Assessment of Trained Accredited Social Health Activists to Provide Home Base New born Care in TAPI district of Gujarat

presented by

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Introduction

TAPI

- It is a tribal district of Gujarat state.
- About 91 % of people residing in rural area.
- 9 % are residing in urban area.
- Tribal people residing in the interiors also lacks health seeking behaviours.
- because of prevailing conditions of lower socio-economic status, less transportation facility, majority of BPL & tribal population and lower literacy rates as well as awareness.
- Constant efforts made to reduce home delivery and increase institutional delivery.

- The IMR of Tapi district is 26.
- Home delivery in Tapi district more in number.(218 in the year 2014-2015)
- To provide neonatal care is a crucial part for baby survival.
- The district in focus here has been constantly reporting good performance in HBNC.
- There is an increase trend in institutional delivery from 2009 – 10 to 2014-15 and it is showing that 69 % to 97.85% and decreasing home delivery from 31 % to 2.15%.
- ASHA is a key service provider for implementing HBNC at field level.
- HBNC follow up visits are provided by ASHA worker.

- During visits they are weighing , measuring temperature , counselling for breast feeding and diagnosis of ailments in new born baby.
- Follow up of sick new born after discharged from facility.
- 7 visits done in case of home delivery.
- 6 visits done in case of institutional delivery.
- After implementation of this programme number of referral made 1429 from the year April 2012 to December 2015.

Rational for study

- Before starting this project it was found that ASHA are not visiting regularly new born. They were lacking in equipment.
- Even they were not aware about which signs they have to look during home visit. How many times they should visit in case of home delivery and institutional deliveries.
- While visiting new born they did not provide any information like which care should be given to the new born.
- In Tapi district Asha were trained in Module no 6 and 7 again in the month of February and March 2015 on basis of refresher training.

- This study aims to assess the knowledge and skill among ASHAs regarding HBNC and to understand the mother knowledge and perception on ASHA performance providing in HBNC tribal district Tapi.

Research question

- Do the ASHA workers have adequate knowledge and skill to provide home based care to new born and do mother understand ASHA role in home based newborn care?”

Objective

- To study the level of knowledge and skill among ASHA to provide Home based new born care
- To understand the mothers knowledge and perception on ASHA performance in providing Home based New Born Care

Methodology

- Type of study- Descriptive cross sectional study
- Study Area- 6 PHCs of the Tapi district of Gujarat
- Study Period- 9th March, 2015 to 9th May, 2015
- Participants- ASHAs and beneficiaries in Tapi district of Gujarat
- Sample size- 130 ASHA were covered.
  40 beneficiaries covered.
- Sampling Type- Probability sampling
  Simple random sampling

Data collection tool-

- Self-administered questionnaire for ASHAs
- Skill Check list for ASHAs
- In depth interview – for beneficiary

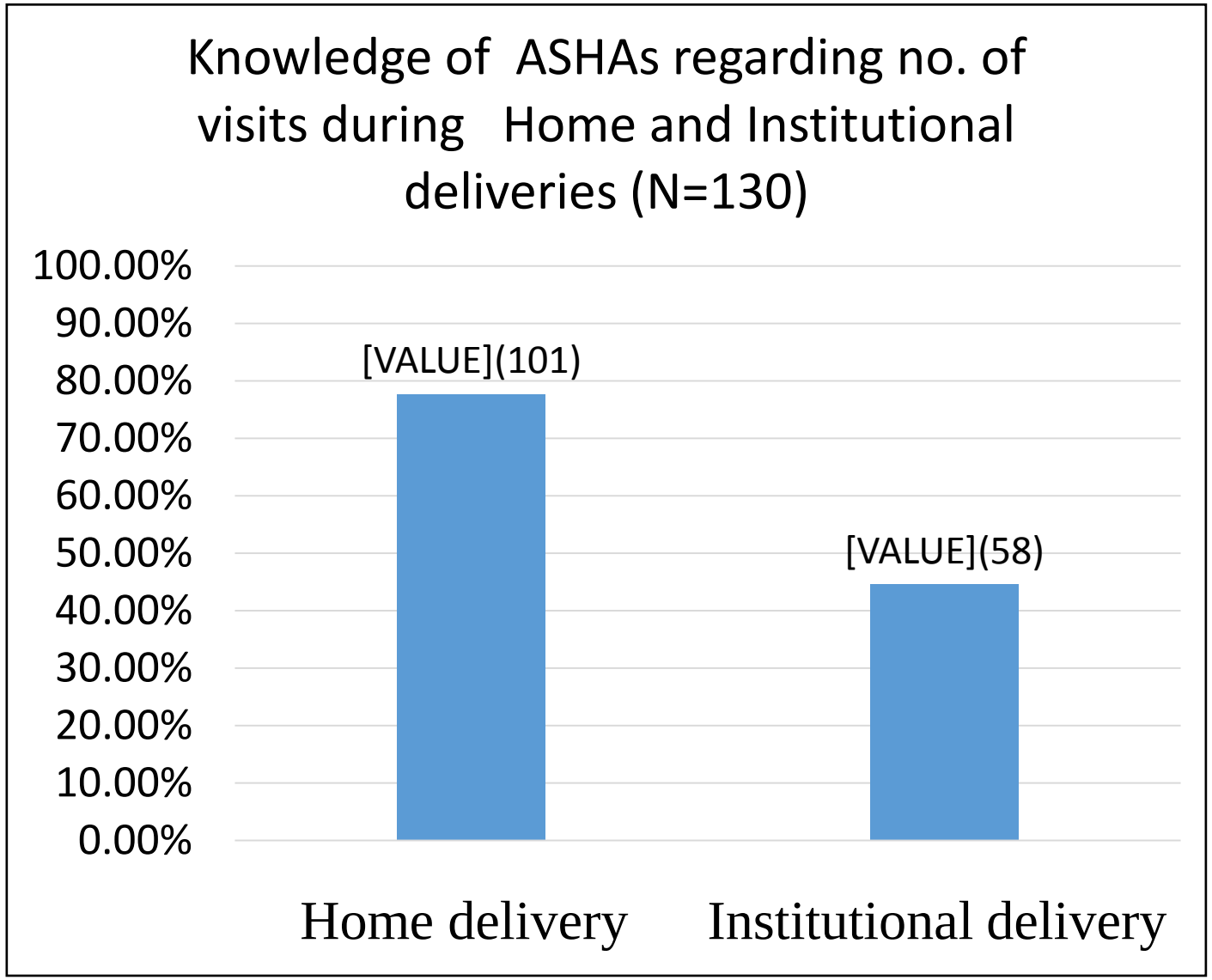
Data analysis-

- Through MS excel and SPSS software.

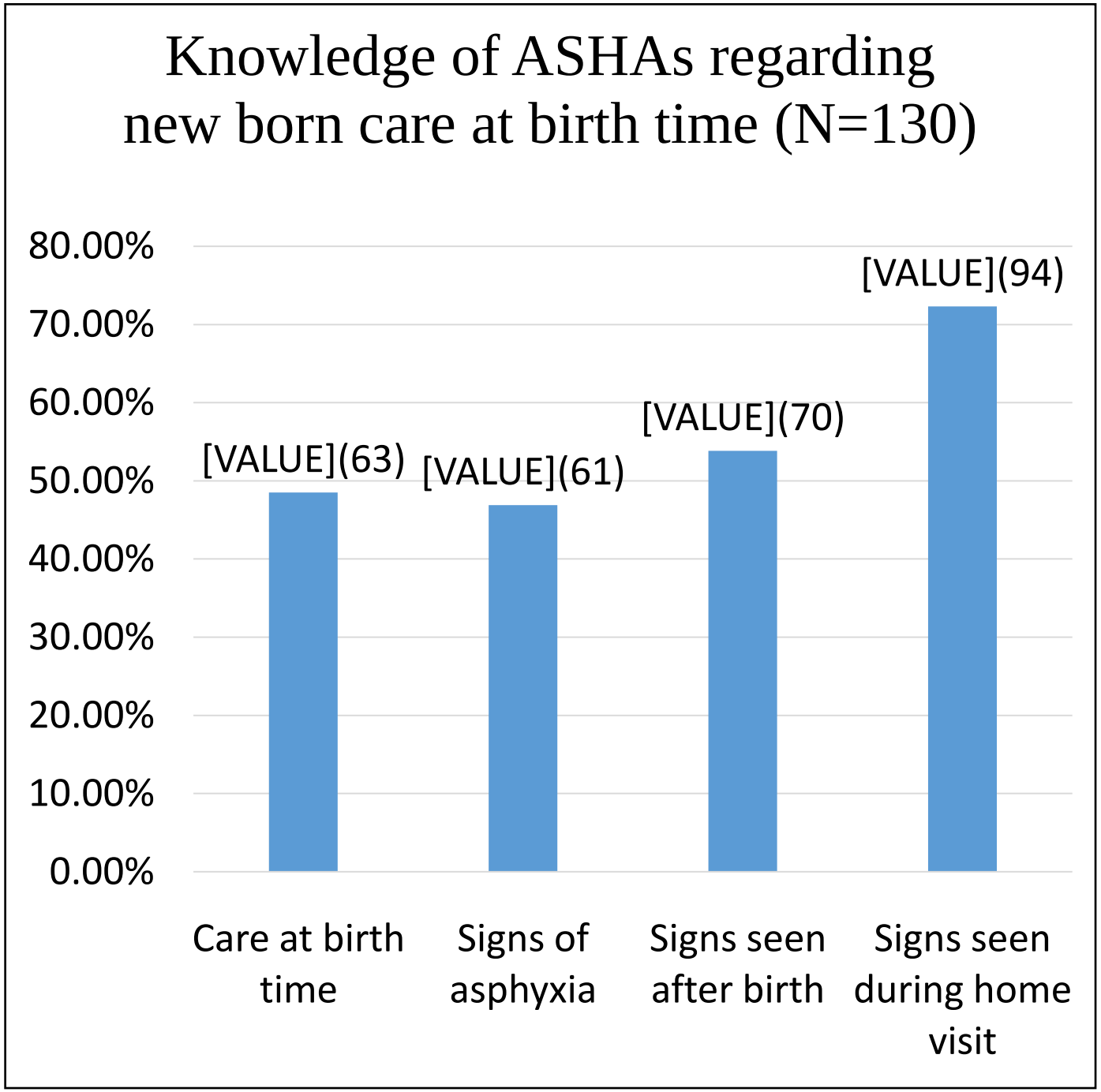
Ethical consideration-

- Informed consent was taken before starting the interview. If anyone disagreed to become part of the data collection process they were not forced by any means. Prior information was given before visiting any health facility. Confidentiality was ensured to all participants.

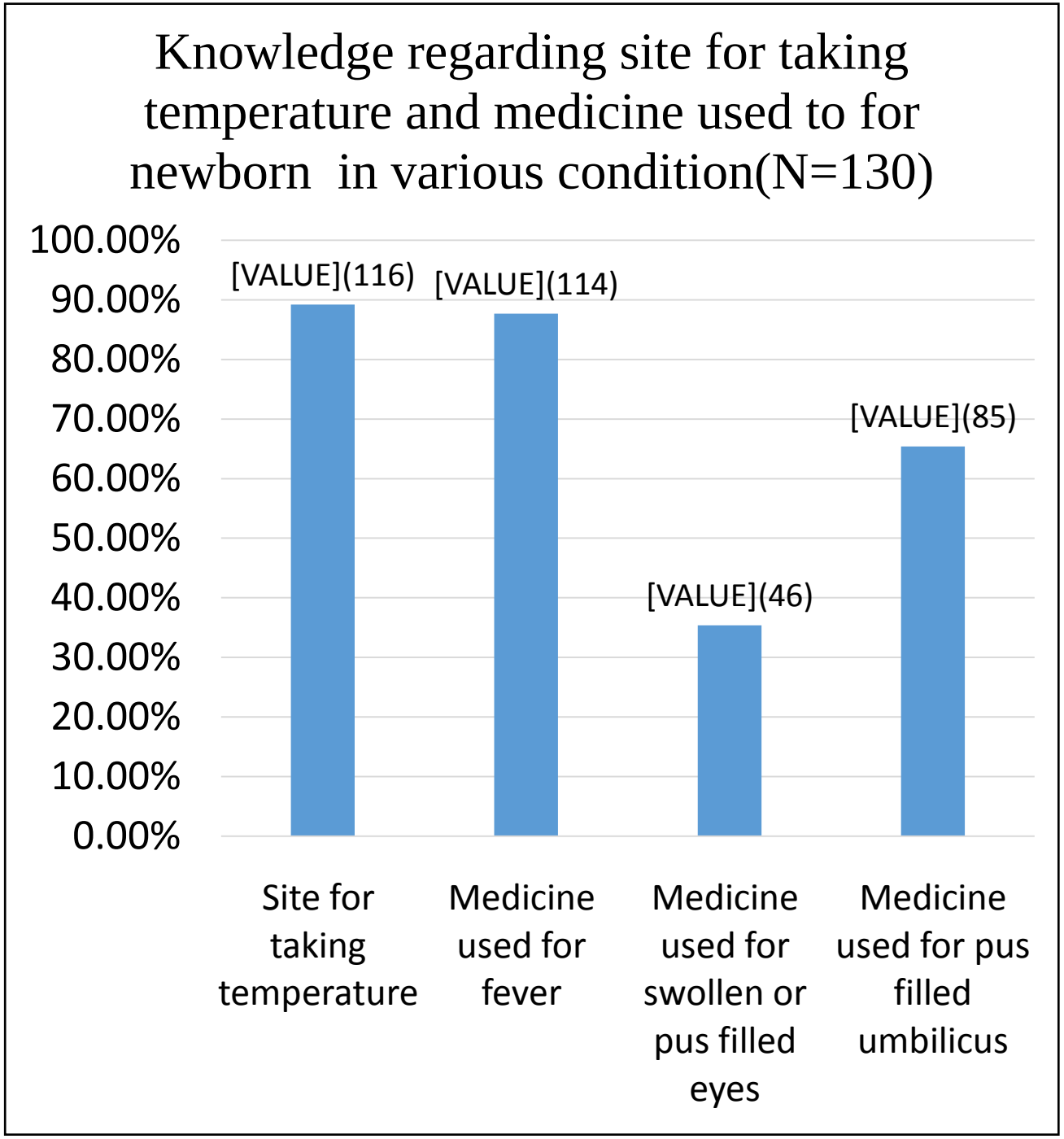
RESULTS- Knowledge and skills of ASHAs regarding new born care in HBNC



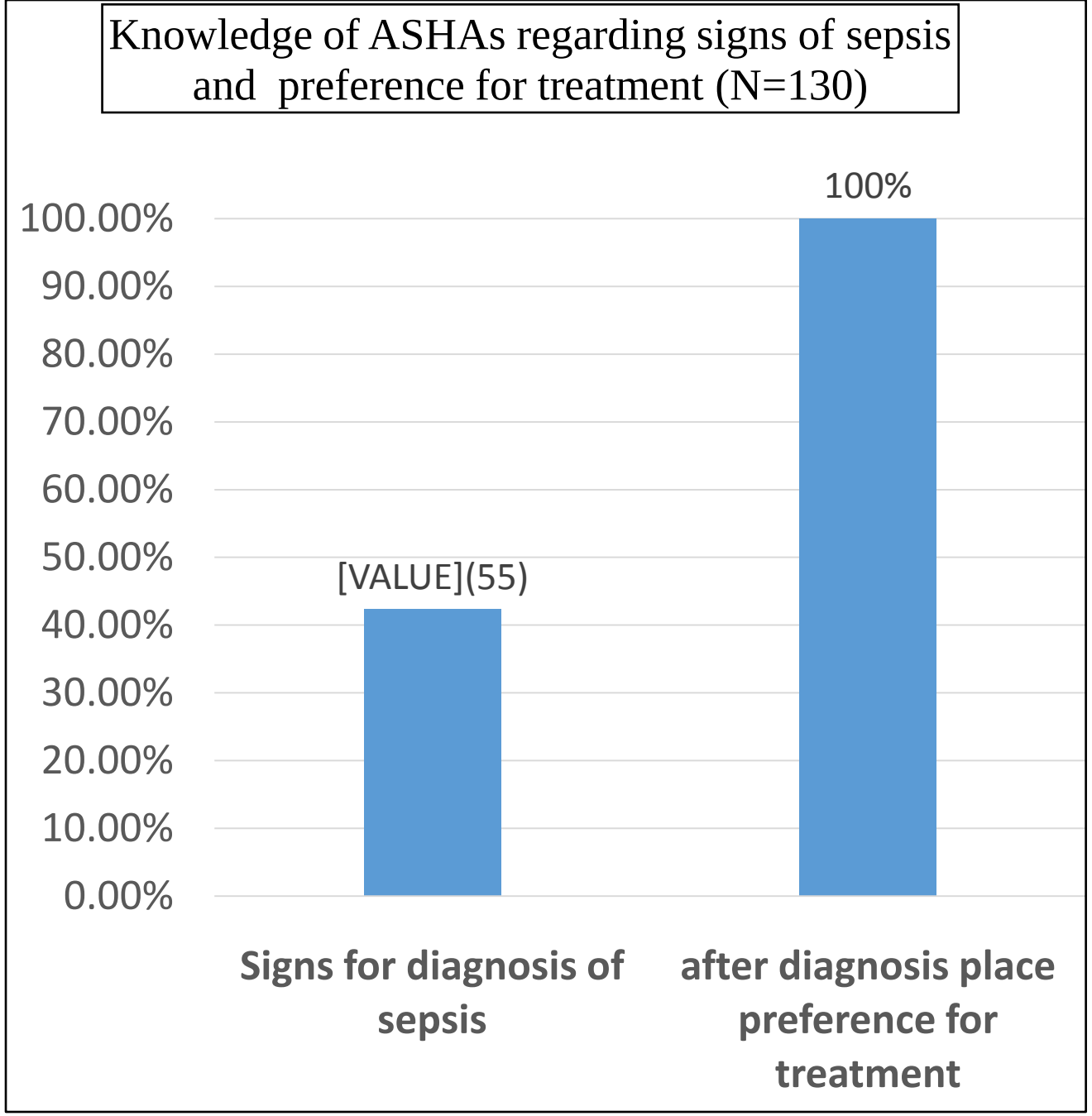
- 78 percent of ASHAs said that 7 times visits done in case of home deliveries.
- 45 percent of ASHAs said that 6 times visits done in case of institutional deliveries.



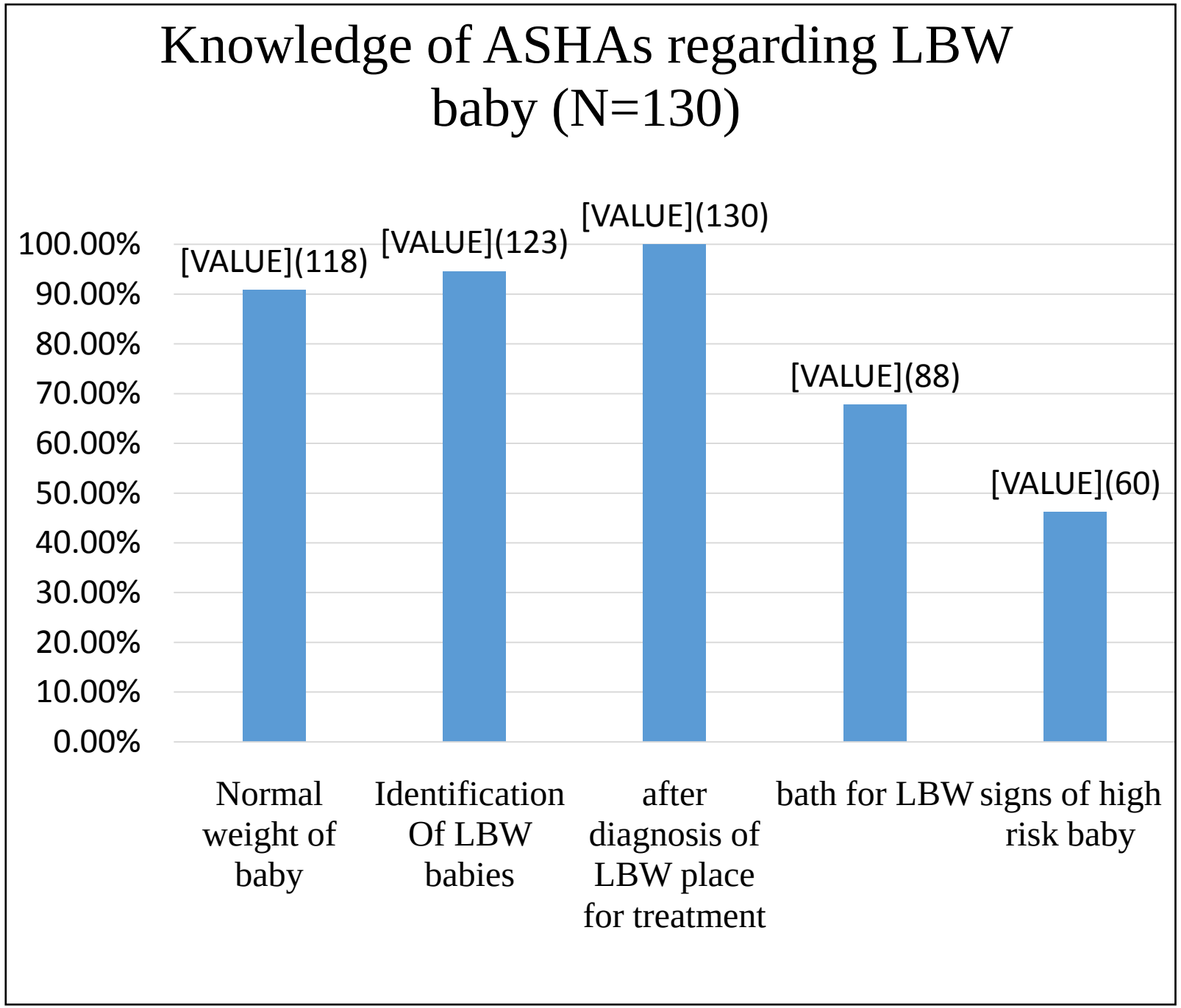
- 49 percent of ASHAs aware about care like dry the baby , wrap the baby, weight of baby and keep nearer to mother at birth time.
- 47 percent of ASHAs knew that signs of Asphyxia.
- 54 percent of ASHAs knew that signs like crying and breathing of baby seen after birth.
- 72 percent of ASHAs knew that signs seen during home visits are swollen or pus filled eye cracks on skin , yellowness in eyes.



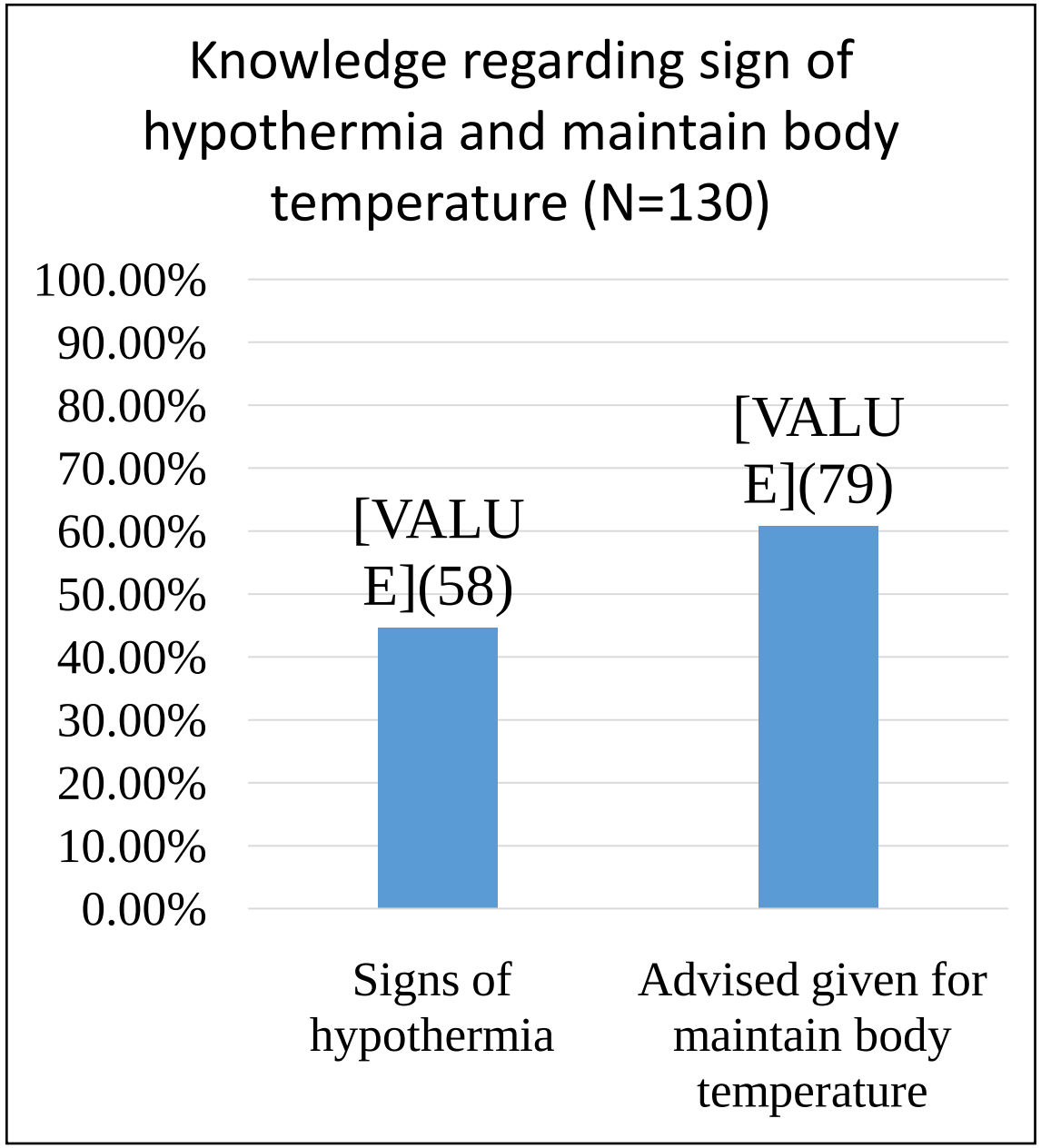
- 89 percent of ASHAs knew the correct site for taking temperature that is axillary in new born.
- 88 percent knew that paracetamol medicine used for fever.
- 35 percent of them knew that tetracycline ointment is used for pus filled eyes.
- 65 percent of knew that gentian violet topical is used for pus filled umbilicus.



42 percent of ASHAs aware about signs for diagnosis of sepsis like all limbs limp, feeding less/ stopped, crying weak.

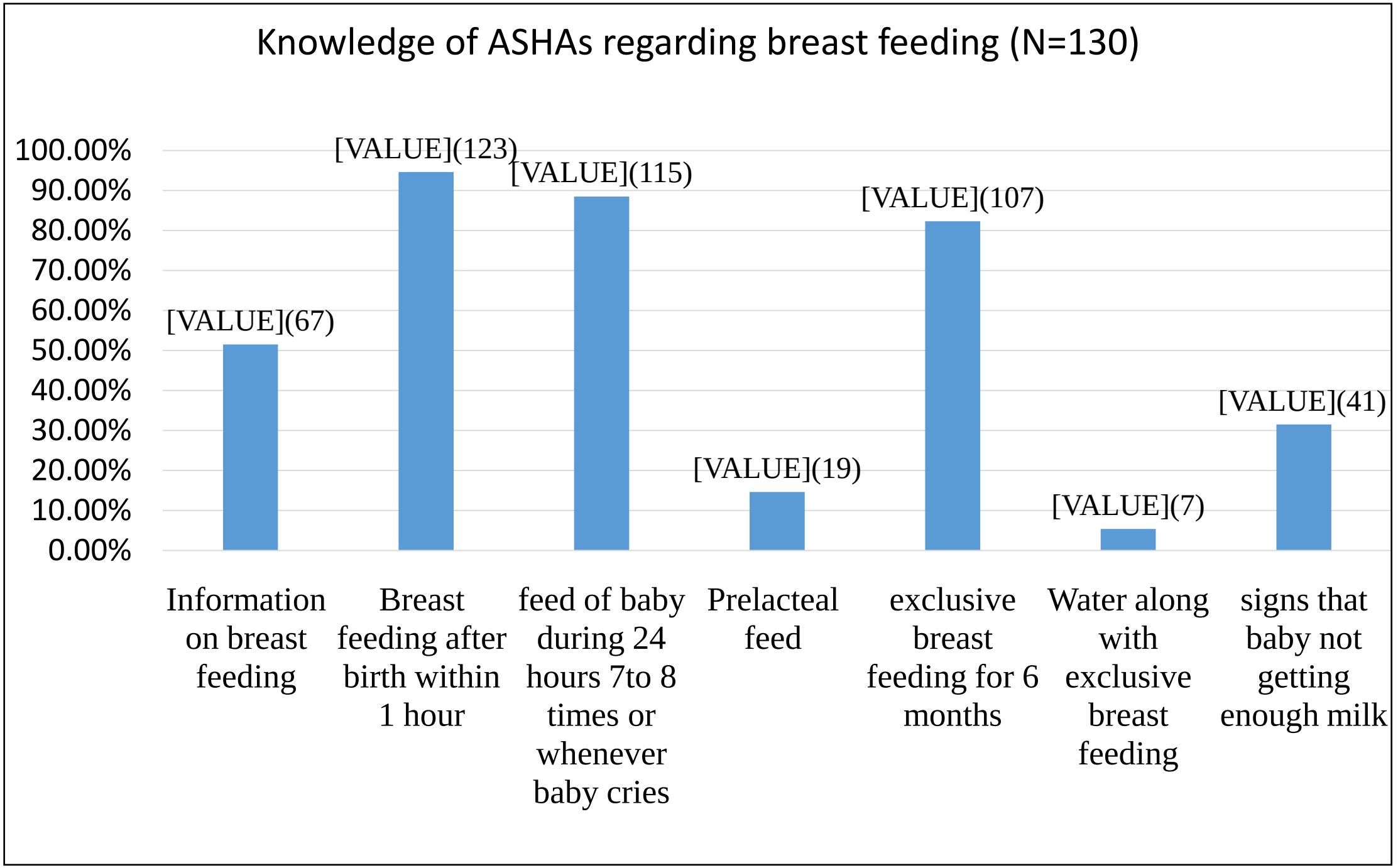


- 68 % having knowledge of bath for LBW baby after 7th day of birth.
- 46 % knew that signs of high risk baby is birth weight less than 2000gms , preterm baby and baby not taking feed on day first.



- 45 % of ASHAs having knowledge regarding sign of hypothermia that is cold feet, low body temperature, baby becomes cold.

- 61% of ASHAs having knowledge regarding how to maintain body temperature of baby that is keep baby nearer to mother , kangaroo care , keep covered baby .


Knowledge of ASHAs regarding breast feeding (N=130)
100.00%
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
[VALUE](67)
[VALUE](123)
[VALUE](115)
[VALUE](19)
[VALUE](107)
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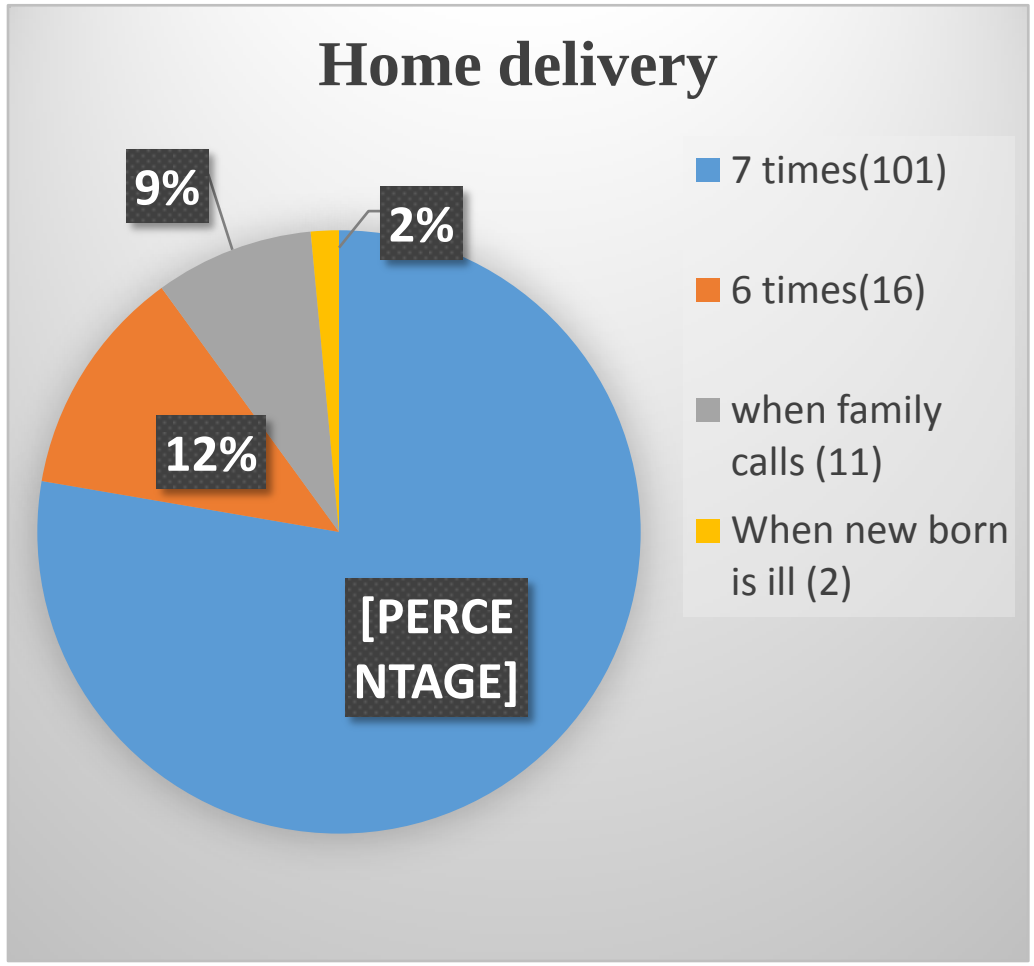
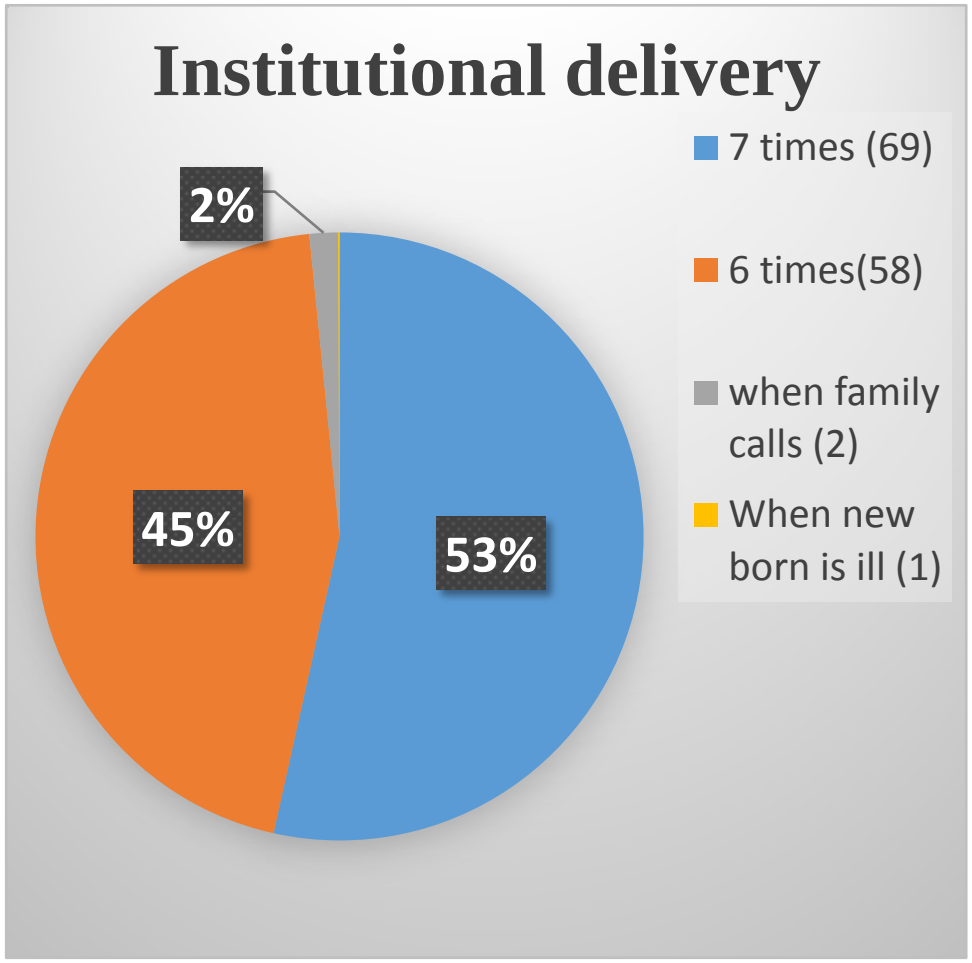
Information on breast feeding
Breast feeding after birth within 1 hour
feed of baby during 24 hours 7to 8 times or whenever baby cries
Prelacteal feed
exclusive breast feeding for 6 months
Water along with exclusive breast feeding
signs that baby not getting enough milk

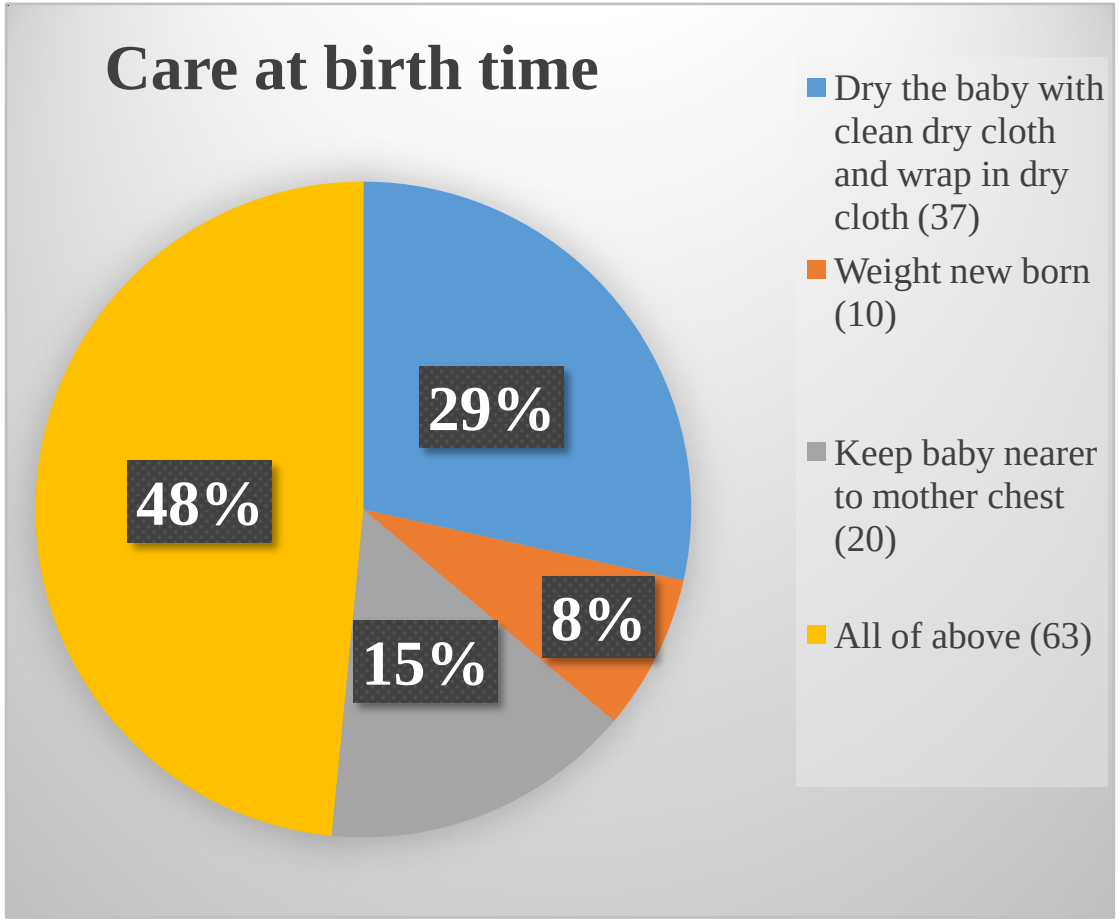
1. Distribution of response :

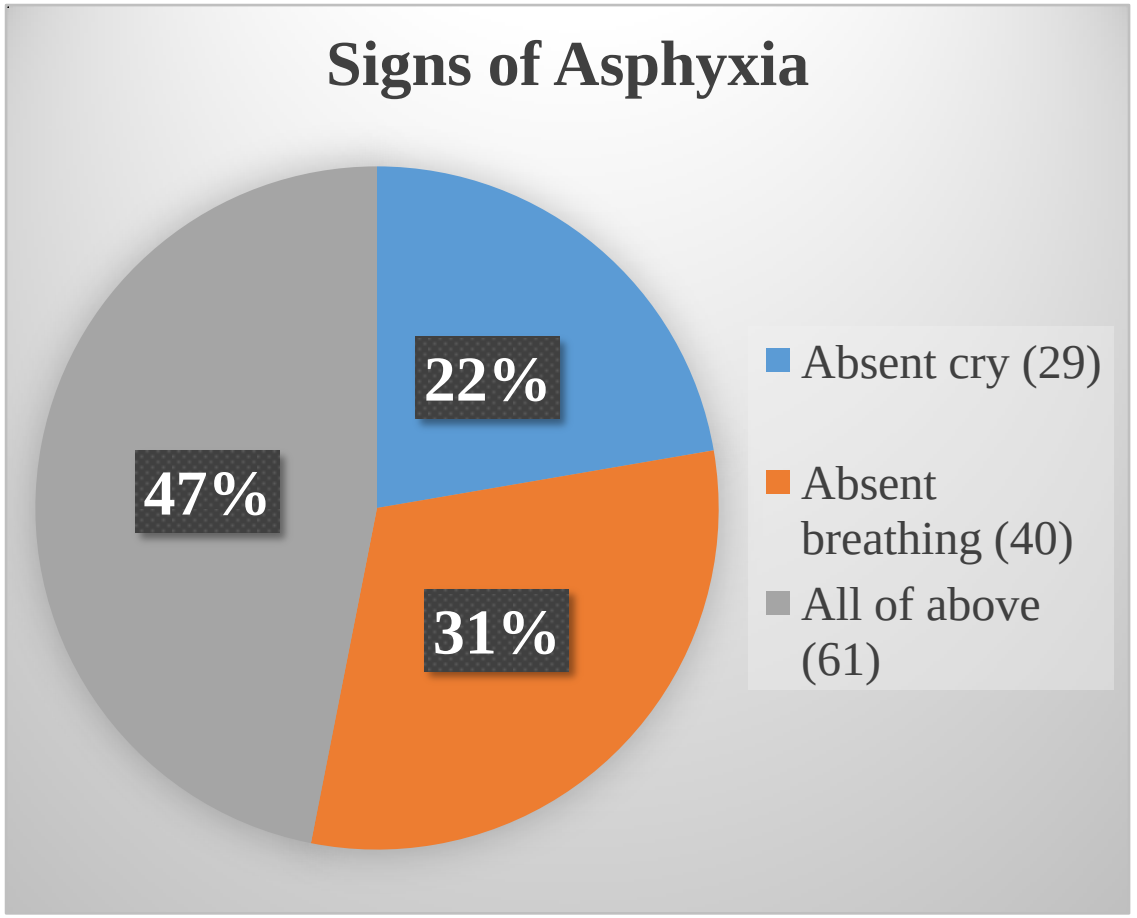
Knowledge of ASHAs in case of visits made in case of home delivery and institutional delivery (N=130)

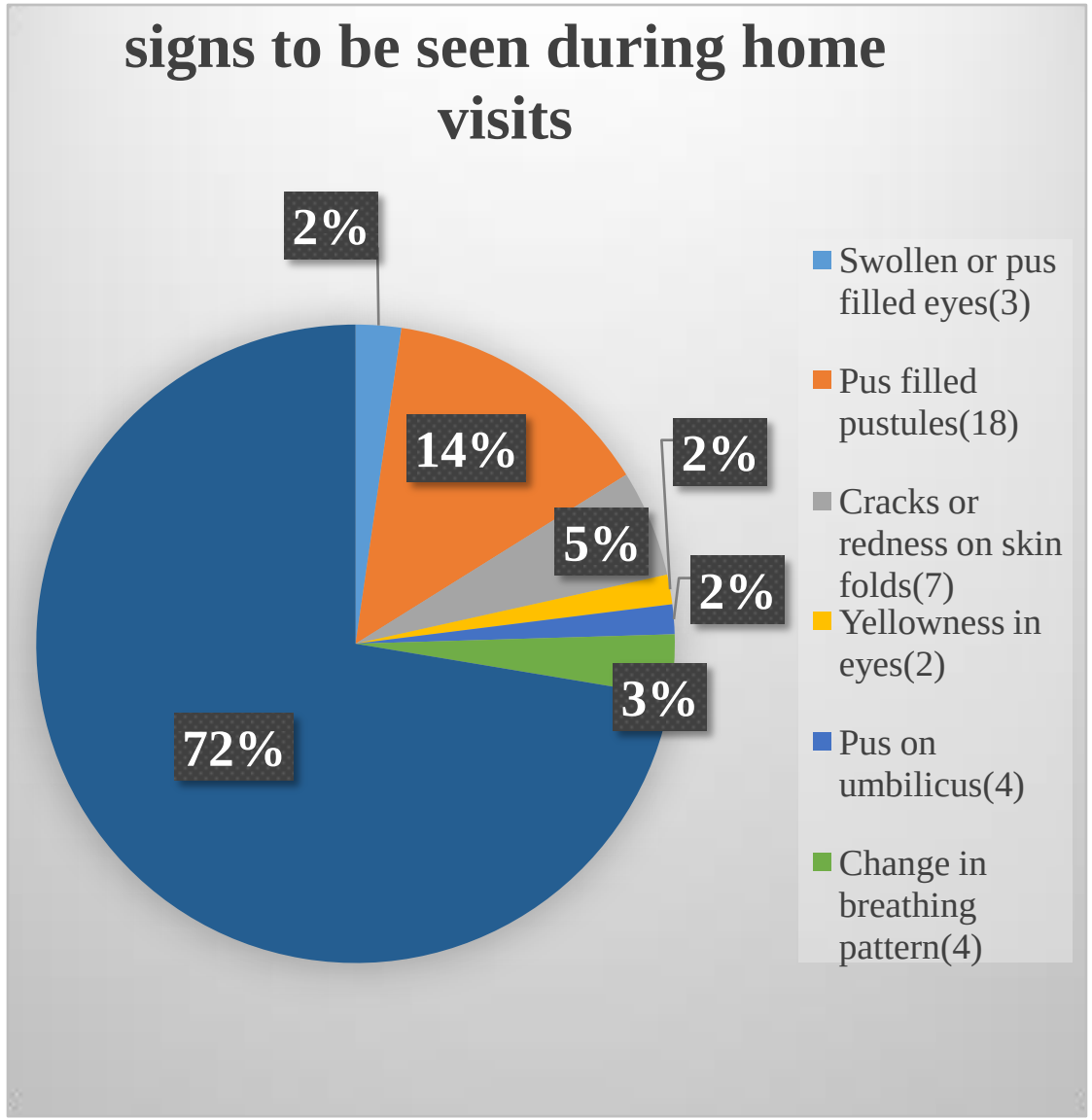


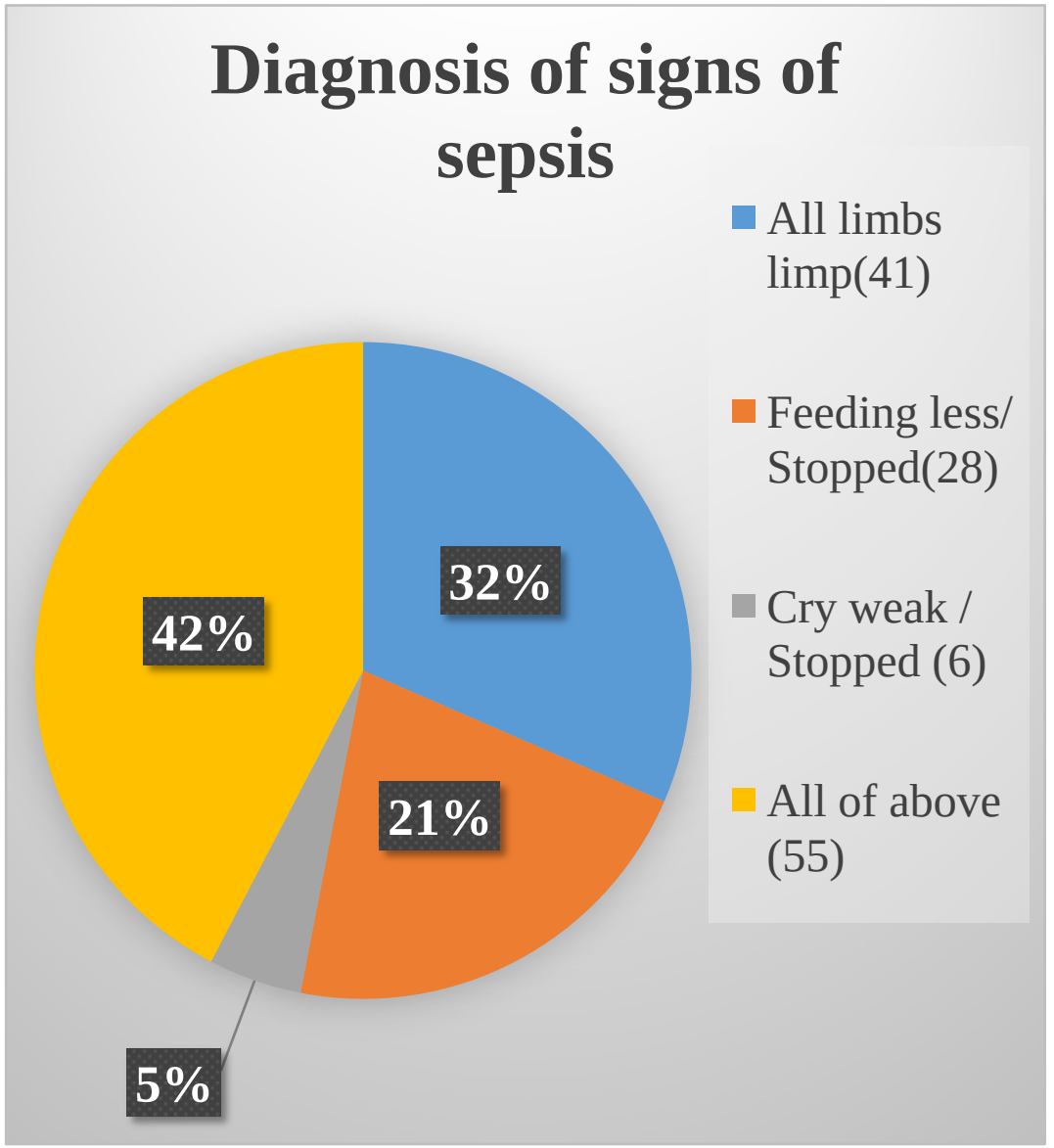


Knowledge of ASHAs regarding new born care at birth time (N=130)

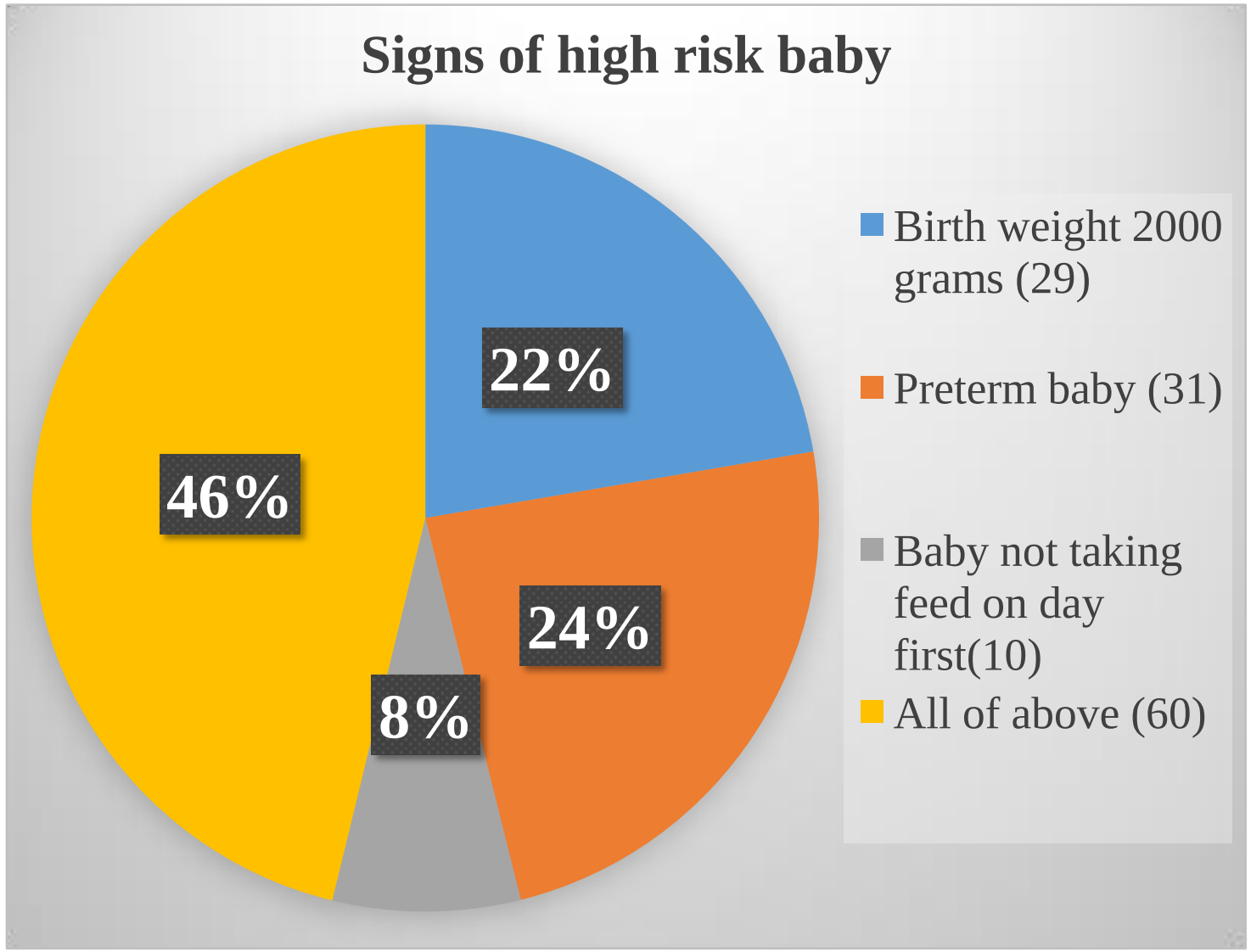





signs to be seen during home visits
2%
14%
5%
2%
2%
3%
72%
Swollen or pus filled eyes(3)
Pus filled pustules(18)
Cracks or redness on skin folds(7)
Yellowness in eyes(2)
Pus on umbilicus(4)
Change in breathing pattern(4)


Diagnosis of signs of sepsis
32%
21%
5%
42%
All limbs limp(41)
Feeding less/ Stopped(28)
Cry weak / Stopped (6)
All of above (55)

Knowledge of ASHAs regarding Signs of high risk baby (N=130)



Skills of ASHAs

1. Hand washing(N=17)

- None of the ASHAs were washing their hand before seeing baby.

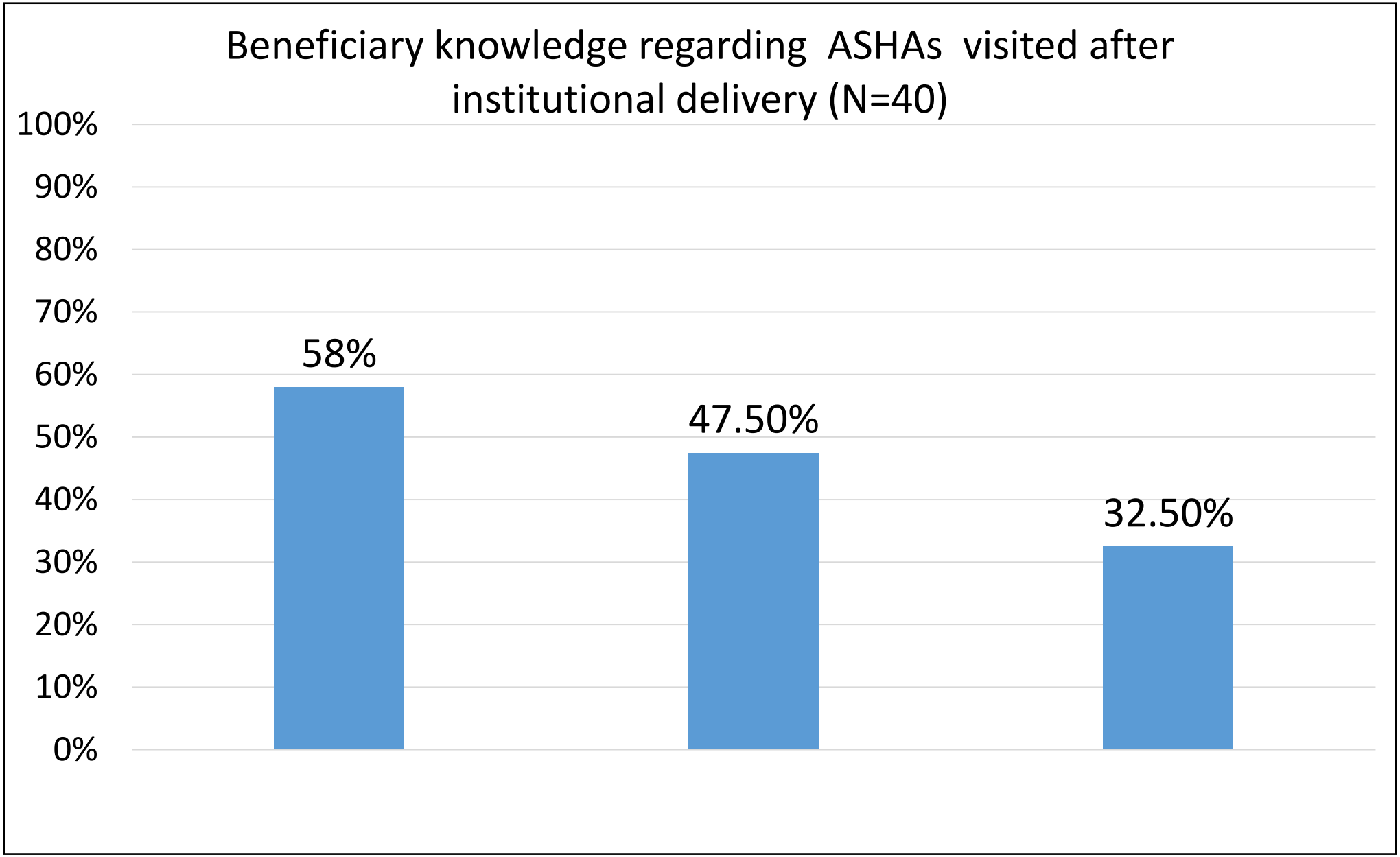
2. Measurement of temperature of baby(N=17)

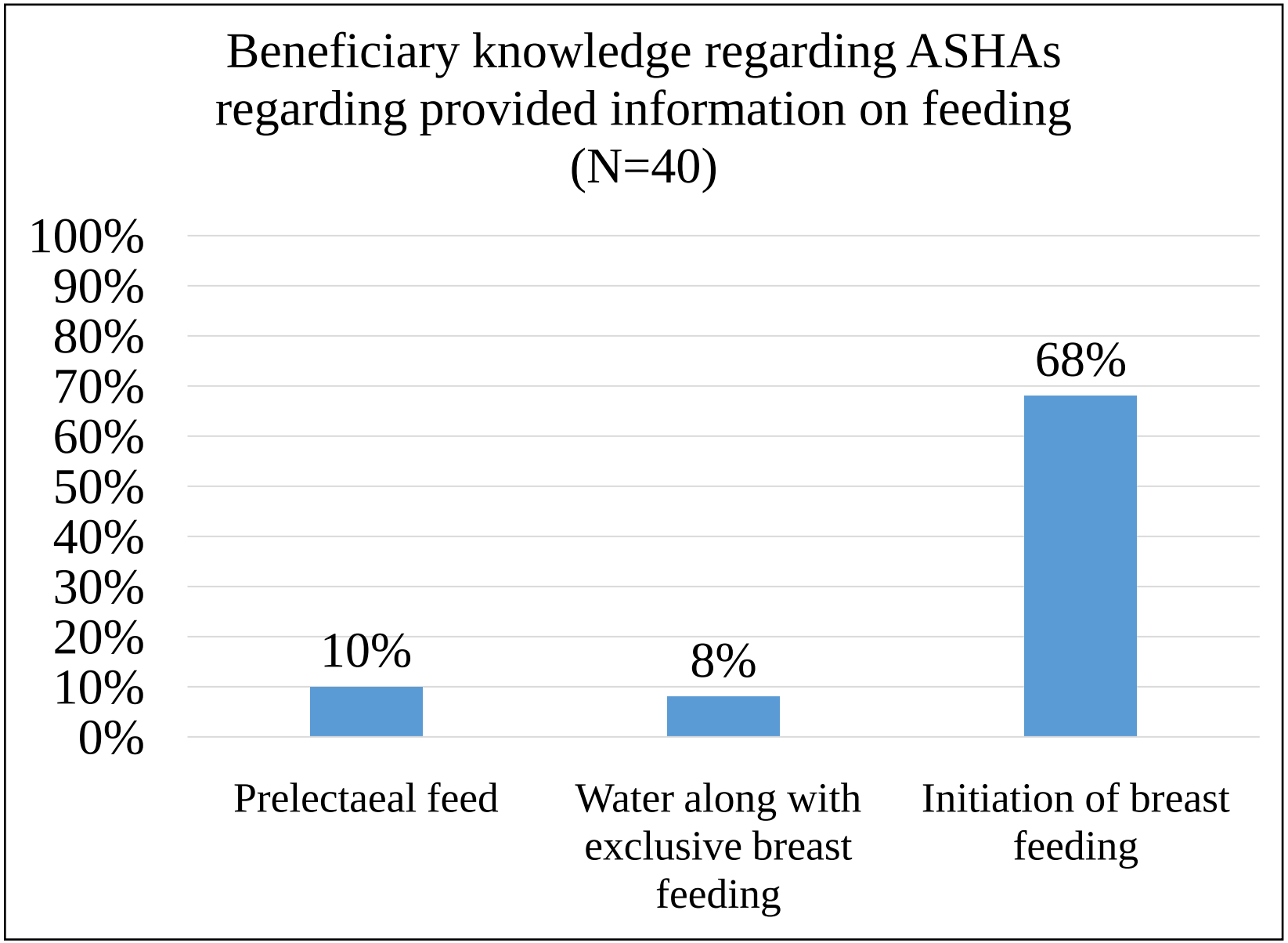
Checklist	Performed	Not performed
Take thermometer out of case and clean the shining tip with cotton soaked spirit	0%	100%
Press the pink button, you will see 188.88	23.5%(4)	76.5%(13)
Place shining tip in center of armpit	23.5%(4)	76.5%(13)
you will hear 3 beep and when F stop flashing	23.5%(4)	76.5%(13)
Read the number	23.5%(4)	76.5%(13)
Record the temperature	23.5%(4)	76.5%(13)
Turn off the thermometer	23.5%(4)	76.5%(13)
Clean the shining tip and place it back in the case	0%	100%(17)

3.Weighing the new born baby(N=17)

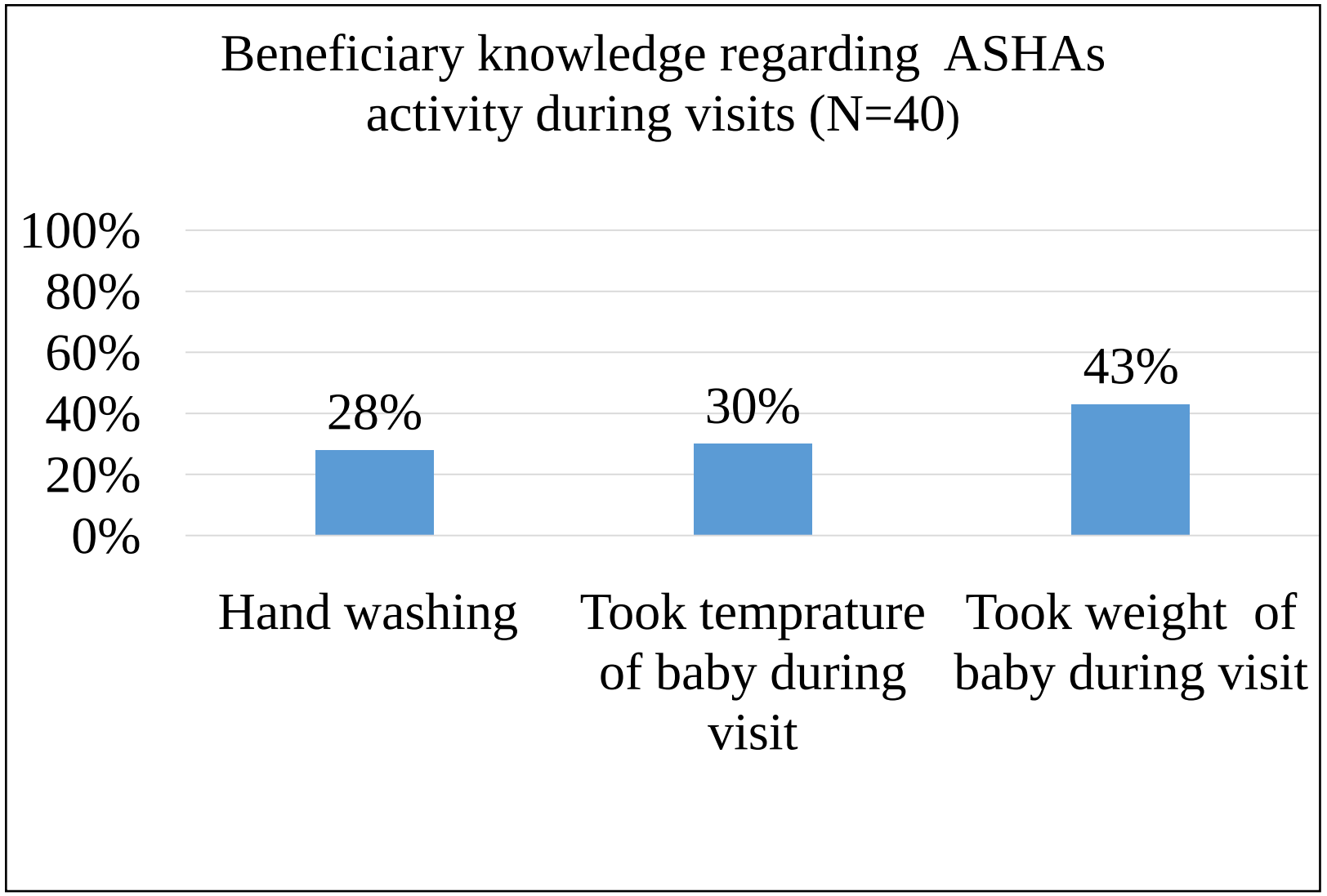
Checklist	Correct	Incorrect
1. Place the sling on scale	0	17
2. Hold scale, keeping the adjustment knob at eye level	0	17
3. Turn the screw until its top fully covers the red and '0' is visible	0	17
4. Remove slings on hook and place it on clean cloth on the ground	0	17
5. Place body with minimum clothes on in, sling and replace sling on hook	17	0
6. Holding top bar carefully, lift scale and sling with baby off the ground, until knob at eye level	17	0
7. Read weight	17	0
8. Gently put the sling with baby in it, on the ground and unhook the sling	17	0
9. Remove the baby from sling and hand it over to its mother	17	0
10. Record the weight	35.3%(6)	64.7%(11)

2.Beneficiaries' knowledge regarding ASHAs work under HBNC(N=40)

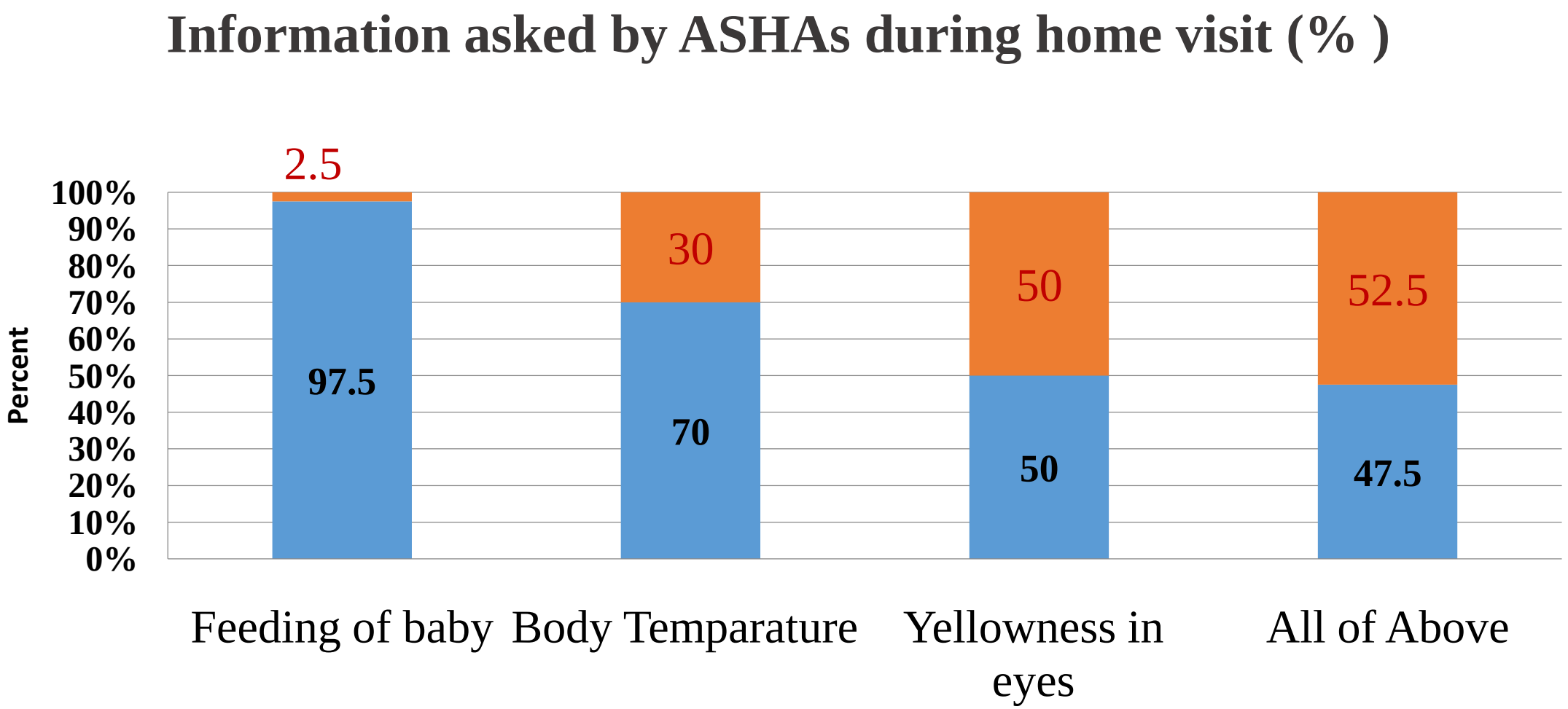




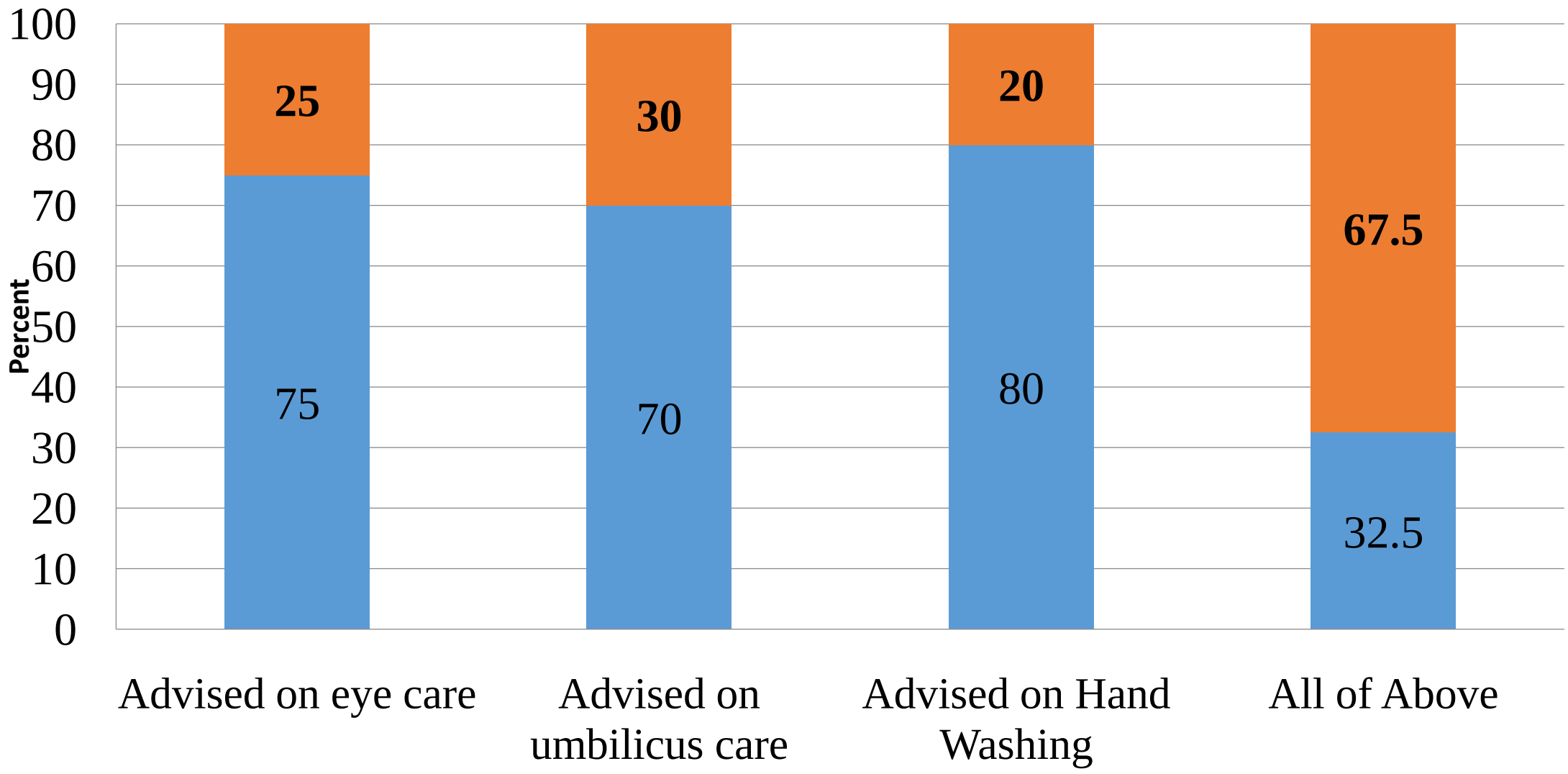
68 % of beneficiary initiated breast feeding within a 1 hour after the birth of baby.


Beneficiary knowledge regarding ASHAs activity during visits (N=40)
100%
80%
60%
40%
20%
0%
28%
30%
43%
Hand washing
Took temprature of baby during visit
Took weight of baby during visit

2. Distribution of response of beneficiary (N=40)



Advised given by ASHAs for new born baby % (N=40)



Findings

- There was gap in knowledge among ASHAs.
- They were not differentiate how many times should visits done in case of home deliveries and institutional deliveries.
- They were not aware about sign and symptoms seen during home visit.
- They were lacking in knowledge regarding medicine.
- They did not performed correct steps of how to take temperature and weighing of new born baby. None of the ASHAs were washing their hand prior to touching baby.

- Beneficiaries also said that they did not visit regularly. They did not take temperature and weight of baby.
- Majority of ASHAs lack resources with them to provide services.
- Even some had weighing scales, slings medicines and thermometer but did not carry those with them during home visits.

Recommendation

- To provide equipment like thermometer and weighing scale with sling
- To increase the competency of ASHA by providing supportive supervision.
- Make ensure regular home visits of ASHAs for new born baby and this should be monitoring by ASHAs Facilitator and Supervisor.
- Focus should be done on part of knowledge regarding various sign and symptoms to see during home visits.

Limitation of study

- In this study I could covered only those ASHAs who were present in monthly review meeting of PHCs.
- Difficulty in getting response from ASHAs regarding beneficiary interview. So, more number of beneficiary were not covered.
- In beneficiary part I had covered only 17 new born during field visits. This sample size was very less. So I had covered those beneficiary who had delivered within 6 months.
- Lack of resources to reach out to total required sample size.

References

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- Review of HBNC programme in district Mehsana of Gujarat-An effort to understand ASHA role in HBNC , ShikhaYadav


thank you!