ASSESSMENT OF TRAINED ACCREDITED SOCIAL HEALTH ACTIVISTS TO PROVIDE HOME BASED NEWBORN CARE IN TAPI DISTRICT OF GUJARAT

Dissertation
At
ICDS, Gujarat

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This is to certify that Dr. Dineshkumar M. Prajapati student of MBA Hospital and Health Management from IIHMR University, Jaipur has undergone internship training at ICDS Gujarat from 9th March, 2015 to 30th April, 2015.

The Candidate has successfully carried out the study designated to him during 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 him all success in all his future endeavors.

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And has successfully completed his Project on

Assessment of Trained Accredited Social Health Activists to provide Home Based Newborn Care in Tapi District of Gujarat

He came across as a committed, sincere & diligent person who has a

strong drive & zeal for learning

We wish him all the best for future endeavors.

DR. K.T. CHAUDHARI
Program officer
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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **Assessment of Trained Accredited Social Health Activists to Provide Home Based Newborn Care in TAPI district of Gujarat** and submitted by Dr. Dineshkumar M. Prajapati Enrolment No.1440 under the supervision of Dr. Suresh Joshi for award of MBA Hospital and Health Management of the university carried out during the period from 9th March, 2015 to 30th April, 2015 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.

Dr. Dineshkumar M. Prajapati

Dinesh.

Signature

Acknowledgement

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Dr. Dineshkumar M. Prajapati

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List of Abbreviations

ASHA - Accredited Social Health Activist

HBNC-Home Based Neonatal Care

IMR- Infant mortality rate

PHC- Primary Health Centre

NMR- Neonatal mortality rate

PNC- Post natal care

NFHS- National Family Health survey

NRHM- National Rural Health Mission

PO- Programme Officer

ICDS- Integrated Child Development Services

DISSERTATION REPORT

Assessment of Trained Accredited Social Health Activists to Provide Home Based Newborn Care in TAPI district of Gujarat

Abstract

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Assessment of Trained Accredited Social Health Activists to Provide Home Based Newborn Care in TAPI district of Gujarat

Background:

Tapi district is a tribal district of Gujarat state. About 91 % of people residing in rural area. Tribal people residing in the interiors also lacks health seeking behaviours. The IMR of Tapi district is 26. (According to RDD report march 2015).Being a tribal district of the state, is having more number of delivery take place at home .So, to provide neonatal care is a crucial part for baby survival. This services are provided under HBNC packages by ASHA worker. The aim of the study was to assess knowledge and skills of trained ASHAs in providing HBNC and to understand the mother's knowledge on ASHA's performance in providing HBNC.

Objectives of study:

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

Methodology:

Cross sectional, Descriptive study was conducted. Based on the simple random sampling method there were 6 PHCs selected out of 30 PHCs. The random number generated through lottery method. Pretesting was done in Chapawadi PHC. The 6 PHCs were Kalamkui, Buhari, Agaswan, Panchol, Ukai and Maypur of Tapi district. So, 130 ASHAs were covered from 6 PHCs who were available at the time of monthly review meeting of PHCs.Beneficiaries were selected for this study based on who had delivered within 6

months. So, total 40 beneficiaries covered. For data collection self-administered questionnaire for ASHAs and Skill Check list was used for ASHAs and in depth interview was conducted for beneficiary.

Results:

Only 78 % and 45 % of ASHAs knew that 7 times home visits and 6 times home visit should be done in case of deliveries 35% of ASHAs knew all the signs that baby not getting enough milk.35% of knew about tetracycline ointment used for swollen or pus filled eyes and 65 % of knew about Gentian violet ointment used for pus on umbilicus. In part of skill 17 ASHAs were observed during field visit. None of the ASHAs were washing their hand prior to touching new born. They did not performed correct steps of how to take temperature and weighing of new born baby. 42% of the beneficiaries responded that ASHAs visited their home less than six times after institutional delivery. 72% of the beneficiaries said that ASHAs did not wash their hands before touching the baby. Only 30% of the beneficiaries responded that temperature of their baby was taken.43% of beneficiaries responded that weight of their baby was taken.

Conclusion:

- There was gap in knowledge among ASHAs. They were lacking in other sign and symptoms of Asphyxia, sepsis, hypothermia and baby not getting enough milk. They did not performed correct steps of taking temperature and weighing of new born baby. None of the ASHAs were washing their hand prior to touching baby. Majority of ASHAs lack resources with them to provide services.

Key words: ASHA, HBNC, Knowledge of ASHA and Beneficiaries

1 Introduction

India contributes about 1 million neonatal deaths to the global burden, and its neonatal Mortality is 43/1000 live births, a high rate that has not declined much in the recent past.

As infant mortality rate is one of the grave problems faced by Gujarat today, coveted steps are being taken to reduce infant mortality rate. Integrated management of neonatal &childhood illness is one amongst them &home based post natal care is one of the component if IMNCI, its aim is to reduce IMR by reducing neonatal mortality. To make its implementation effective, HBNC training is given to ASHAs for 4-5 days. Home visits are made by ASHA on day 1st, 3rd, 7th, 14th, 21st, 28th, 42th day in case of home delivery.

District Tapi is going through transition phase of development in every aspect including health, education, infrastructure, etc. There are five Taluka in this district. Across this district there are 30 PHCs, 2 Urban PHCs, 11 24X7 PHCs, 5 CHCs (3 FRU CHCs), 1 District Hospital in district Tapi. There are 228 SCs and 457 VHSNCs.

Being a tribal district of the state, is having more number of delivery take place at home because of prevailing conditions of lower socio-economic status, majority of BPL & tribal population and lower literacy rates as well as awareness. About 91 % of people residing in rural area and 9 % are residing in urban area. Tribal people residing in the interiors also lacks health seeking behaviours. There for to reduce home delivery and increased institutional deliveries efforts have been made by this district. Despite the impressive increase in institutional deliveries there is a persistence of home deliveries.

The IMR of Tapi district is 26. (According to RDD report march 2015) that means the district highly focus on the care of new born. Home delivery in Tapi district more in number. So, to provide neonatal care is a crucial part for baby survival. This services are

provided by ASHA worker. Which is a critical link between community and health system at grass root level. Home-Based Newborn Care (HBNC) packages successfully address the main causes of newborn deaths, decreasing newborn death rates by up to 70%. Village health workers (VHWs) deliver HBNC to vulnerable families at the community level, effectively reaching families that lack access to medical facilities.

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%. There is a decrease trend in home delivery from 31 % to 2.15% from 2009 – 10 to 2014-15. In compare to previous report home delivery showing decreased trend and institutional delivery increasing. So, it reduced IMR 32 to 26 from the year 2011 to 2015. The number of referral made from the year April 2013 to April 2015 was 1429. This shows that ASHA have identified Low Birth Weight baby and due to other medical condition referral has been made. It is showing that ASHAs have done good work in providing HBNC.

2 Review of literature

Despite rising rates of institutional delivery, most neonatal deaths in India occur at home. The Government of India (GOI) released home-based newborn care (HBNC) guidelines in 2011 to increase access to newborn care through accredited social health activists (ASHAs). The guidelines expect ASHAs to make home visits to promote essential newborn care, identify illness, and refer infants if needed. ASHAs receive a performance payment for conducting the home visits. [1]

Home-based newborn care as a component of continuum of care for newborns and linkages with facility-based care for prompt referral of sick newborns is critical to improving survival in this age group. In the same way, newborns discharged from the Special Newborn Care Units must be followed up at home by frontline workers. [2]

In Mehsana district of Gujarat, ASHAs were trained 100 percent in the module 5, 6 and 7. The ASHAs were not aware of all the sign and symptoms they have to examine when they visit a new born. [3]

The Gadchiroli study on Home-based Newborn Care (HBNC) (1993-98) conducted by SEARCH, an NGO in Maharashtra, was a major breakthrough towards finding a way to reduce the IMR in India. A comprehensive approach comprising essential care during pregnancy; assistance during delivery and immediate post-partum period, postnatal care &critical care for few sick newborn is needed to meet rising demand & tackle unaddressed newborn care challenges.[4]

3 Statement of the problem

For providing HBNC it is essential that ASHAs were trained and timely replenishment ASHAs kit is necessary. Regular home visits necessary after new born birth. Poor knowledge and practices of ASHAs in the community in providing Home-based newborn care can lead to increased number of infant deaths in Tapi district of Gujarat

4 Rationale of the Study

Home Base New Born care indicated in the government policy which aim is to improve new born survival. The study aims also to find out the lacuna. Before conduct this study it has been found that 100 percent ASHAs were trained in the Module 6, 7 of ASHA training.

Before starting this project it was found that ASHA are not visiting regularly new born.

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 base on refresher training.

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

5 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?"

6 Objectives of study

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

7 Methodology

Type of study- Descriptive cross sectional study

Study Area- PHC of the Tapi district of Gujarat

Study Period- 9th March, 2015 to 9th May, 2015

Study participants-ASHAs and beneficiaries in Tapi district of Gujarat

Sample size-

1. Total number of ASHAs in Tapi district is 780.

   130 ASHAs were covered.

2. For beneficiary interview- 40 beneficiaries were interviewed in which 17 newborns were included to observe the skills of ASHAs.

Sampling Type- Probability sampling

- Simple random sampling

Pretesting: pretesting was done on 16/4/2015 in Chapawadi PHC

Sampling Methodology

Based on the simple random sampling method there were 6 PHCs selected out of 30 PHCs. The random number generated through lottery method. Pretesting was done in Chapawadi PHC. After pretesting, some modification was done in the questionnaire.

So, the total number available ASHAs were 130 in 6 PHCs.

Beneficiaries were selected for this study based on who delivered last 45 days. Total number of 17 new born visited. But due to less sample size it was extend to beneficiaries up to last 6 months who had delivered.

Through self-administered questionnaire for ASHAs, primary data was being collected at PHCs. Skill of the ASHAs was observed through check list while visited to beneficiary. In depth interview for beneficiary was being taken.

The beneficiaries included questions pertaining to the services given to new born by ASHAs through regular home visits.

PHCs visited

1. Chapawadi
2. Kalamkui
3. Buhari
4. Agaswan
5. Panchol
6. Ukai

7. Maypur

Data Collection Tool

Self-administered questionnaire for ASHAs

Skill Check list for ASHAs

In depth interview – for beneficiary

Technique: observation, Face to Face interview

Data Analysis

Written questionnaire will be checked for completeness and correctness and data will be entered in MS Excel and SPSS for further analytical treatment and graphical presentation.

Variables:

Independent variable: Training of ASHA.

Dependent variable: Knowledge & Skill of ASHA worker.

8 Ethical Considerations

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.

9 Results

9.1 Knowledge regarding Home-based Newborn Care among ASHAs **(N= 130)**

Knowledge related variable	Yes	No
Home delivery	77.70%(101)	22.30%(29)
Institutional delivery	44.60%(58)	55.40%(72)
Care at birth time	48.50%(63)	51.50%(67)
Signs of asphyxia	46.90%(61)	53.10%(69)
Signs seen after birth	53.85%(70)	46.15%(60)
Signs seen during home visit	72.30%(94)	27.70%(36)
Site for taking temperature	89.20% (116)	10.80%(14)
Medicine used for fever	87.70% (114)	12.30%(16)
Medicine used for swollen or pus filled eyes	35.40% (46)	64.60%(84)
Medicine used for pus filled umbilicus	65.40%(85)	34.50%(45)
Signs for diagnosis of sepsis	42.30%(55)	57.70%(75)
After diagnosis place preference for treatment	100%(130)	0%(0)
Normal weight of baby	90.80%(118)	9.20%(12)
Identification Of LBW babies	94.60%(123)	5.40%(7)
After diagnosis of LBW place for treatment	100%(130)	0%(0)
Signs of high risk baby	46.20%(60)	53.80%(70)
Bath for LBW	67.70%(88)	32.30%(42)
Signs of hypothermia	44.60%(58)	55.40%(72)
Advised given for maintain body temperature	60.80%(79)	39.20%(51)
Information on breast feeding	51.50%(67)	48.50%(63)
Breast feeding after birth within 1 hour	94.60%(123)	5.40%(7)
feed of baby during 24 hours 7to 8 times or whenever baby cries	88.50%(115)	11.50%(15)
Prelacteal feed	14.60%(19)	85.40%(111)
exclusive breast feeding for 6 months	82.30%(107)	17.70%(23)
Water along with exclusive breast feeding	5.40%(7)	94.60%(123)
Signs that baby not getting enough milk	31.50%(41)	68.50%(89)

9.1 Knowledge of ASHAs regarding number of home visits during home and institutional deliveries

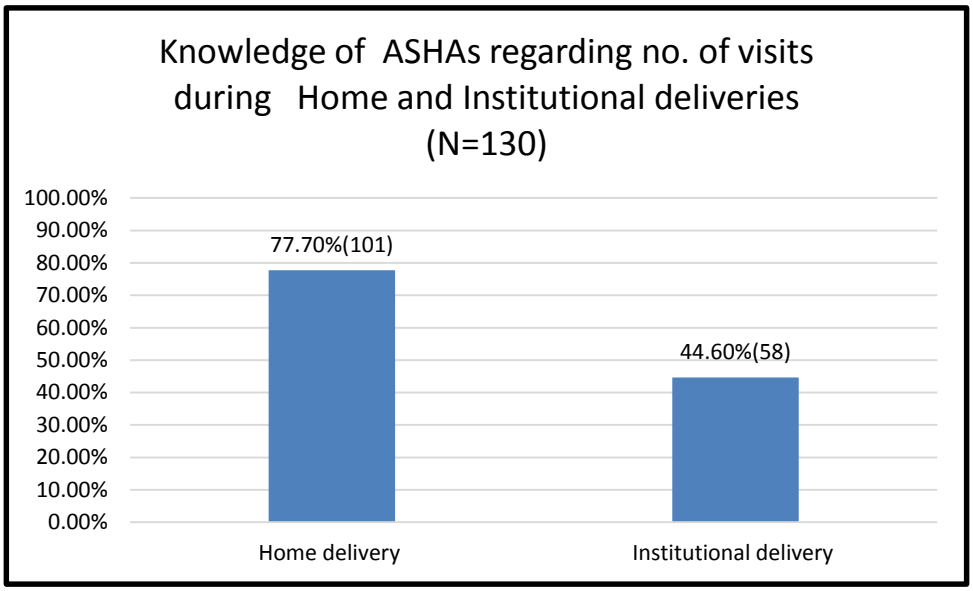


Figure 9.1 Knowledge of ASHAs regarding number of home visits during home and institutional deliveries

Figure 9.1 depicts that 78 % of the ASHAs correctly knew that seven Home visits should be done in case of home delivery. Less than half (45 percent) of the ASHAs knew that six home visits should be done in case of institutional delivery.

9.2 Knowledge of ASHAs regarding new born care at birth time

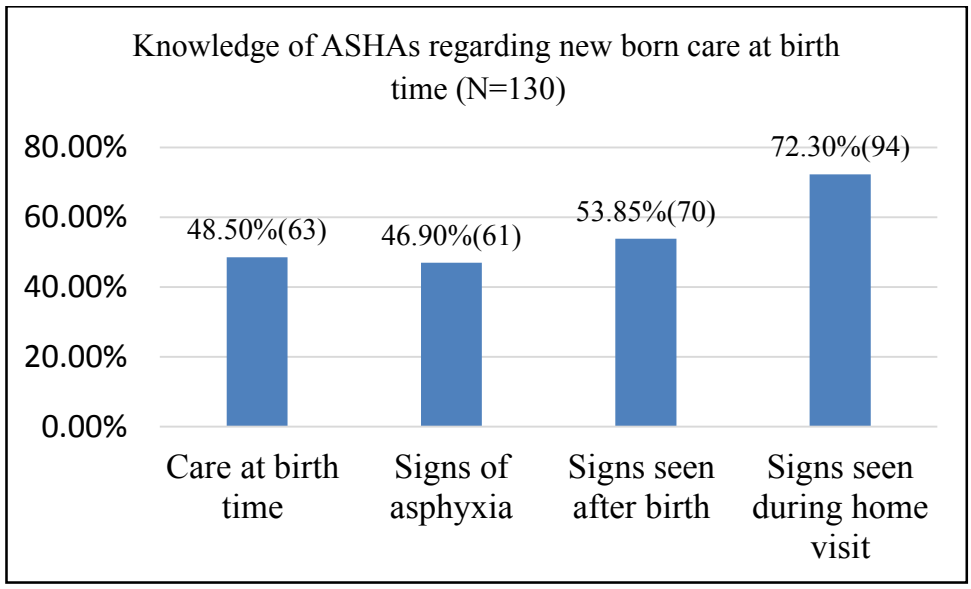


Figure 9.2 Knowledge of ASHAs regarding new born care at birth time

Figure 9.2 depicts that 49% of ASHAs knew that care at birth time given. 47% of ASHAs were aware about signs of asphyxia. 54% of ASHAs were aware about signs seen after birth. 72% of ASHAs were aware about signs seen during home visits. 89% of ASHAs knew that correct site of temperature making in new born.

9.3 Knowledge of ASHAs regarding site for taking temperate and medicines used for new born in various condition

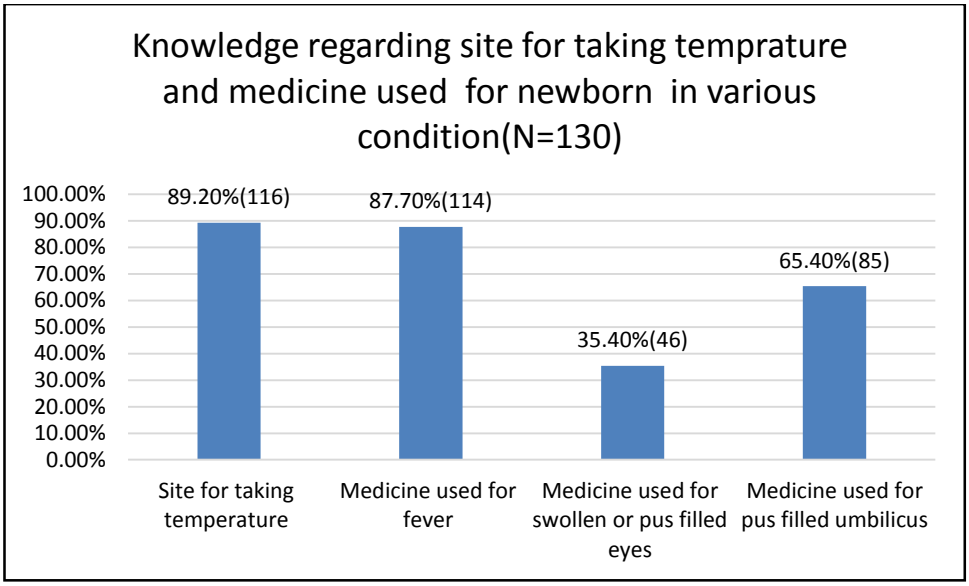


Figure 9.3 Knowledge of ASHAs regarding medicines used for new born in various condition

Figure 9.3 depicts that 88 % of ASHAs knew that paracetamol is used for fever. 88% of ASHAs knew that Tetracycline ointment is used for swollen or pus filled eyes. 65% of ASHAs knew that gentian violet ointment is used for pus filled umbilicus. 42% of ASHAs were knew that sign used for diagnosis of sepsis. 100%of ASHAs said that after diagnosis of sepsis they referred the new born in health facility.

9.4 Knowledge of ASHAs regarding signs of sepsis and preference for treatment

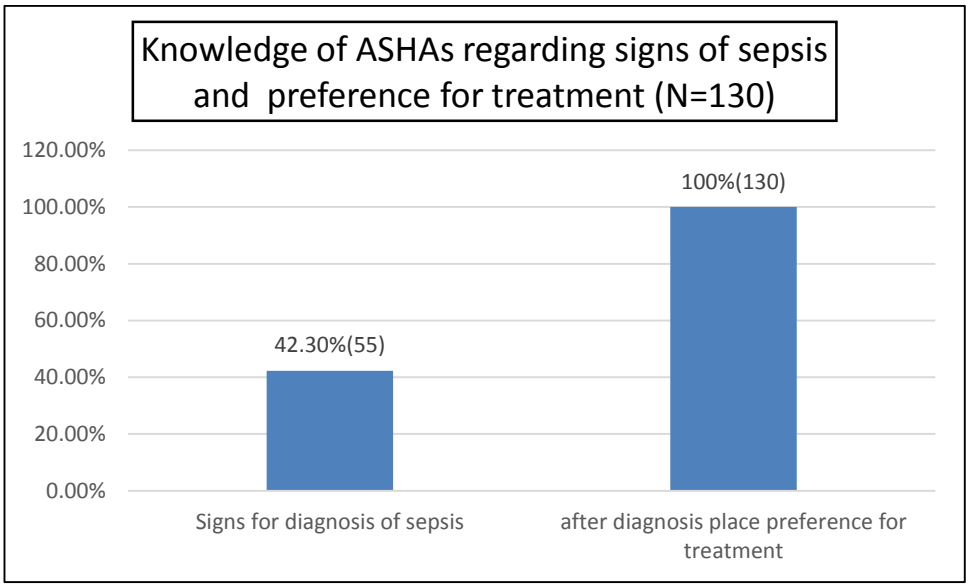


Figure 9.4 Knowledge of ASHAs regarding signs of sepsis and preference for treatment

Figure 9.4 depicts that 42 % percent of ASHAs having correct knowledge regarding sign for diagnosis of sepsis. 100% said that they preferred to baby health facility.

9.5 Knowledge of ASHAs regarding LBW baby (N=130)

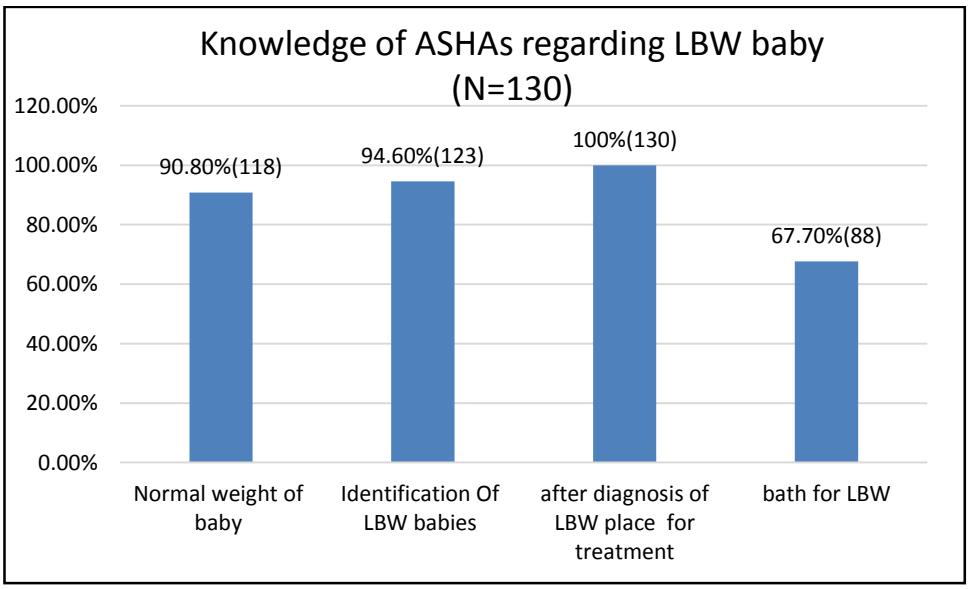


Figure 9.5 Knowledge of ASHAs regarding LBW baby

Figure 9.5 depicts that 91 % of ASHAs knew that normal weight of baby. 95 % of ASHAs identified LBW babies. 68% of ASHAs knew that bath for LBW baby should be given after 7th day.

9.6 Knowledge of ASHAs regarding signs of hypothermia and maintain body temperature

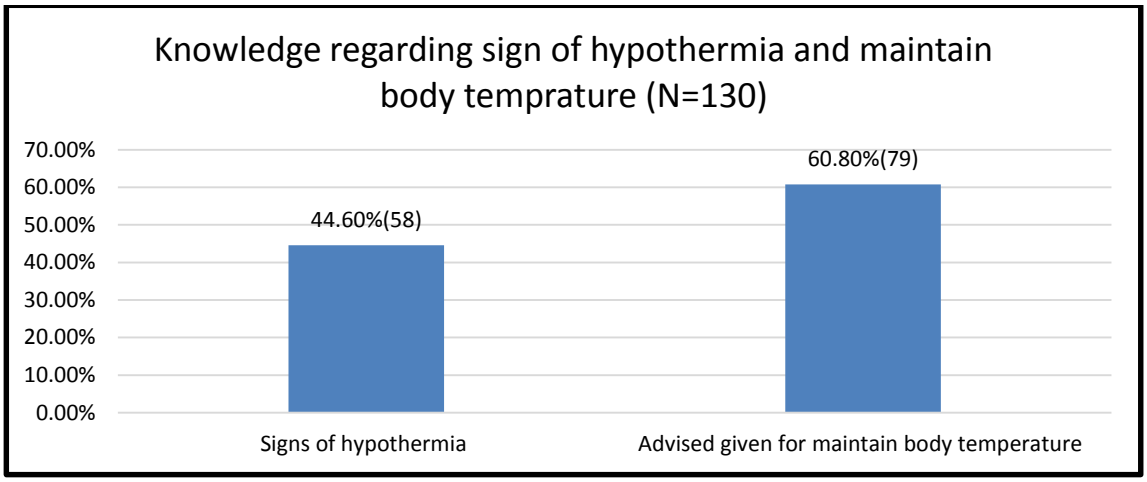


Figure 9.6 Knowledge of ASHAs regarding signs of hypothermia and maintain body temperature

Figure 9.6 depicts that 45 % percent of ASHAs knew the signs of hypothermia.61% of ASHAs advised given on maintaining body temperature.

9.7 Knowledge of ASHAs regarding breast feeding

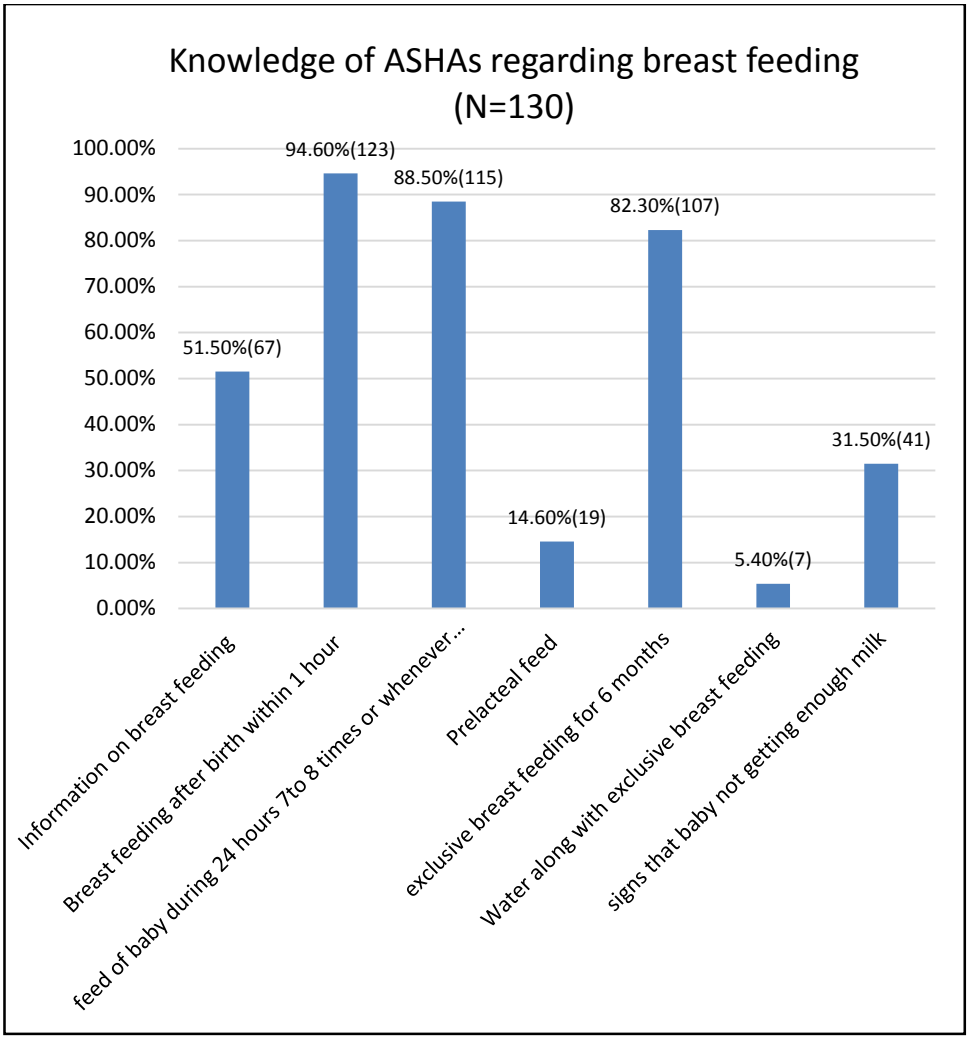


Figure 9.7 Knowledge of ASHAs regarding breast feeding

Figure 9.7 depicts that 52 % of ASHAs knew the proper information on breast feeding.

95 % of them knew about breast feeding should be initiated within 1 hour after birth of baby.

Distribution of response regarding knowledge of ASHAs

9.8 Distribution of response knowledge of ASHAs regarding visit should done in home delivery

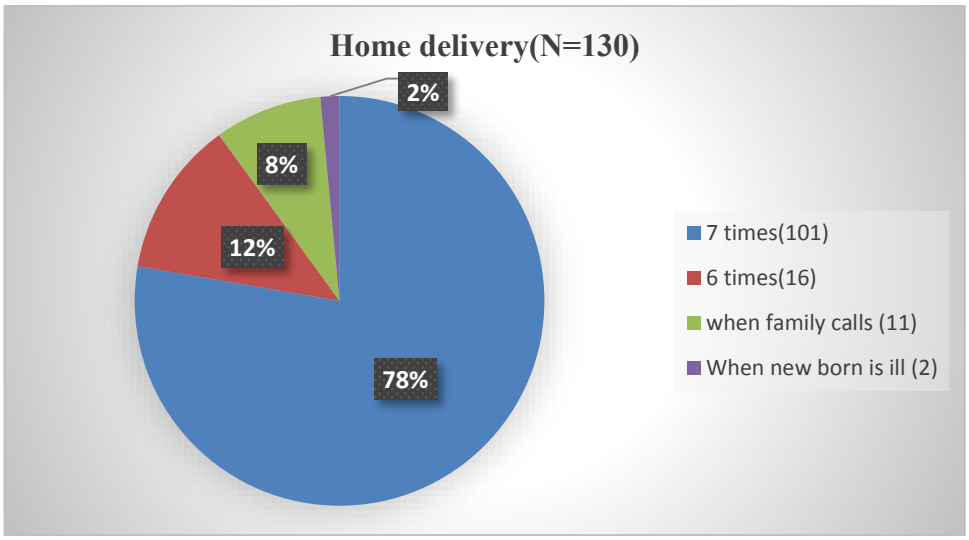


Figure 9.8 knowledge of ASHAs regarding visit should done in home delivery

Figure 9.8 depicts that 78% of ASHAs knew that 7 times visits done in case of home delivery. 12% of them responded that 6 times of visit should done, 8 percent responded that when family called and two percent responded that when new born ill then visit should done.

9.9 Distribution of response knowledge of ASHAs regarding visit should done institutional delivery.

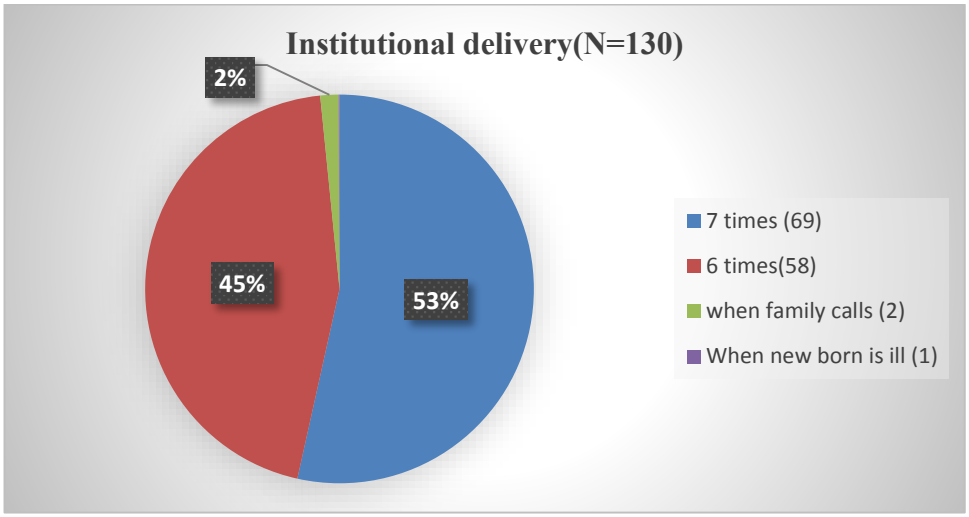


Figure 9.9 knowledge of ASHAs regarding visit should done in institutional delivery

Figure 9.9 depicts that 45% of ASHAs knew that 6 times visits done in case of institutional delivery. 53% of them knew that 7 times, 2 percent of them knew that when family called and 2 percent knew that when new born ill then visit should done.

9.10 Distribution of response knowledge of ASHAs regarding care should provide at birth time

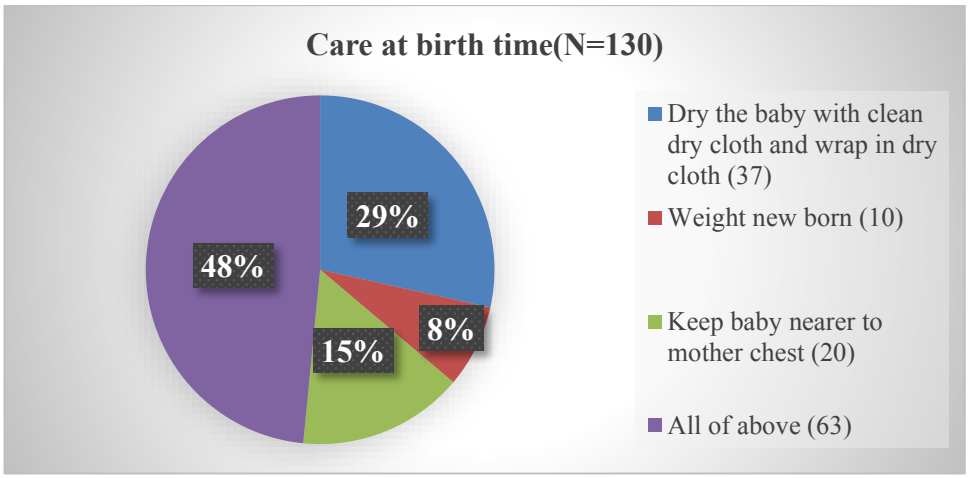


Figure 9.10 knowledge of ASHAs regarding care at birth time

Figure 9.10 depicts that 48% of ASHAs knew that care should be provided at birth time. 29 % of them responded that only dry the baby with clean dry cloth and wrap in dry cloth. 8 percent of them responded that only weight should be done. 15 % of them responded that keep baby nearer to mother.

9.11 Distribution of response knowledge of ASHAs regarding signs of Asphyxia

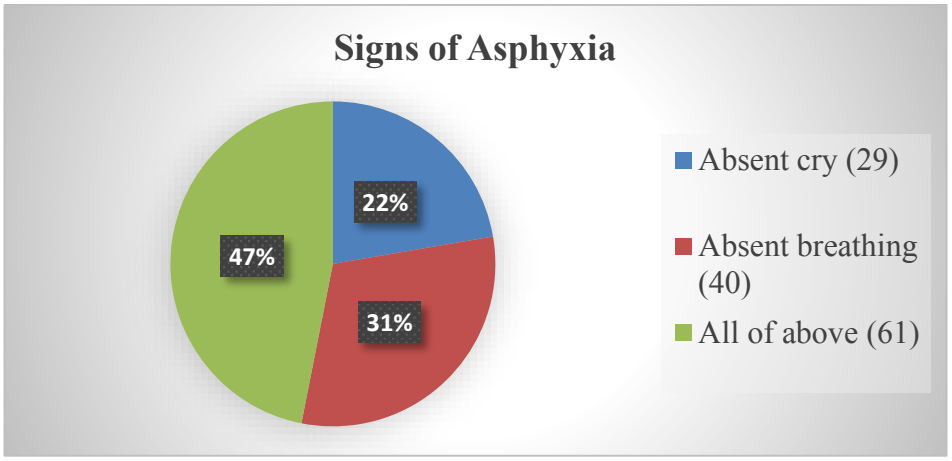


Figure 9.11 knowledge of ASHAs regarding signs of asphyxia

Figure 9.11 depicts that 47 % of ASHAs knew that signs of asphyxia. 31 % of them knew that absent breathing and 22 % of knew that absent cry are signs of Asphyxia.

9.12 Distribution of response knowledge of ASHAs regarding signs to be seen during home visit

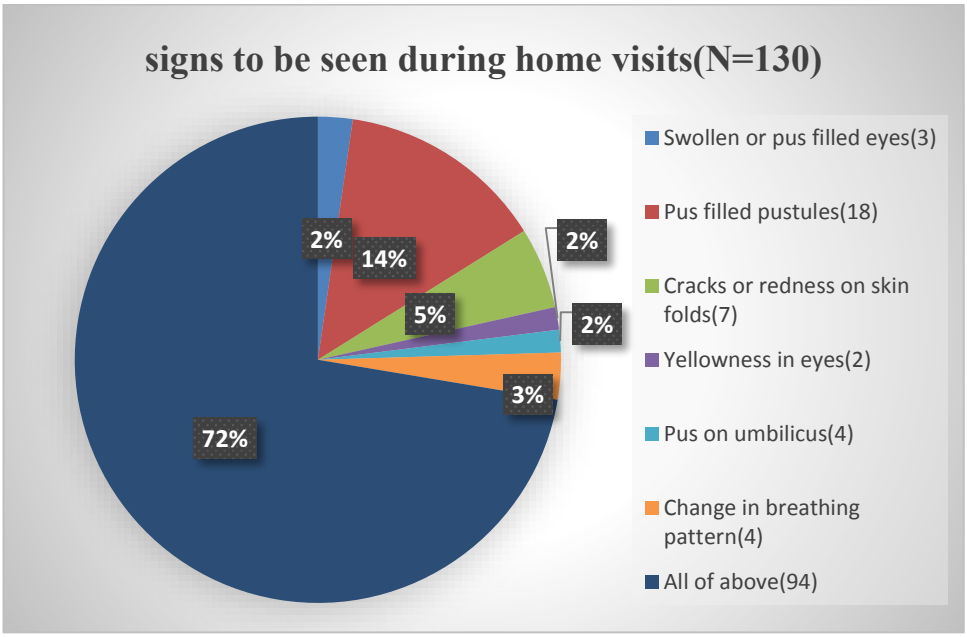


Figure 9.12 knowledge of ASHAs regarding signs to be seen during home visit

Figure 9.12 depicts that 72 % of ASHAs knew all signs to be seen during home visits. 2 percent of knew that swollen or pus filled eyes should see during home visit, 14 % of knew that pus filled pustules, 5 percent knew about cracks or redness on skin folds, 2 percent knew about yellowness in eyes, 2 percent knew that pus on umbilicus and 3 percent responded that change in breathing pattern sign should see during home visits.

9.13 Distribution of response knowledge of ASHAs regarding signs of sepsis

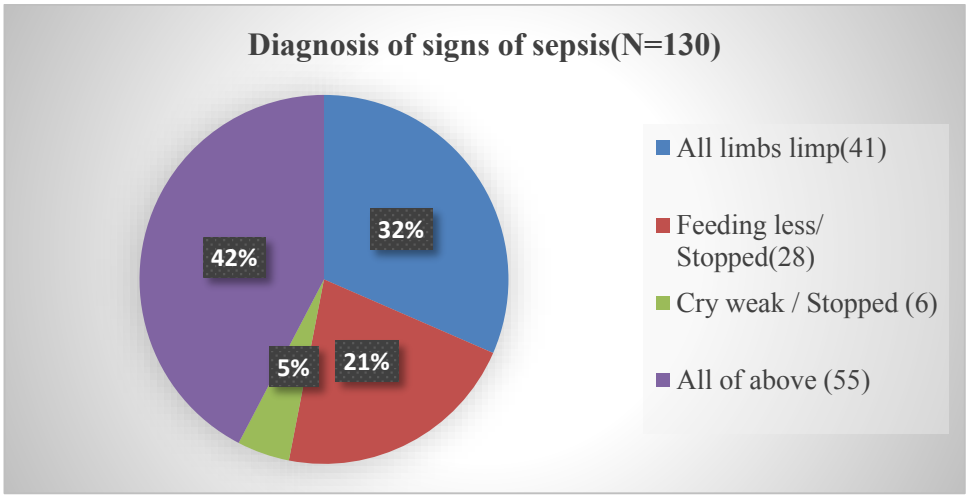


Figure 9.13 knowledge of ASHAs regarding signs of sepsis

Figure 9.13 depicts that 32 % of ASHAs knew that all limbs limp sign used for diagnosis of sepsis. 21 % of ASHAs knew that feeding less or stopped sign used for diagnosis of sepsis. 5 percent of ASHAs knew that cry weak or stopped sign used for diagnosis of sepsis. Only 42 % ASHAs knew that all signs used for diagnosis of sepsis.

9.14 Distribution of response knowledge of ASHAs regarding signs of high risk baby

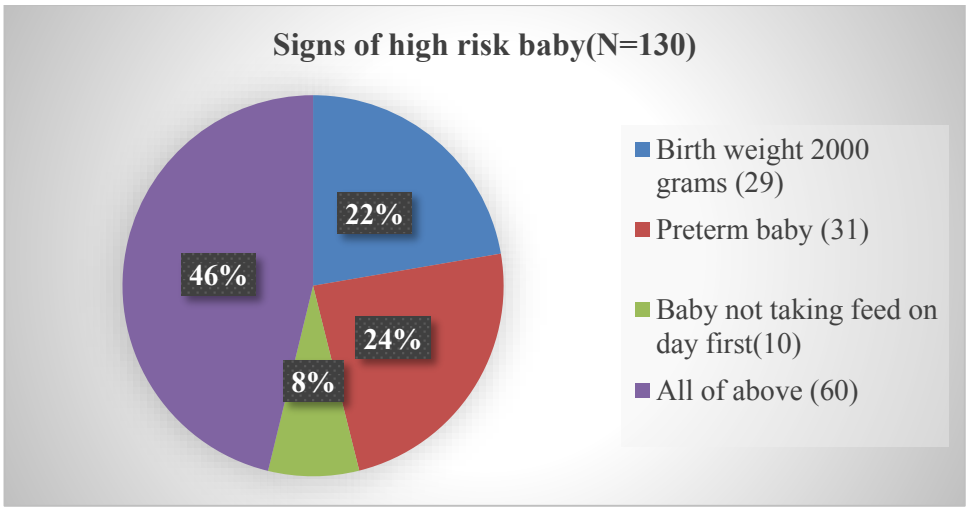


Figure 9.14 knowledge of ASHAs regarding signs of high risk baby

Figure 9.14 depicts that 22%of ASHAs knew that birth weight less 2000 grams used for diagnosis of high risk baby. 24% of ASHAs knew that preterm baby sign used for diagnosis of high risk baby. 8 percent ASHAs knew that baby not taking feed on day one

sign used for diagnosis of high risk baby. Only 46 % of ASHAs knew that all of sign used for diagnosis of high risk baby.

9.15 Distribution of response knowledge of ASHAs regarding that baby not getting enough milk

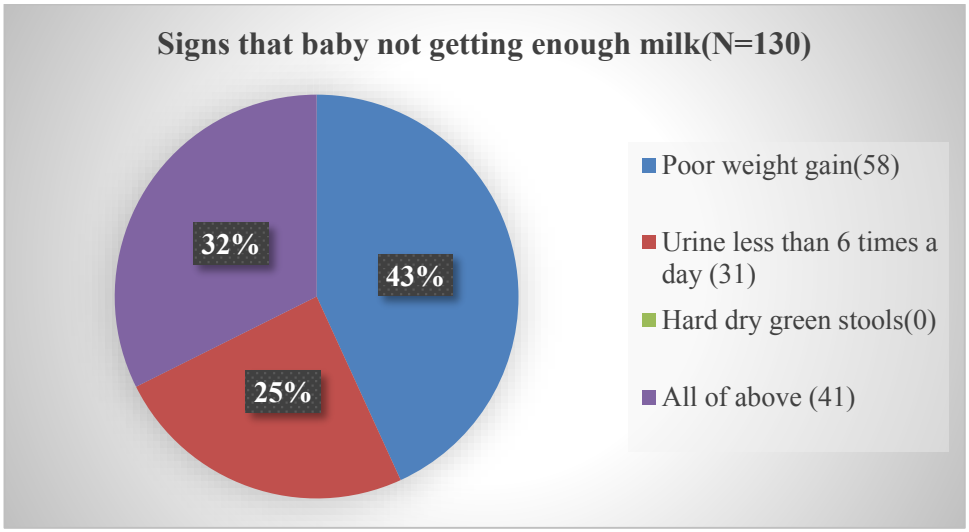


Figure 9.15 knowledge of ASHAs regarding signs that baby not getting enough milk

Figure 9.15 depicts that 43 % of ASHAs knew that poor weight gain is a sign for that baby not getting enough milk. 25 % of ASHAs knew that urine less than six times a day is a sign for that baby not getting enough milk. Only 32 % of ASHAs knew about all of above signs that baby not getting enough milk.

Skill check list for ASHA

1.21.1 Hand washing (N=17)

None of the ASHAs practiced hand-washing before seeing a new born.

Table 1.1 Measuring temperature (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)
Place thermometer back in storage	23.5%(4)	76.5%(13)

Table 1.1 depicts that only 23.5 percent of the ASHAs were able to take correct temperature of newborn baby at the time of visit. Remaining ASHAs did not have thermometer in working condition. Hence their skill could not be examined during home visit.

Table 1.2 Weighing the 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)

Table 1.2 depicts that All the ASHAs were not performing initial four steps of checklist for weighing the baby but were following step five to nine of checklist. Only 35 percent of them were able to record the weight correctly.

2.Beneficiaries' knowledge on ASHAs work under HBNC

Knowledge related variable of beneficiary	Yes	No
Visit made by ASHA after institutional delivery	58%(23)	42%(17)
Information asked during home visits	47.50%(19)	52.50%(21)
Advised given by ASHA for new born care	32.50%(13)	67.50%(27)
Prelacteal feed	10%(4)	90%(26)
Water along with exclusive breast feeding	8%(3)	92%(37)
Initiation of breast feeding	68%(27)	32%(13)
Hand washing	28%(11)	72%(29)
Took temperature of baby during visit	30%(12)	70%(28)
Took weight of baby during visit	43%(17)	47%(23)

9.2.1 Beneficiary knowledge regarding of ASHAs regarding visited after institutional delivery

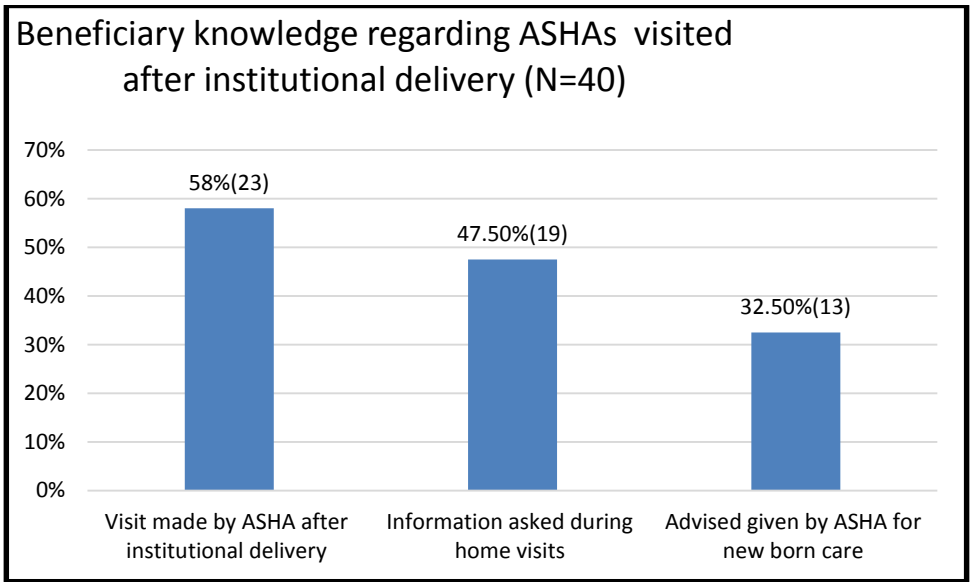


Figure 9.2.1 Beneficiary knowledge regarding ASHAs visited after institutional delivery

Figure 9.2.1 depicts that 58 % beneficiary said that ASHAs visited 6 times after institutional study. 48 % of beneficiary said that information asked by ASHAs for feeding of baby, temperature of baby and yellowness in eyes. 33 % of beneficiary said that advised given by ASHAs were advised on eye care, umbilicus and hand washing.

9.2.2 Beneficiary knowledge regarding ASHAs provided information on feeding

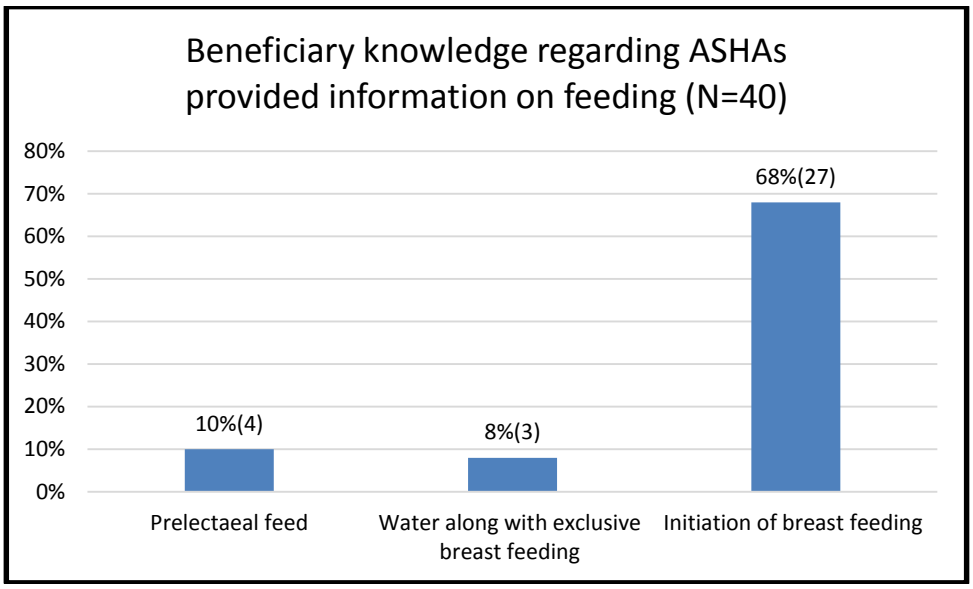


Figure 9.2.2 Beneficiary knowledge regarding ASHAs provided information on feeding

Figure 9.2.2 depicts that 10 % beneficiary said prelacteal feed should be given. Eight percent of beneficiary said that water along with exclusive breast feeding should be provided. 68 % respondents started breast feeding within 1 hour after the birth of baby.

9.2.3 Beneficiary knowledge regarding ASHAs activity of ASHAs during visits

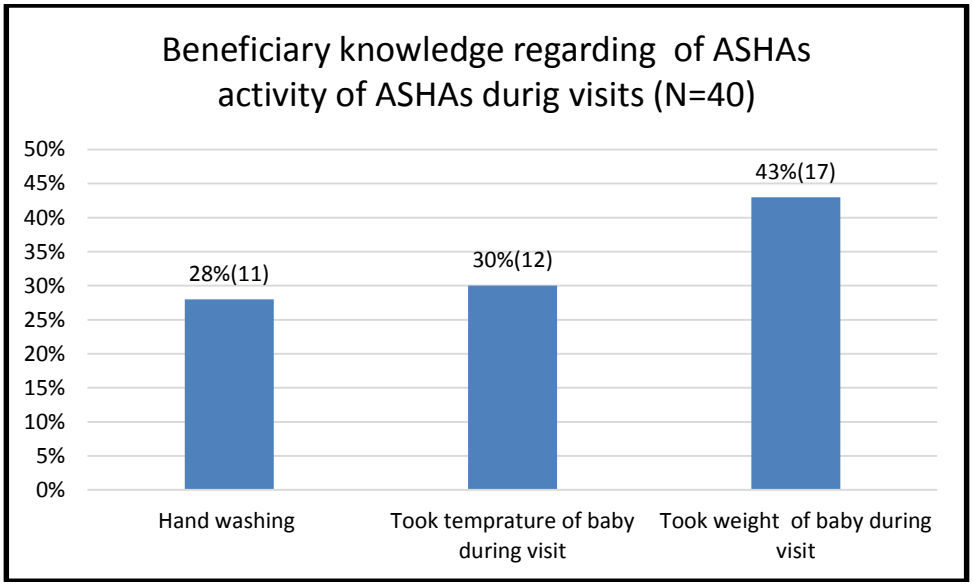


Figure 9.2.3 Beneficiary knowledge regarding ASHAs activity of ASHAs during visits

Figure 9.2.3 depicts that 28 % respondent said that ASHAs washing their hand prior to see baby. 30 % and 43% respondent said that ASHAs took temperature and weight of baby during visit.

9.2.4 Distribution of Beneficiaries knowledge regarding what all ASHA asked about newborn (N=40)

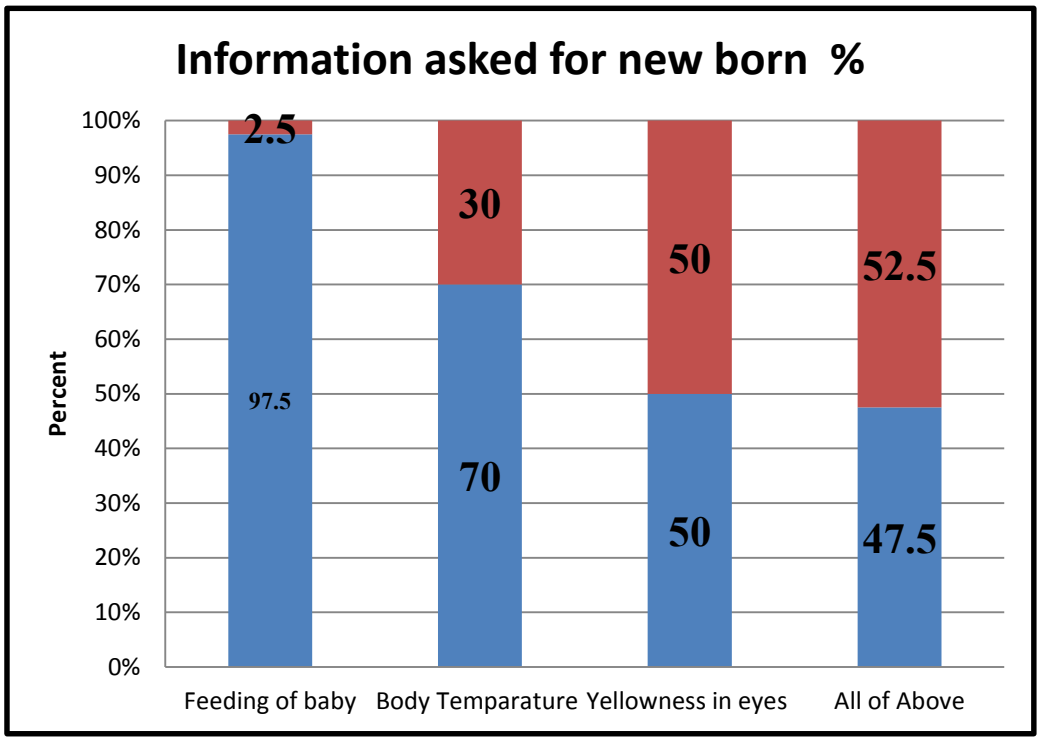


Figure 9.2.4 Beneficiary response regarding Information asked during home delivery

98 % of respondents said that ASHAs asked about feeding of baby and 70 % said that body temperature was being taken and 50% of the respondents said they were asked being about yellowness in eyes.

Less than half (48 percent) the beneficiaries were asked about all the things during Home visit.

9.2.5 Distribution of Beneficiaries knowledge regarding advise given by ASHA for newborn Care (N=40)

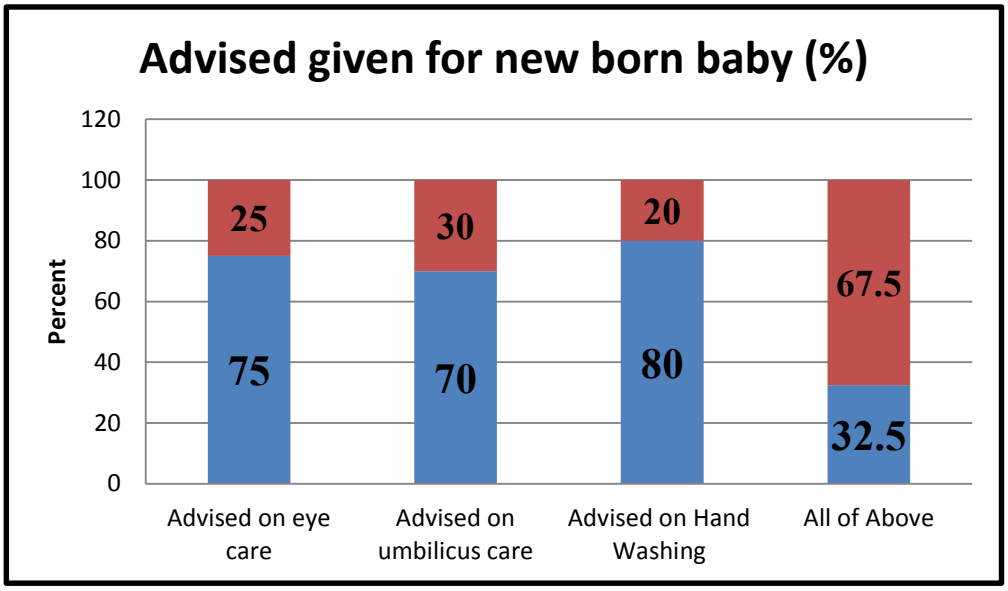


Figure 9.2.5 Beneficiary response regarding Advised given for new born baby

Figure 9.2.5 depicts that 75 % of respondents said that ASHAs advised on eye care. 70 % of ASHA advised on umbilicus care .80% of ASHAs advised on hand washing. Less than half (33%) the ASHAs advised on everything.

9.2.6 Distribution of Beneficiaries knowledge regarding initiation of breast feeding

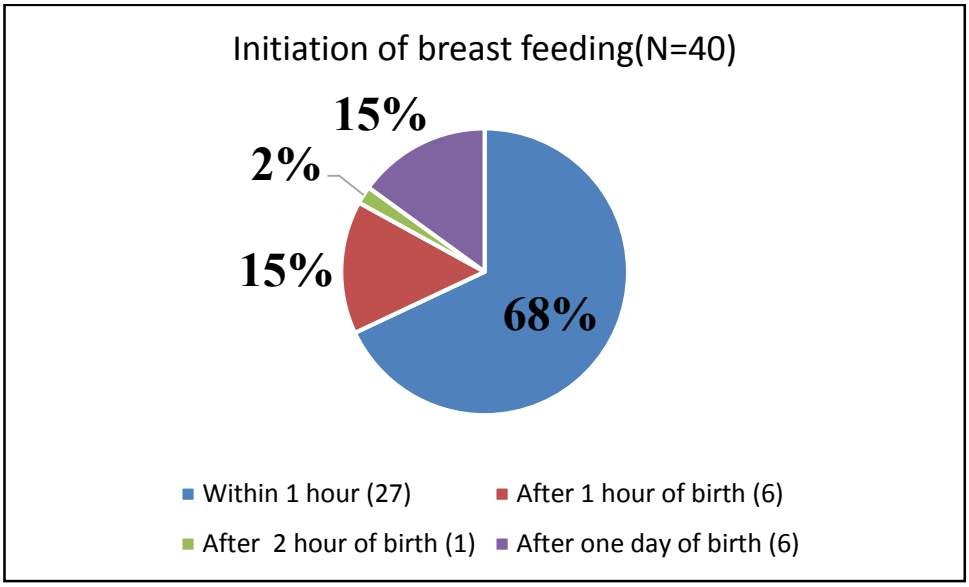


Figure9. 2.6 Distribution of Beneficiaries knowledge regarding initiation of breast feeding

Figure 9.2.6 depicts that 68 % respondents having knowledge regarding started breast feeding within 1 hour after the birth of baby.15 % respondents having knowledge regarding started breast feeding after 1 hour after the birth of baby. 15 % respondents having knowledge regarding started breast feeding after one day of birth of baby. 2 % respondents having knowledge regarding started breast feeding after two hour of birth of baby.

10 Discussion

The objective of the study was to assess the knowledge among ASHAs regarding HBNC by using self-administered questionnaire, to assess their training level by using skill check list through observation and to find out beneficiaries perception of ASHAs work through face to face interview.

In compare to study which had done in District Mehsana of Gujarat, results are comparatively similar. There is a gap in knowledge of ASHAs even after 100% of them are trained in Module 6 & 7.

Majority of ASHAs lack in resources with them to provide services.

Majority of ASHAs not getting properly support from ASHAs facilitator. Also facilitator are lacking in knowledge regarding HBNC. ASHAs facilitator and Supervisors are not done regularly field visits.

Of all women who had institutional delivery 58 percent of beneficiary answered that ASHA completed her scheduled 6 visits to examine new born which is comparatively low. The reason behind that they are living in remote places.

On observation, none of the ASHAs washed their hands before touching new born. Out of 17 ASHAs, only 4 took temperature and remaining was not able to take temperature due to non-functioning of thermometer or unavailability of thermometer. None of the ASHAs followed the correct method of weighing the baby or took weight of new born correctly after adjusting for zero error.

11 Conclusion

ASHAs were trained in module number 6 and 7 in month of February and March in Tapi district of Gujarat. Pre-test and post test was conducted to assess their knowledge level. Results conclude that trained ASHAs were finding it difficult to give answers to questions related to knowledge of HBNC. They did not make regular home visits and were not able to take weight and temperature properly. Majority of ASHAs lack resources with them to provide services. They did not carry weighing scales, slings medicines and thermometer with them during home visits.

. **Ingredients for strengthening HBNC: -**

1. To provide equipment like thermometer and weighing scale with sling
2. To increase the competency of ASHA. Facilitator and supervisor should provide supportive supervision.
3. Make regular field visit of ASHA. Facilitator and supervisor. so, better solution take place on ground level.

12 Limitations 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.

13 References

1. National Rural Health Mission, Ministry of Health and Family Welfare, Government of India. . *Home Based Newborn Care: Operational Guidelines...* http://nrhm.gov.in/ (accessed 29 November 14).
2. *Post-Partum Care for the Mother and the Newborn: A Practical Guide. Geneva:* Geneva:WHO; 1998
3. Review of HBNC programme in district Mehsana of Gujarat-An effort to understand ASHA role in HBNC , ShikhaYadav

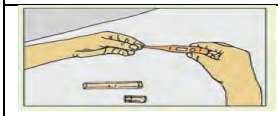
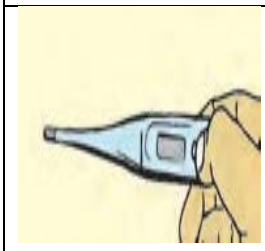
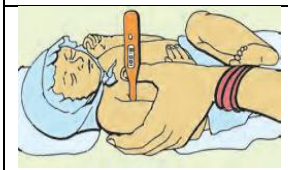
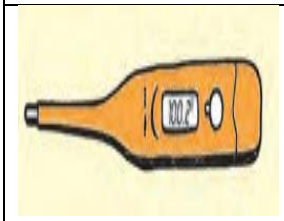
2 Annexure

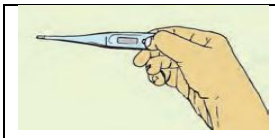
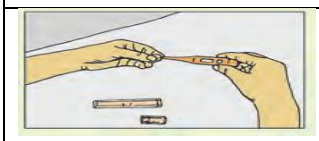
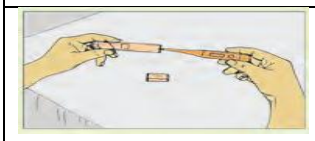
2.1Checklist for skill assessment of ASHA

Hand washing

	Check list	Performed	Not performed
1	Remove bangles and wrist watch		
2	Wet hands and forearms up to elbow with clean water		
3	Apply soap and scrub forearms, hands and fingers (especially nails) thoroughly		
4	Rinse with clean water		
5	Air-dry with hands up and elbow facing the ground		
6	Do not touch with your hands the ground, floor or dirty objects after washing your hand		
7	All of the above		

Measuring Temperature

Pictures	Check list	Correct	Incorrect
	1. Take thermometer out of its storage case, hold at broad end, and clean the shinning tip with cotton ball soaked in spirit		
	2. Press the pink button once to turn the thermometer on. You will see “188.8” flash in the centre of the display window, then a dash (-), then the last temperature taken and then three dashes(- - -) and a flashing “F” in the upper right corner		
	3. Hold the thermometer upward and place the shinning tip in the centre of the armpit. Place arm against it. Do not change the position.		
	4. You will hear a beep sound every 4 seconds while the thermometer is recording the temperature. When you hear 3 short beeps, look at the display. When “F” stops flashing and the number stop changing, remove the thermometer.		

	5. Read the number in the display window. 6. Record the temperature reading on the form		
	7. Turn the thermometer off by pushing the pink button one time. 8. Clean the shinning tip of the thermometer with a cotton ball soaked in spirit.		
	9. Place thermometer back in its storage.		
	10. All of above		

Weighing the Baby

pictures	Check list	Perform	Not performed
	1. Place the sling on scale 2. Hold scale by top bar off the floor, keeping the adjustment knob at eye level. 3. Turn the screw until its top fully covers the red and 'O' is visible.		
	4. Remove sling on hook and place it on a Clean cloth on the ground. 5. Place body with minimum clothes on in, sling and replace the sling on hook.		
	6. Holding top bar carefully, as you stand up, lift the scale and sling with baby off the ground, until the knob is at eye level		
	7. Read the weight. 8. Gently put the sling with baby in it, on the ground and unhook the sling. 9. Remove the baby from the sling and Hand it over to its mother. 10. Record the weight**.**		
	11. All of above		

2. 2 QUESTIONNAIRE FOR BENEFICIARY KNOWLEDGE

Beneficiary interview schedule:

Name: _____

1. Where your current delivery took place?
   - Public health facility
   - Private health facility
   - Home

2. How many times ASHA came to examine your newborn?
   - If 1 for Q---1
   - Six times---1, < Six---2, none---3
   - If 3 for Q---1
   - Seven---1, < Seven---2, None---3

3. In case of home delivery ask question: -

1. Does ASHA provides support and help for safe delivery?
   - Yes---1
   - No---2

2. Did ASHA visit on the 1st day of home delivery? (WITHIN 24 HOURS)
   - Yes---1
   - No ---2

3. Does ASHA encourage you to start breastfeeding immediately after delivery?
   - Yes---1
   - No ---2

4. Does ASHA practice hand washing every time before examining baby?
   - Yes ---1
   - No ---2

5. What ASHA asked about newborn?
   - Feeding habit of baby
   - Body temperature
   - Yellowness in eyes
   - All of above

6. What advice is given by ASHA in providing care of new born?
   - Advised on eye care
   - Advised on umbilicus
   - Advised on hand washing
   - All of above

7. Whether prelacteal feed should be given or not?

Yes –1

No –2

8. Whether baby should be given water along with exclusive breastfeeding?

Yes –1

No –2

9. Did ASHA take temperature of baby?

Yes

No

10. Did ASHA take weight of baby?

Yes

No

11. When should breastfeeding be initiated after birth of baby?

Within 1 hour after birth

After 2 hour of birth

After 1st day of birth

After 2nd day of birth

2.3 **QUESTIONNAIRE FOR KNOWELEDGE ASSESSMENT OF ASHAs**

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

To be filled by ASHA Worker

Tick appropriate option

Date (day/month/year): / / 2015

PHC name_____

ASHA name_____

Age_____

1. Education level _____

2. Which things should be involved in ASHA kit?
   - Digital watch ----1
   - Digital thermometer ---2
   - Neonatal weighing scale- with sling---3
   - Blankets for neonates---4
   - Baby feeding spoon---5
   - Medication (gentian violet paint, syrup cotrimoxazole and paracetamol) ---6
   - All of above --- 99

3. When do you visit the newborn in case of Home delivery?
   - 1st, 3rd, 7th, 14th, 21st, 28th, 42th day---1
   - 3rd, 7th, 14th, 21st, 28th, 42th day---2
   - When the family called----3

4. When do you visit the newborn in case of Institutional delivery?
   - 1st, 3rd, 7th, 14th, 21st, 28th, 42th day---1
   - 3rd, 7th, 14th, 21st, 28th, 42th day---2
   - When the family called----3

5. What kind of care should be given to the newborn at birth?
   - Dry the baby with clean dry cloth and wrap in a soft dry cloth –1
   - Weight new born –2
   - Keep baby close to mother's chest –3
   - All of above – 99
   - Don't know – 00

6. What are the signs of the Asphyxia?

Absent cry –1
Absent breathing –2
All of above –99
Don't know – 00

7. What all sign you look for within 30 sec or 5min after birth?

Movements of limb ------1
Crying ----------2
Breathing ---------3
All of the above -------99

8. What are the signs to be examined in the baby at time of home visit?

Swollen or pus filled eyes---1
Pus filled pustules---2
Cracks or redness on skin folds---3
Yellowness in eyes---4
Pus on umbilicus---5
Change in breathing pattern---6
All of above---99

9. Where do you put thermometer to take the body temperature of baby?

Oral---1
Axillary---2
Rectal---3

10. Which medicine is used for fever?

Paracetamol---1
Antibiotic---2
Antacids ---3
Don't know ---00

11. Which medicine is used for Swollen or pus filled eyes?

Tetracycline ointment---1
Ofloxacin eye drop---2
Don't know ---00

12. Which medicine is used for pus on umbilicus?

Gentian violet topical---1
Tetracycline ointment---2
Don't know ---00

13. What signs for the diagnosis of sepsis is seen?

All limbs limp---1

Feeding less/ Stopped---2
Cry weak / Stopped ---3
All of above ---99

14. After diagnosis of sepsis what will you do?
Give medicine---1
Refer to hospital---2

15. What is the normal weight of baby?
2.5 kg ---1
3.5 kg ---2
1.5 kg ---3
2 kg ---4

16. Did you identify any LBW babies?
Yes---1
No---2

17. If yes, what did you do?
Referred to health facility---1
Did nothing---2

18. How will you identify high risk newborn?
Birth weight 2000 grams ---1
Preterm baby (delivery b/w 8 months & 14 day pregnant or less) ---2
Baby not taking feed on day 1 --- 3
All of above ---99

19. When bath should be given to a new born with low birth weight?
Day baby is born ---1
After 2nd day ---2
After 7th day---3
After 8th day ----4

20. What are the signs of hypothermia?
Cold feet ---1
Baby becomes cold ---2
Low body temperature ---3
All of above ---99

21. What advice you give to mother to maintain body temperature of baby?
Keep baby near to mother ---1
Kangaroo mother care---2
Cover head and extremities---3
All of above---99

22. What advice you gave to mother for feeding the baby?

Positioning of baby---1
Provide information on breast feeding---2
Information about colostrum---3
Frequency of feeding---4
All of above---99

23. When breastfeeding should be initiated for baby?

1. within 1 hour after birth
2. After 2 hour of birth
3. After 1st day of birth
4. After 2nd day of birth

24. How many times baby should be feed during 24 hours?

Three times ---1
Five times—2
Six times ---3
7-8 times or whenever baby cries ---4

25. Whether prelacteal feed should be given or not?

Yes –1
No –2
Don't know – 00

26. Up till what time exclusive breast feeding should be done?

6 months ---1
4 months ---2
8 months ---3
1 years ----4

27. Whether baby should be given water along with exclusive breastfeeding?

Yes –1
No –2
Don't know – 00

28. Sign that baby is not getting enough milk?

Poor weight gain---1
Urine less than 6 times a day ---2
Hard dry green stools. ---3
All of above ---99

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

આશા બહેનોએ ભરવું તારીખ: -

પીએચસી નું નામ:_____

આશા બહેનનું નામ_____, ઉમર _____

સરનામું_____

૧	શૈક્ષણીક લાયકાત	૧ થી ૫ ધોરણ .....૧ ૬ થી ૮ ધોરણ .....૨ ૯ થી ૧૦ ધોરણ .....૩ ૧૧ થી ૧૨ ધોરણ .....૪ ગ્રેજયુએટ કે તેનાથી ઉપર ૫	
૨	આશા કીટ માં કઈ કઈ વસ્તુઓનો સમાવેશ થાય છે?	ડિજિટલ ઘડિયાળ ..... ૧ ડિજિટલ થમોમિટર ..... ૨ વજન કાંટો , ઝોળી..... ૩ બાળક નો ધાબળો ..... ૪ દવાઓ ..... ૫ ચમચી ..... ૬ ઉપરોક્ત તમામ.....૯૯	
૩	જો ઘરે સુવાવડ થઈ હોય તો તમે કેટલી વખત નવ જાત શિશુ ની મુલાકાત લો છો?	સાત વખત .....૧ છ વખત .....૨ કુટુંબ જ્યારેબોલાવે ત્યારે .....૩ બાળક જ્યારે માંદુ હોય ત્યારે ૪	
૪	જો સંસ્થાકીય સુવાવડ થઈ હોય તો તમે કેટલી વખત નવ જાત શિશુ ની મુલાકાત લો છો?	સાત વખત .....૧ છ વખત .....૨ કુટુંબ જ્યારેબોલાવે ત્યારે .....૩ બાળક જ્યારે માંદુ હોય ત્યારે ૪	

૫	જન્મ સમયે બાળક ને કઈ સંભાળ આપવી જોઈએ?	બાળક ને કપડાં થી કોરુ કરો અને ઢાકો .....૧ બાળક નું વજન કરવું.....૨ બાળક ને માતા ની છાતી અને પેટ ની નજીક રાખવું .....૩ ઉપરોક્ત તમામ.....૯૯ ખબર નથી ૦૦	
૬	બાળક માં રૂંધામણ ના ક્યાં ચિન્હો જોવામાં આવે છે?	બાળક રડે નહીં .....૧ બાળક શ્વાસ ન લે .....૨ ઉપરોક્ત તમામ.....૯૯ ખબર નથી ૦૦	
૭	ક્યાં ચિન્હો બાળકના જન્મ ના ૩૦ સેકંડ માં અથવા ૫ મિનિટ માં જોઈશું ?	અંગોનું હલન ચલન .....૧ રૂદન .....૨ શ્વાસ લેવો .....૩ ઉપરોક્ત તમામ.....૯૯	
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૧૧	નવજાત શિશુની સુઝેલી અથવા પરુ ભરેલો આંખો હોય તો કઇ દવા અપાય છે?	ટેટ્રાસાઇક્લિન મલમ.....૧ ઓફ્લોકક્ષાસિન આંખ ડ્રોપ .....૨ ખબર નથી ૦૦	

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નામ_____

૧. તમારી અત્યારની પ્રસૂતિ ક્યાં થઈ હતી?

૧ ગવર્નમેંટ સંસ્થાકીય સુવાવડ

૨ પ્રાઇવેટ સંસ્થાકીય સુવાવડ

૩ ઘરે

૨. નવજાત શિશુ ની મુલાકાત આશા બહેને કેટલી વખત લીધી હતી?

૧. જો ૧ હોય તો

૬ વખત ----૧

૬ થી ઓછી વખત ----૨

એક પણ વખત લીધી ન હતી ----૩

૨. જો ૩ હોય તો

૭ વખત ----૧

૭ થી ઓછી વખત ----૨

એક પણ વખત લીધી ન હતી ----૩

૩. જો ઘરે પ્રશ્રુતિ થઈ હોય તો નીચે ના પ્રશ્નો પૂછો

૧.શું આશાબહેને એ પ્રસૂતિ સુરક્ષિત થાંય તે માટે મદદ કરી હતી ?

૧. હા

૨. ના

૨. શું આશાબહેને પ્રસૂતિ ના પહેલાં દિવસે ૨૪ કલાક માં મુલાકાત લીધી હતી?

૧. હા

૨. ના

૩. શું આશાબહેને પ્રસૂતિ પછી તરતજ સ્તનપાન બાળક ને આપવા માટે કીધું હતું ?

૧. હા

૨. ના

૪. શું આશાબહેન બાળક ને જોતાં પહેલાં હાથ ધોવે છે?

૧. હા

૨. ના

૫ આશાબહેને નવજાત શિશુ વિષે શું પુછિયું હતું?

૧. બાળક સ્તનપાન બરાબર કરે છે કે નહીં

૨. બાળકને તાવ આવે છે કે નહીં

૩ આંખો માં પીળાશ

૪ . ઉપરોકત તમાંમ

૬ . આશાબહેને બાળક ની કઈ કઈ કાળજી લેવા માટે કઈ કઈ માહિતી આપી હતી ?

૧ . આંખ ની કાળજી રાખવાની માહિતી

૨ ગર્ભનાળ ની કાળજી રાખવાની માહિતી

૩. બાળક ને લેતા પહેલા હાથ ધોવાની માહિતી

૪. ઉપરોકત તમાંમ

૭ . શું બાળક ને ગલથૂથી આપવી જોઈએ કે નહીં ?

૧. હા

૨. ના

૮ શું બાળક ને સ્તનપાન સાથે પાણી આપવું જોઈએ કે નહીં ?

૧. હા

૨. ના

૯ શું આશાબહેને બાળક નું તાપમાન લીધું હતું?

૧. હા

૨. ના

૧૦ શું આશાબહેને બાળક નું વજન લીધું હતું?

૧. હા

૨. ના

૧૧ બાળક ને સ્તનપાન કેટલા સમય માં કરાવું જોઈએ ?

૧. જનમ ના એક કલાક માં

૨. જનમ ના બે કલાક પછી

૩. જનમ ના ૧ દિવસ પછી

૪ જનમ ના ૨ દિવસ પછી