	No	19	12%

Fig.1.1

1.9.2 Home Visit in case of Home Delivery

63% ASHAs Knew correctly when to visit in case of Home delivery while 34 % ASHAs partially* knew the correct answer* and 2% ASHAs visited only when family call them.

* Correct answer 1,3,7,14,21,28,42,)

* Partially Correct answer - Acc. to the tool of UPTSU, any single visit is consider as all HBNC Visits. So they replied only one day out of (1,3,7,14,21,28,42).

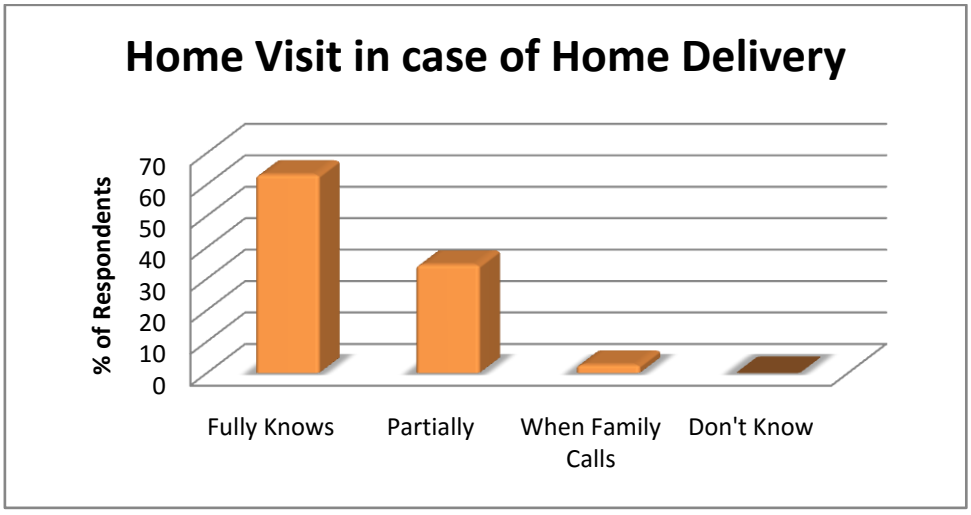

Fig.1.2

1.9.3 Home Visit in case of Institutional Delivery

70% ASHAs Knew when to visit in case of Institutional delivery while 19 % ASHAs partially* knew the correct answer* and 11% ASHAs visited only when family call them.

* Correct answer 1,3,7,14,21,28,42,)

* Partially Correct answer - Acc. to the tool of UPTSU, any single visit is consider as all HBNC Visits. So they replied only one day out of (1,3,7,14,21,28,42).

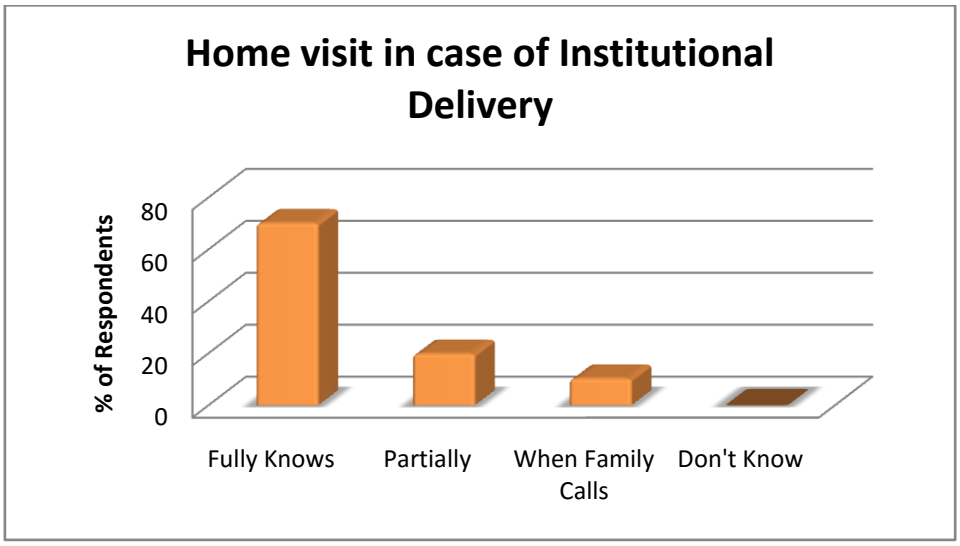

Fig.1.3

1.9.4 Things carried during visit to new born

36% ASHAs carried only diagnostic Instruments not Medicines(Weighing Machine, Thermometer, Timer and Watch) while 12% were carried complete kit and 43 % ASHAs were carried sometimes Diagnostic Instruments along with Medicines, and Sometimes complete kit 2% ASHAs were don't know the answer.

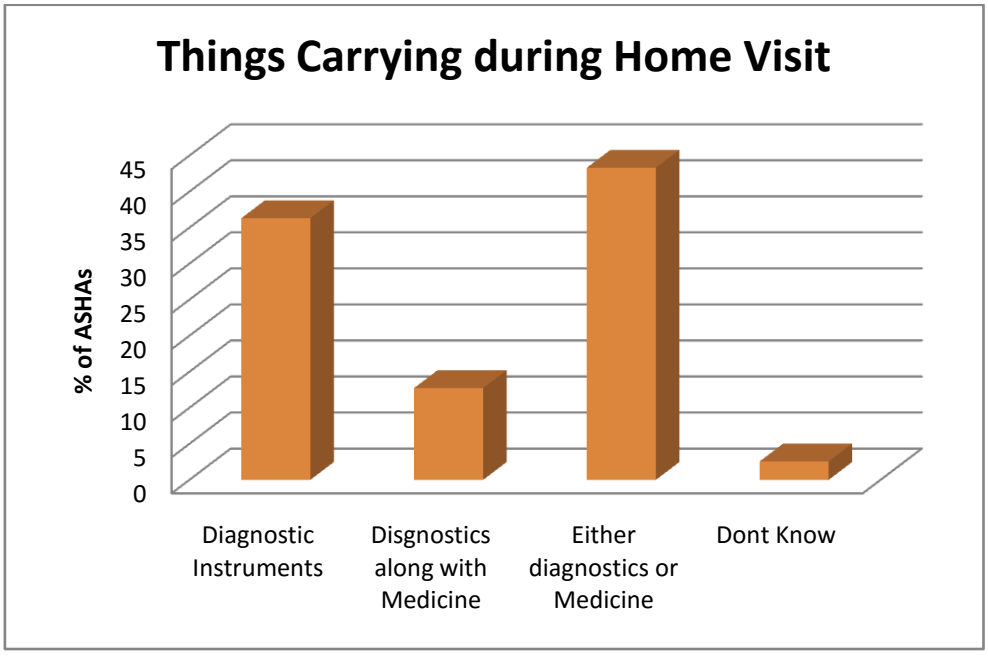

Fig.1.4

1.9.5 Information Related to Mother after Delivery

45% ASHAs were giving information of All Exclusive Breast feeding ; Hand washing ; Family Planning while 40% ASHAs were only giving information of Exclusive breast feeding , 10 % were informed about Hand washing and 5% were don't know what to share.

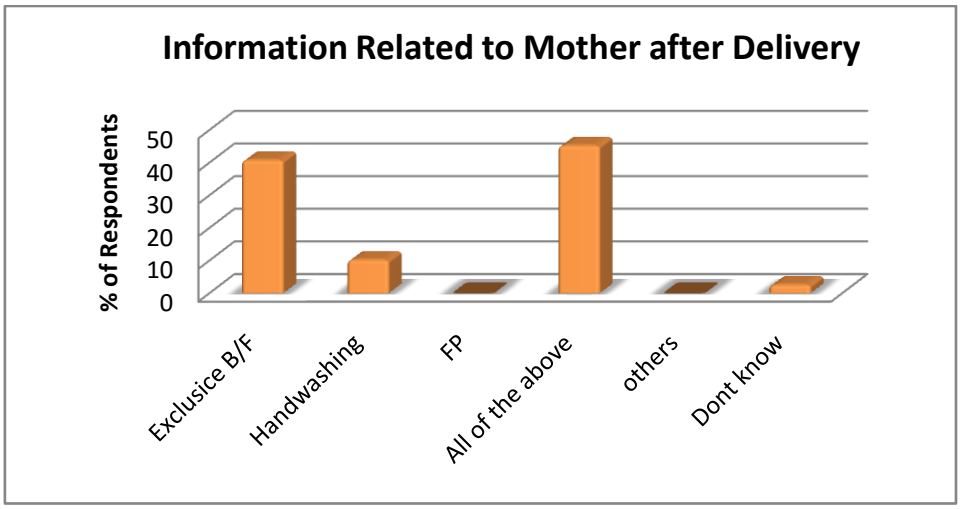

Fig.1.5

1.9.6 Information Related to Baby gave to Mother after Delivery

Almost 60% ASHAs gave all the information related to baby to mother (Birth registration + Breast feeding + vaccination + hand washing) , 28% ASHAs were gave only information related to breast feeding, while 10% ASHAs gave this information separately and 2% were don't know this info.

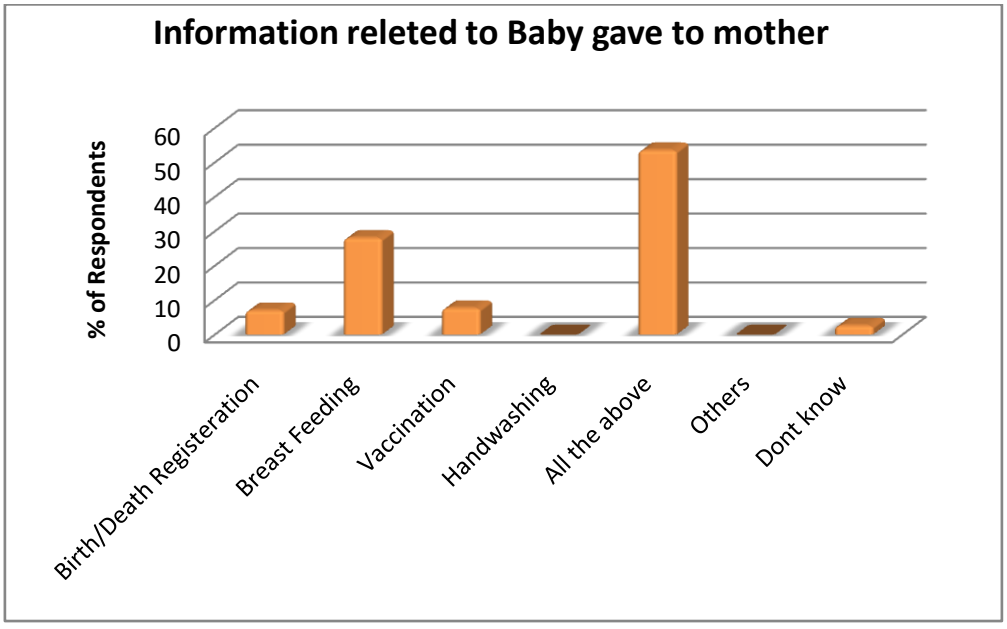

Fig.1.6

1.9.7 Knowledge of Complications observed in Baby during HBNC Visit

Only 36% ASHAs have knowledge of complications (Diarrhea/Pneumonia , Pallor/Jaundice , High fever , Sepsis/Infection/Pimples/Rashes , Seizures) and 26 % ASHAs were only have knowledge about high fever to be observed during HBNC and remaining 27 % ASHA were have the knowledge that only Diarrhea/ Pneumonia was to be observed and 6% were have the knowledge that pallor/jaundice to be observed and remaining 5% were have knowledge of seizures to be observed.

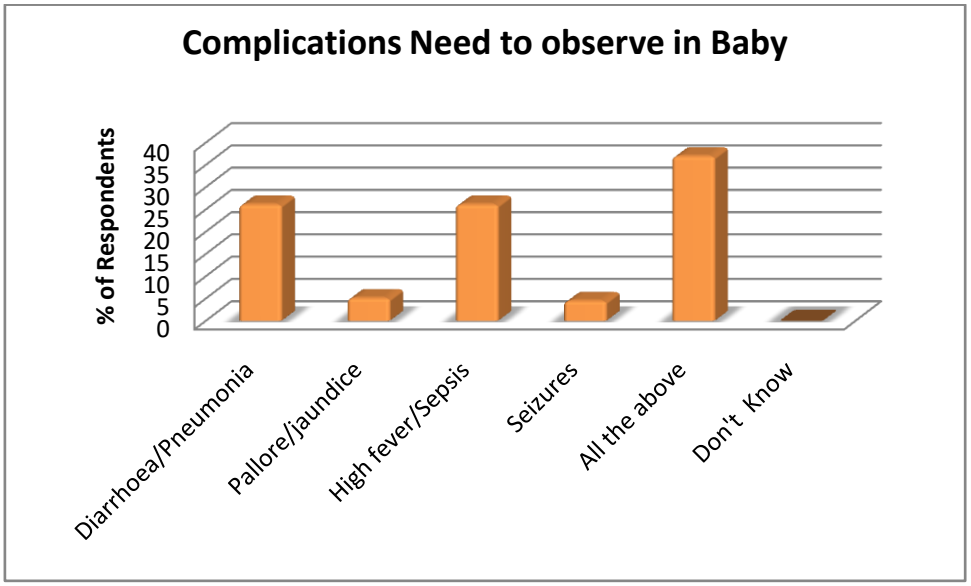

Fig.1.7

1.9.8 Knowledge of Complications observed in Mother during HBNC Visit

Almost 70% ASHAs were have knowledge to observed all the complications while 5% don't know which complications have to be observed remaining 25% ASHAs were have the knowledge to observed.

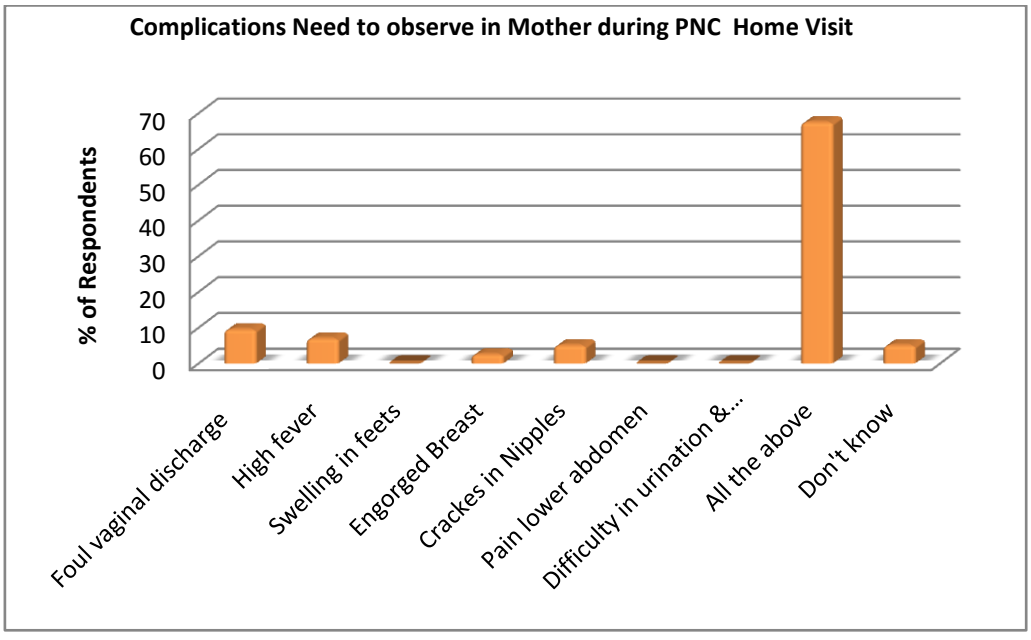

Fig.1.8

1.9.9 Knowledge of when to be breast feeding initiated

70% ASHAs knew that breast feeding have to be started within 1 Hr. and 27% ASHAs knew breast feeding was done after 1 Hr. while 3 don' know the answer.

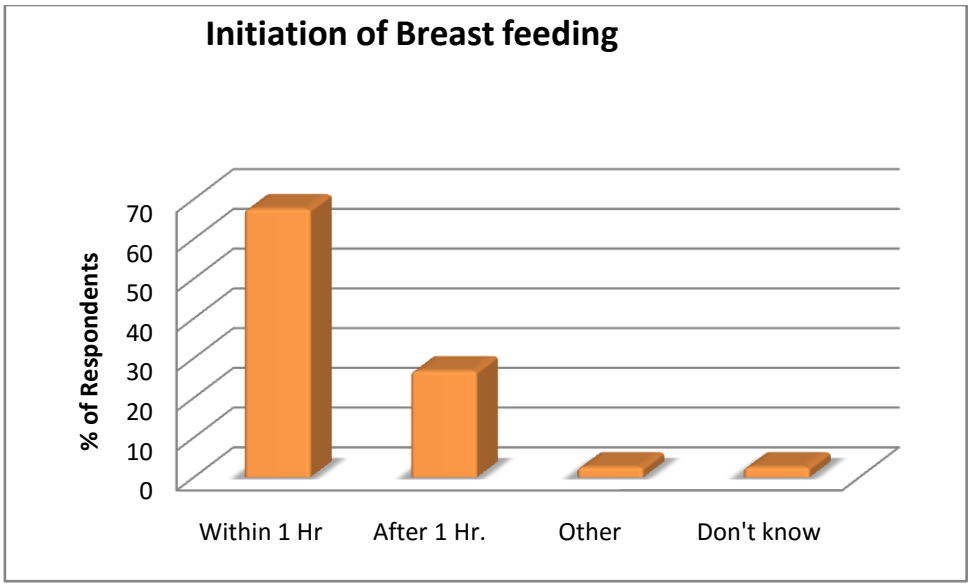

Fig.1.9

1.9.10 Knowledge about frequency of feeding within 24 Hrs.

70 % ASHAs knew that breast feeding is require to be done 7-8 times in day, 18 % ASHAs says that mother require breast feed her child when child cry. 10% ASHA were agree with above both the options and 2%ASHAs were don't knew the answer

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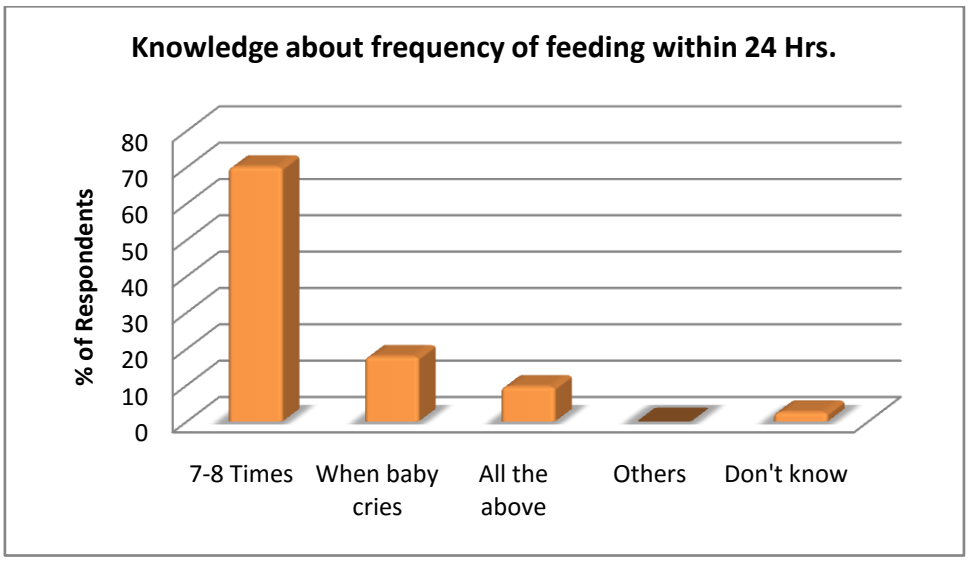

Fig.1.10

1.9.11Knowlege of ASHA in advising mother about feeding practices

41% ASHAs were knew to advise mother about Exclusive Breast feeding and 40 % ASHAs were knew to advise mother abut early initiation of Breast feeding. Remaining ASHAs.

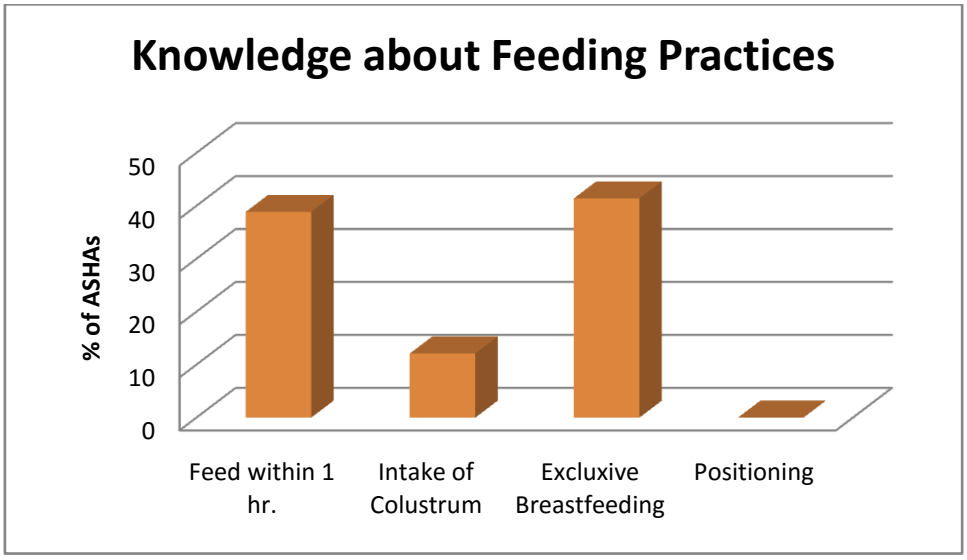

Fig.1.11

1.9.12 Knowledge of ASHA in advising Mother for cord care

67 % ASHAs have the knowledge and they advised mother to kept the cord dry while 28% ASHAs have the knowledge and the y advised mother that nothing should be applied to cord. And a very few ASHAs were don't know about this.

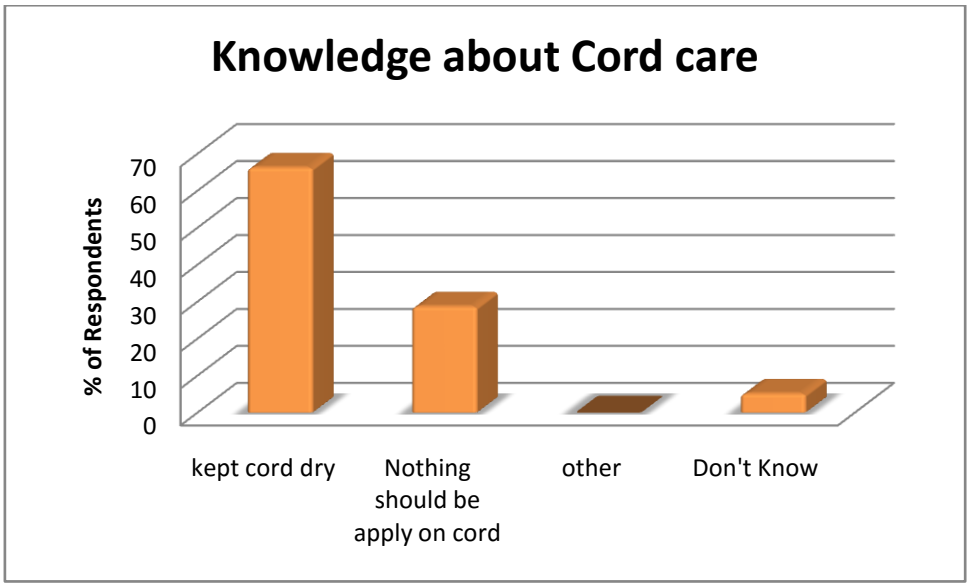

Fig.1.12

1.9.13 knowledge in Identifying Low Birth weight Baby

More than 50% ASHAs knew the criteria to find the LBW child, 24 % ASHAs were not respond correctly they don't have knowledge about it. 15% ASHAs thought that 2500 grams of baby is also LBW baby and remaining 12% were don't knew the Answer.

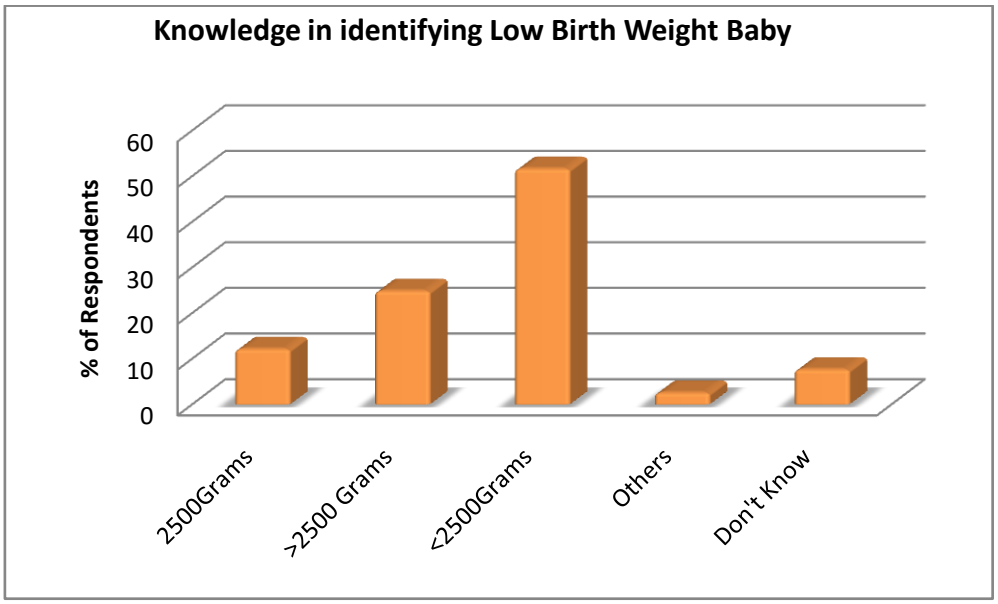

Fig.1.13

1.9.14 Practice of ASHA when she found Low Birth Weight Baby

50 % of ASHAs advised to refer at Hospital while 42% ASHAs advised and counsel for feeding and Kangaroo Mother Care. Remaining 6% Advised home remedy to cure and 2% ASHAs were Don't the answer.

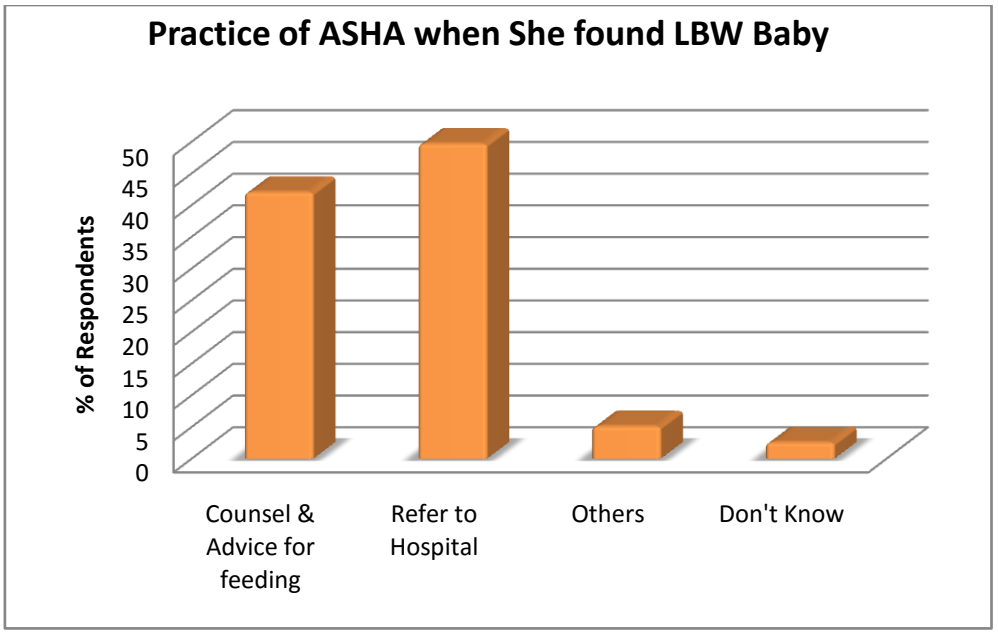

Fig.1.14

1.9.15 Knowledge of ASHA regarding maintenance of Temperature of the Baby

50% of ASHA suggested to kept the baby near to mother they suggest partially don't have technical knowledge, 30% ASHAs were suggesting KMC with proper demo. while remaining 18% advised mother to kept head & extremities of baby covered and 2% of ASHAs were not attempted this question.

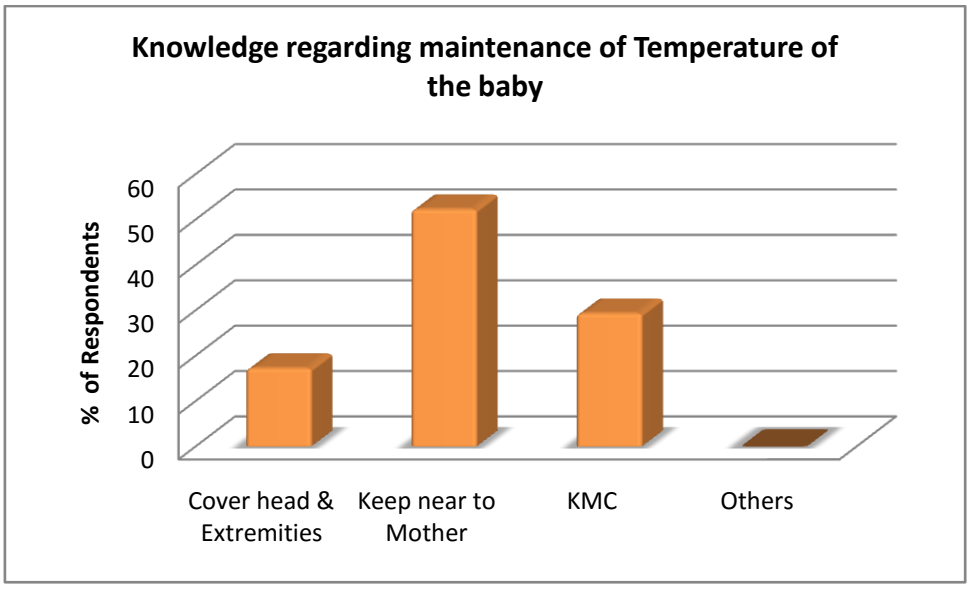

Fig.1.15

1.9.16 Reported Practice of ASHA in examining complications in baby during home visit

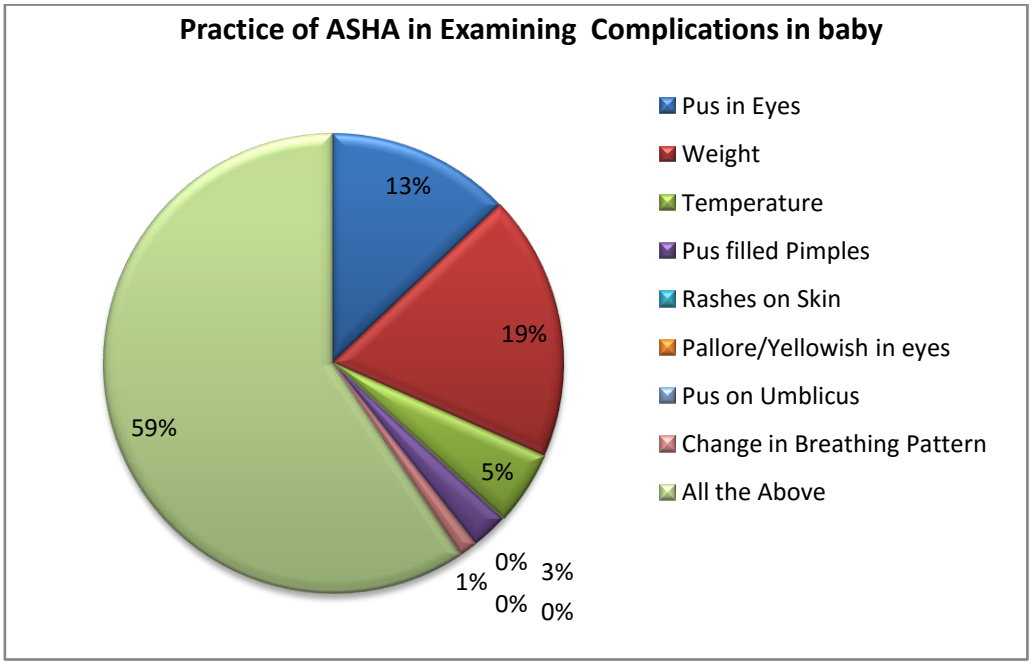

Fig.1.16

1.9.17 Percentage of ASHAs who received Checklist for HBNC and ones who filled the checklist for HBNC

Here in Sidhpura Block almost 88% of ASHAs have received HBNC Checklist and Approximately 50% ASHAs were filling HBNC checklists

Received Checklist	Response	% of Respondents
N=157	Yes (1)	87.98%
	No (2)	12%
Filling of Checklist		
N=157	Yes (1)	49%
	No (2)	51%

Table 1.1

1.9.18 Awareness of ASHA about incentives under PNC services.

In the ratio of 75 % & 25 % , only 75% ASHAs were aware about the incentives for which they entitled for under PNC Services.

Awareness about incentives	No. of ASHAs	Percentage
Yes (1)	118	75%
No (2)	39	25%

Table 1.2

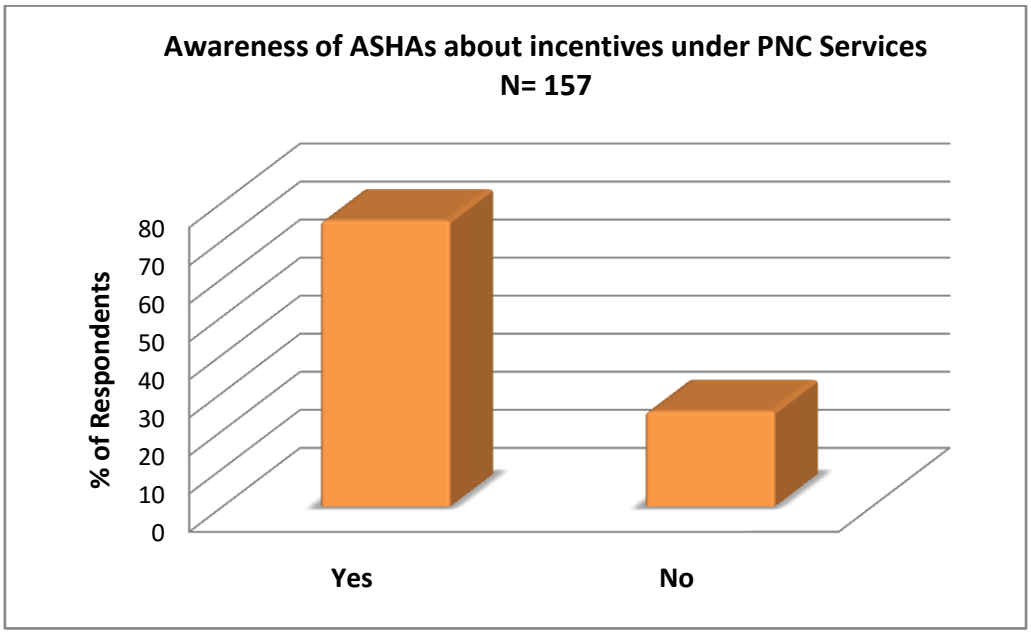

Fig.1.17

1.9.19 Percentage of ASHAs Faced Problem in service provision of Post Natal Care

Here the N=157, out of it 67% ASHAs were facing problem in service provision of Post Natal Care while only 33% ASHAs who were not facing any problem.

Problem faced by ASHA	No. of ASHAs	Percentage
Yes (1)	104	67%
No (2)	53	33%

Table 1.3

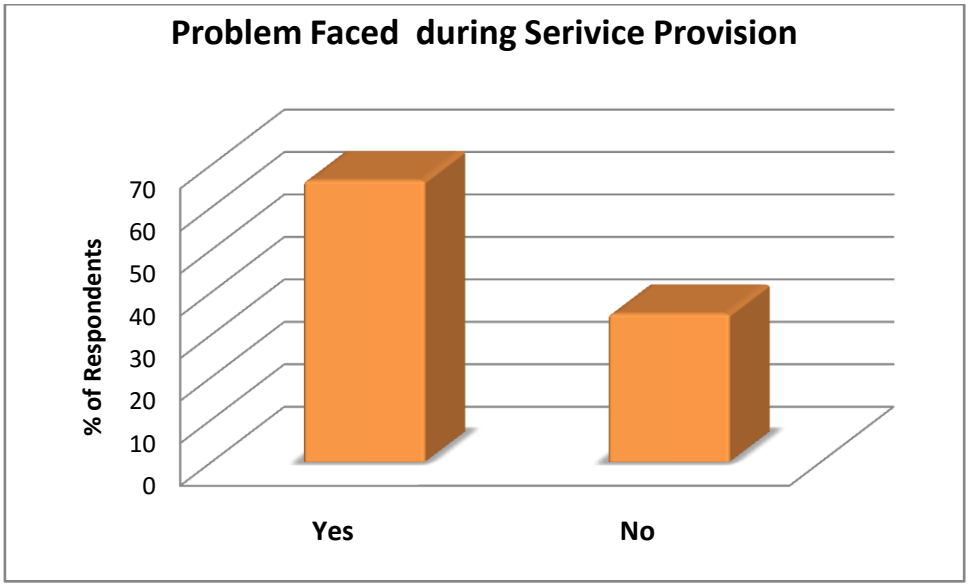

Fig.1.18

1.9.20 Types of problem faced in Service Provision by ASHAs

More than 33% ASHAs were facing all the mentioned problems in service delivery and almost 30% ASHAs were facing problem in receiving incentives. remaining ASHAs have the problems like conveyance (11%) and Beneficiary Don't Listen to them.

Type of Problem faced	No. Of ASHAs	Percentage
Don't Listen	41	26%
Conveyance	19	11%
On time incentives	47	30%
All the above	50	33%
Others	0	0

Table.1.4

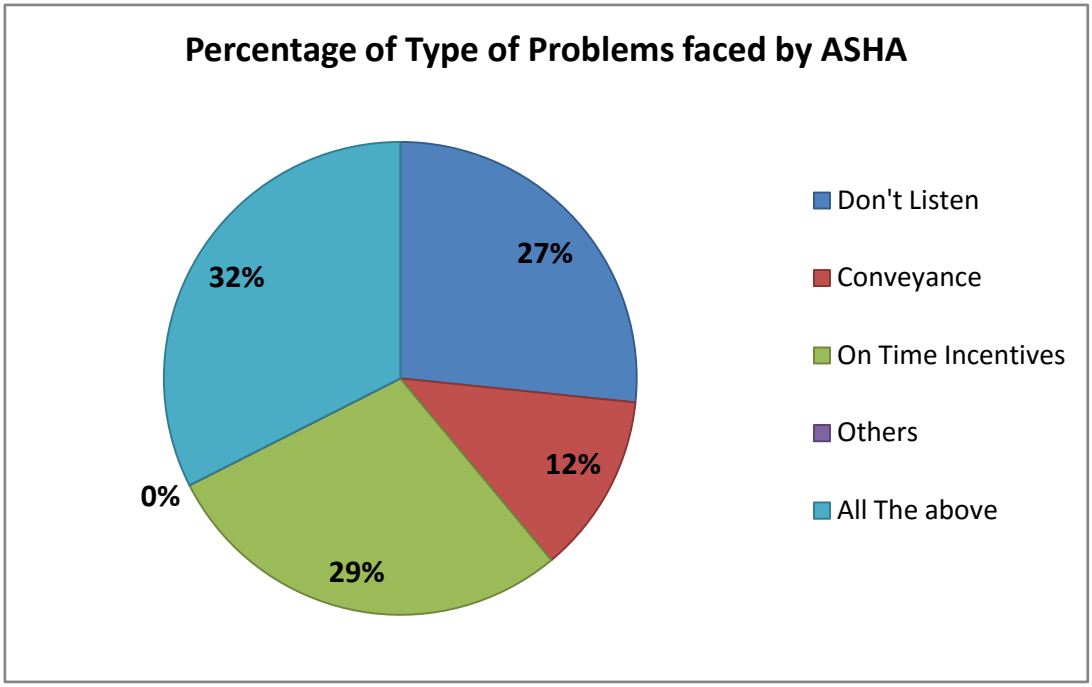

Fig.1.19

1.10 FINDINGS

The objective of the study was to find the knowledge and practice of ASHAs in Sidhpura block of Kasganj District. Proper knowledge and Practice of ASHAs about Post Natal Care is almost important improve Mother & Child health.

The Study Covered 157 ASHAs in Sidhpura Block of Kasganj District, U.P. The ASHAs were interviewed about their Knowledge and Practice in relation to PNC through interview schedule. Questions include Knowledge and Practice follow during provision of Post Natal Services and challenges regarding provision of effective Post Natal Services.

Around three fifth of the ASHAs had a correct Knowledge regarding the number and days of Home Visits after delivery for providing Post Natal Care. As concluded in the study on a Situational analysis on Performance of Accredited Social Health Activist to provide Post Natal Care by Emily Dasset. et.al., it is again found that 50% of ASHAs Carried weighing machine, Thermometer and baby blanket for home visit but major concern was that most of the other important items were carried by less than 50% of the ASHAs.

Talking of the advises given to Mothers regarding new born around 40% of ASHAs were gave advise regarding breast feeding and 66% gave advise related to care of cord. Almost 10% of ASHAs gave advise on Hand Washing practices. Less than 50% of ASHAs advised about Vaccination and 29% of Maintenance of warmth. Just & % tell about Birth Registration of new born.

Around 67% of ASHAs knew regarding early initiation of breastfeeding i.e. within 1 Hour of birth. When asked about, when should the child be breast feed, Majority of the ASHAs about 70% answered 7-8 times while around 17% said whenever the child cries. Almost 9% answered both the above options and 3% were don't knew the answer. Complete 0% or no any ASHA gave advise related to the positioning of the baby and 41% tell to mother about exclusive breast feeding. Around 2% of ASHAs gave information about frequency of feeding whereas almost 67% advise about initiation of breast feeding. just 19% gave advise on colostrums feeding.

While asked about practices related to care of cord , majority of the ASHAs advised mother that cord should be kept dry and nothing should be applied to the cord. just one percent ASHA also answered others which includes that it should be cleaned.

Knowledge about the weight of the Low Birth Weight showed that majority of the ASHAs around 51% answered correctly that new born with a weight less than 2500grams is termed as Low Birth Weight Baby. Remaining 40% ASHAs were answered other and approximately 7% of the ASHAs don't knew the answer.

Practice regarding maintenance of Temperature of new born showed that almost 17% of the ASHAs advised the mother to cover head and extremities as a measure to maintain temperature. While 29% ASHAs advised for KMC (Kangaroo Mother care) . Almost 52% tell about kept the new born near to the mother. Some ASHAs advised other than above options which was keeping the room warm.

Almost 60 % of ASHA were look for all complications in baby while 50% ASHAs were look for weight ,and three forth percent of ASHAs were taking temperature only. No any ASHA were look for Pus on umbilicus, no any ASHA look for rashes on skin, No any ASHA were look for Pallor/Jaundice. ASHA who opt for other were majority of asked for feeding pattern. Other than just temperature and weight other signs should also be checked without any negligence.

Around 88% ASHAs were received HBNC checklist and about 12% did not received. Ensuring distribution of checklist to all must be looked into. Majority of the ASHAs around 50 % who received the HBNC checklist fill the checklist and about 50% don't fill. the Major issue came out behind not filling of checklist was not payment of incentives on time. Around 75% of ASHAs were aware about the incentives for which they entitled for providing Post Natal Care Services.

Almost 30% of ASHAs who were facing any of the problem related to on time incentives. Second highest problem faced by ASHAs were rigid behavior of the population they generally don't listen around 26%. Almost 15 % ASHA were having conveyance problem to cover all the population.

Most of the ASHAs were cover 1km area, While one-third ASHAs were covered 2 Kms. distance while just around 5 % covered more than 3 Km distance.30% ASHAs were having all the above discussed problems.

Around 40% PNC Services were good and provide in quality way while 60% said the services were poor.

1.11 CONCLUSION

The study aimed to assess the knowledge and practice of ASHAs of Sidhpura block of Kasganj in provision of Post Natal Care Services. It is evident from the result and the discussion that through knowledge level is average and they are not efficient when it comes to practicing the services. Almost 60-70 % of ASHAs had a correct knowledge regarding the number of visits to be made for PNC. Almost forty percent of the ASHAs were carrying only weighing machine + Thermometer + baby Blanket but leave and around same percentage of ASHAs were carrying all the thing only twenty percent were leave other important things. Talking of advise given to the mother it was appreciable to know that most of the ASHAs were advising on breastfeeding and care of cord practices but less than half of ASHAs were advising on Vaccination and hand washing. Most of the ASHAs had knowledge regarding early initiation of breast feeding. Advising regarding intake of colostrums remain a neglected practice by most of the ASHAs. Just 30% of ASHAs advising regarding Kangaroo Mother Care (KMC) . During home visits, only checking weight and temperature is done by one third of the ASHAs and more than half of the ASHAs were checking all the complications and rest other signs of new born were checked by the same percentage of ASHAs. Almost one third of the ASHAs had received HBNC checklist but almost 50 % were filling HBNC Checklists. Delayed payment of incentives of ASHAs affected the provision of Post Natal Care Services. Ensuring Refresher training, Supply of Checklist to all ASHAs, Regular supportive supervision and on-time payment of incentives can make provision of PNC Services effective and thus help in achieving the goal of reduction of Maternal Mortality Ratio and Neo-natal Mortality.

1.12 LIMITATIONS OF THE STUDY

- This Study is done in just 1 block of the Kasganj district and sample collected is small, and hence cannot be generated over a large population.
- Time constraints for the various activities of the Project.

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2 ANNEXURE

2.1 Interview Schedule/Questionnaire

INTRODUCTION AND INFORMED CONSENT

Namaste. My name is _____. I am a student of IIHMR University, Jaipur. I am conducting a survey in your area to understand the current status of Knowledge and Practice in Providing Post natal care.I would like to know the level of knowledge and practices in Providing Post natal care service delivery to benificiery . To undetake and complete the survey, we require your cooperation and support. *You has been chosen for the survey. I will ask* you a few questions about Knowledge and Practice. It would take 15-20 minutes to complete the interview.

I assure you that your responses would be held confidential and will not be shared with anyone except for data analysis.

You can take part in the interview as per your own will. If you don't want to answer any question , you can tell me so that I can skip to the next question. If you wish to then you can stop the discussion at any moment of time.

May I begin the interview now?

Respondent agrees to be interviewed...1 Respondent does not agree to be interviewed...2 → end

↓

Begin the interview

S.No.	Questions	Coding Category		Instruction	Response
Q.1	Do you have HBNC Kit ? (क्या आपको HBNC किट मिला हैं?)	Yes (हा) No (नहीं)	1 2		
Q.2	When should you visit new born in case of Home delivery ? (घर में जन्मे शिशु को देखने आपको कब कब जाना चाहिए ?)	1st, 3rd, 7th, 14th, 21st, 28th, 42nd day after birth. (1st, 3rd, 7th, 14th, 21st, 28th, 42nd वे दिन) 3rd, 7th, 14th, 21st, 28th, 42nd day after birth. (3rd, 7th, 14th, 21st, 28th, 42nd वे दिन) When Family Calls (जब परिवार बुलाये) Don't Know (पता नहीं)	1 2 3 99		
Q.3	When should you visit new born in case of institutional delivery ? (अस्पताल में जन्मे शिशु को देखने आपको कब कब जाना चाहिए ?)	1st, 3rd, 7th, 14th, 21st, 28th, 42nd day after birth. (1st, 3rd, 7th, 14th, 21st, 28th, 42nd वे दिन) 3rd, 7th, 14th, 21st, 28th, 42nd day after birth. 3rd, 7th, 14th, 21st, 28th, 42nd वे दिन) When Family Calls (जब परिवार बुलाये) Don't Know (पता नहीं)	1 2 3 99		
Q.4	What are the things you carry along with you during HBNC visits ? (HBNC के दौरान आप अपने साथ कौन कौन सी वस्तुए रखती है ?)	Weighing Machine, Thermometer, Baby Blanket. (वजन काटा, थर्मामीटर, कम्बल) Weighing Machine, Thermometer ,Timer, Gentian violet, PCM Syrup, Cotton, Gauze, Soap and Soap case, Baby Blanket, Spoon and others. (वजन काटा,थर्मामीटर, घडी,पेरासिटामोल सिरप,रुई,साबुन,कम्बल,चम्मच,आदि) All the above. (उपर्युक्त सभी) Don't Know (पता नहीं)	1 2 5 99		

Q.5	What information related to mother you give to Mother ? (आप माता को उनसे संभंधित क्या जानकारी देती हैं?)	Exclusive Breast Feeding (Min. 8 times a Day) (६ महीने तक सिर्फ स्तनपान, कमसे कम दिन में ८ बार)	1		
		Hand washing (हाथ धोना)	2		
		Family Planning (परिवार नियोजन)	3		
		All the above (उपर्युक्त सभी)	10		
		Other..... (अन्य)	5		
		Don't Know (पता नहीं)	99		
Q.6	What information related to baby you give to Mother ? (नवजात से सम्बंधित आप माता को कौन कौन सी जानकारी देती हैं ?)	Birth/ Death registration (जन्म/ म्रत्यु पंजीकरण)	1		
		Breast Feeding, Kangaroo Mother Care and Cord care (स्तनपान,गर्माहट रखना, नाभि नाल कि देखभाल)	2		
		Vaccination (टीकाकरण)	3		
		Hand washing (हाथ धोना)	4		
		All the above (उपर्युक्त सभी)	10		
		Other..... (अन्य)	5		
		Don't Know (पता नहीं)	99		
Q.7	What Complications you need to observe in baby during home visit ? (गृह भ्रमण क दौरान आपको नवजात में कौन कौन सी जटिलताये देखनी चाहिए ?)	Diarrhoea/ Pneumonia (उलटी-दस्त / पसली चलना)	1		
		Pallor/ Jaundice (पीलिया)	2		
		High fever/Sepsis/ Infection/ Pimples/ Rashes	3		

		(तेज बुखार, संक्रमण, फुन्सिया, शरीर पर लाल निशान) Seizures (दौरे आना) All the above (उपर्युक्त सभी) Don't Know (पता नहीं)	4 10 99		
Q.8	What Complications you need to observe in Mother during home visit ? (गृह भ्रमण क दौरान आपको माता में कौन कौन सी जटिलताये देखनी चाहिए ?)	Foul discharge from vagina (योनी से बदबूदार स्राव) High fever (तेज बुखार) Swelling in feet (पैरो में सुजन) Engorged Breast (स्तनों में तनाव) Cracks in Nipples (निप्पल में दरारे) Pain in Lower Abdomen (पेट क निचले हिस्से में दर्द) Problem in Urination and Defecation (पेशाब व शौच में परेशानी) All the above (उपर्युक्त सभी) Don't Know (पता नहीं)	1 2 3 4 5 6 7 10 99		
Q.9	When should the Breast feeding be initiated after birth ? (जन्म क पश्चात स्तनपान कि शुरुआत कब करनी चाहिए ?)	Within 1 hour (1 घंटे के भीतर) After 1 hour (1 घंटे के बाद) Other..... (अन्य) Don't Know (पता नहीं)	1 2 3 99		

Q.10	How Many times the baby should be fed in 24 hour ? (नवजात को एक दिन में कितनी बार दूध पिलाना चाहिए ?)	7-8 times (7-8 बार) When baby cries (जब बच्चा राय) All the above (उपर्युक्त सभी) Other..... (अन्य) Don't Know (पता नहीं)	1 2 10 3 99		
Q.11	What advise you give to Mother regarding feeding practices ? (आप माता को स्तनपान से संभंधित क्या सुझाव देती है ?)	Initiation of breast feeding within 1 hour (स्तनपान की शुरुआत 1 घंटे क भीतर)) Intake of Colostrums (पहले गाढे दुध का पान)) Exclusive Breast feeding (6 महीने तक सिर्फ स्तनपान) Positioning of baby (स्तनपान कि स्थिती) Frequency of feeding (स्तनपान कि बारंबारता)	1 2 3 4 5		
Q.12	What Practice for cord care do you advise Mother ? (नाभि नाल से संभंधित आप माता ओ क्या सुझाव देती है ?)	Cord should be kept dry (नाभि नाल को हमेशा सुखा रखे) Nothing should be applied to cord (नाभि नाल पर कुछ न लगाये) Other..... (अन्य) Don't Know (पता नहीं)	1 2 3 99		
Q.13	Baby with weight..... is low birth weight ? (कितने वजन का नवजात काम वजन का कहलायेगा ?)	2500 Grams (2500ग्राम) > 2500 Grams (2500 ग्राम से जयादा) < 2500 Grams (2500 ग्राम से कम)	1 2 3		

		Other..... (अन्य) Don't Know (पता नहीं)	4 99		
Q.14	What do you do when you find a LBW (Low Birth Weight) baby ? (HBNC के दौरान आप कम वजन वाले नवजात मिलने पर क्या करती है ?)	Counsel and Advise for feeding & KMC (स्तनपान तथा तापमान संभंधित सूचनाये व सुझाव) Counsel and advise to refer Hospital (L2 or L3) (अस्पताल में रेफेर संभंधित सूचनाये व सुझाव) Other..... (अन्य) Don't Know (पता नहीं)	1 2 3 99		
Q.15	What advise do you give mother regarding maintenance of temperature of the baby ? (नवजात क तापमान के नियंत्रण के लिए आप माता को क्या सलाह देती है ?)	Cover Head and Extremities (सर तथा हाथ पैर ढक क्र रखना) Keep near to the Mother (माता क पास रखना) Kangaroo Mother Care (कंगारू मदर केयर) Other..... (अन्य)	1 2 3 4		
Q.16	What are the signs to be examine in child during HBNC ? (HBNC के दौरान आप नवजात में किन किन लक्षणों कि जाच करती है?)	Swelling and Pus in eyes (आँखों में सुजन और पस) Weight (वजन) Temperature (तापमान) Pus filled pimples (मवाद से भरे फोड़े) Cracks & rashes on skin (त्वचा पर काटना या लालिमा)	1 2 3 4 5		

		Pallor / Yellowish in eyes (आँखों में पिलापन) Pus on umbilicus (नाभि पर मवाद) Change in breathing pattern (सांसे लेने में तकलीफ)	6 7 8		
Q.17	Do you receive HBNC checklist ? (क्या आपको HBNC प्रपत्र मिला है?)	Yes (हाँ) No(नहीं)	1 2		
Q.18	Do you fill the checklist for HBNC ? (क्या आपको HBNC प्रपत्र भारती है?)	Yes(हाँ) No(नहीं)	1 2		
Q.19	Are you aware of the incentives you are entitled for ?(क्या आपको HBNC करने पर मिलने वाली राशी के बारे में पता है?)	Yes(हाँ) No(नहीं)	1 2		
Q.20	Do you face any problem regarding service provision of HBNC ? (क्या आपको HBNC प्रदान करने के दौरान कोई समस्या आती है?)	Yes(हाँ) No(नहीं)	1 2	If Answer is Yes then move to Question No. 21.	
Q.21	What are the some of the problems that you face in Service provision of HBNC ? (क्या क्या समस्या आपको HBNC के दौरान आती है उनका विवरण दे?)	Don't Listen Conveyance On time incentives Other.....	1 2 3 4		

Thank You for your Time and valuable Contribution. :)