

**STUDY TO UNDERSTAND KNOWLEDGE ATTITUDE AND
PRACTICE OF ASHA REGARDING IDENTIFICATION AND
TREATMENT OF CHILDHOOD PNEUMONIA AND
DIARRHEA**

**Dissertation
At
Indian Health Action Trust**

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**MBA Hospital & Health Management
2013–15**


**Institute of Health Management Research
Jaipur
2015**

TO WHOMSOEVER MAY CONCERN

This is to certify that Dr. Gaurav Kapoor, student of MBA Hospital and Health Management from IIHMR University, Jaipur has undergone internship training at India Health Action Trust, Uttar Pradesh-Technical Support Unit from Feb 09, 2015 to May 09, 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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In recognition of having successfully completed his
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And has successfully completed his Dissertation Project on

**“A study to Understand Knowledge Attitude and Practice of Public Front
Line Workers’ Regarding Identification and Treatment of Childhood
Pneumonia and Diarrhoea.”
Kyara, Fatehganj (West) and Majhgawan Blocks,
District- Bareilly, Uttar Pradesh**

He comes 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. Dinesh Singh
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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled "**A study to Understand Knowledge Attitude and Practice of ASHA Regarding Identification, Treatment and Referral of Childhood Pneumonia and Diarrhea in Three Project Blocks of Bareilly district, Uttar Pradesh,**" and submitted by **Dr. Gaurav Kapoor**, Enrollment No. 18-1443, under the supervision of Associate Professor **Dr. Monika Chaudhary** for award of MBA Hospital and Health Management of the university carried out during the period from **Feb. 09, 2015 to May 09, 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.



Signature
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List of Abbreviations

AAA : ANM, ASHA, ANGANWADI
ANC : ANTE NATAL CARE
ANM : AUXILLARY NURSING MIDWIFE
APHC : ADDITIONAL PRIMERY HEALTH CENTRE
ARO : ASSISTANT RESEARCH OFFICER
ASHA : ACCREDITED SOCIAL HEALTH ACTIVIST
AWC : ANGANWADI CENTRE
AWW : ANGANWADI WORKER
BCG : BACILLUS CALMETTE GUERIN
BCS : BLOCK COMMUNITY SUPERVISOR
BPHC : BLOCK PRIMERY HEALTH CENTRE
CHC : COMMUNITY HEALTH CENTRE
CMO : CHIEF MEDICAL OFFICER
CMS : CHIEF MEDICAL SUPERVISOR
CRP : COMMUNITY RESOURCE PERSON
DH : DISTRICT HOSPITAL
DCS : DISTRICT COMMUNITY SPECIALIST
DM&ES : DISTRICT MONITORING & EVALUATION SPECIALIST
DPT: DIPHTHERIA PERTUSIS TETANUS
GOI : GOVERNMENT OF INDIA
HEO : HEALTH & EDUCATION OFFICER
LMO : LADY MEDICAL OFFICER
MCP : MOTHER & CHILD PROTECTION CARD
MO : MEDICAL OFFICER
MOIC : MEDICAL OFFICER IN CHARGE
NBCC : NEW BORN CARE CORNER
NM : NURSE MENTOR
OPV: ORAL POLIO VACCINE
OT : OPERATION THEATRE
PHC : PRIMARY HEALTH CENTRE
RI : ROUTINE IMMUNIZATION
RMNCH+A : REPRODUCTIVE MATERNAL NEW BORN CHILD HEALTH +
ADOLESCENTS
SC : SUB CENTRE
SN : STAFF NURSE
SNCU : SPECIAL NEWBORN CARE UNIT
UP-TSU : UTTAR PRADESH-TECHNICAL SUPPORT UNIT
TT : TETANUS TOXOID
SPSS : STATISICAL PACKAGE FOR SOCIAL SCIENCES
VHND : VILLAGE HEALTH AND NUTRITION DAY

DISSERTATION

**A study to Understand Knowledge Attitude and Practice of ASHA
Regarding Identification Treatment and Referral of Childhood
Pneumonia and Diarrhea.”**

**Kyara, Fatehganj (West) and Majhgawan Blocks,
District- Bareilly, Uttar Pradesh**

1.1 Abstract:

To reduce under five mortality reduction in the death of a child from pneumonia and diarrhea is a critical event because these two disease accounts 29 percentage of child death globally. Whereas unfortunately India and among Indian states Uttar Pradesh tolls highest child death.

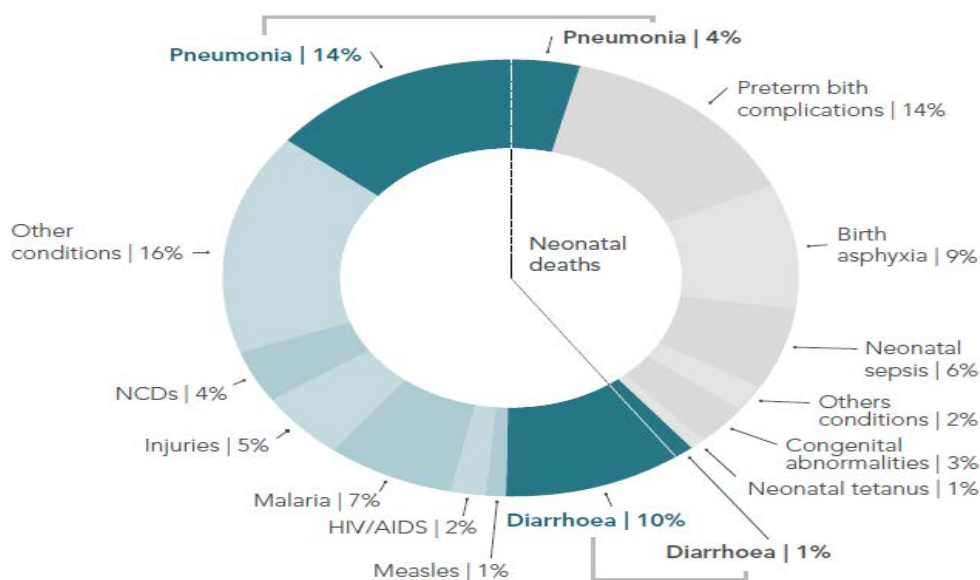
ASHA is considered as the link between the community and health facility. To make a huge impact only facility level disease management will not work there so community based case management is required essentially. The current training on Module-6 and 7 orient ASHA for managing both the disease, but the community still missing quality service delivery. Hence a study “To assess Knowledge, Attitude and Practice of ASHA regarding identification, treatment and referral of Childhood Pneumonia and Diarrhea.” Has conducted with a sample size of 109 ASHA in three blocks of district Bareilly Uttar Pradesh.

The data indicated that though the knowledge level is good for diarrhea but they become less efficient when it comes to practicing the services. The assessment of diarrhea patient and assessment of dehydration are the area where ASHA is lacking. On the other hand knowledge of ASHA regarding childhood pneumonia is much lower than diarrhea like some ASHA never heard the term Pneumonia. Even many ASHA don't know what is the cause of diarrhea. While we discuss about the practice more than sixty percent of ASHA said they didn't know any medicine to treat Pneumonia. Assessment of childhood pneumonia is also not up to the mark as looking for alertness of child is the main criteria with 41 percentage response. ASHA express medicine unavailability is a biggest challenge to address for them for diarrhoea management and lack of knowledge for pneumonia management. Another data reveals that availability of essential drugs like Tab. Zinc, cotimoxazole, Amoxicillin and paracetamol is also not sufficient with below 50 percentage status.

1.2 Introduction:

The Millennium Development Goals deadline is at our doorstep and we are struggling hard to achieve our set targets but it is way forward. As per the UNDP estimates more than Six million children die every year before celebrating their fifth birthday. India despite of many efforts still comes under high burden country's list for child mortality¹. Looking into the cause of mortality of child death the data shows following pie-

Figure :1.1 Disease distribution pie,WHO in under five children*



*Sources: WHO Global Health Observatory

(http://www.who.int/gho/child_health/en/index.html) and 'Black R et al. *Lancet*, 2008, 71:243-260

Hence the Pneumonia and Diarrhoea remains the major cause of childhood death. Together these disease causes 29 % of under-five mortality.¹ Unfortunately India accounts highest toll of children's death i.e. 318000 due to Pneumonia and Diarrhoea as per the latest Pneumonia and Diarrhoea progress report 2014 ¹.

In India the contribution of Pneumonia and Diarrhoea in under five children death is even greater than global ratio it accounts 24% and 19% respectively. Hence to address child death

it is feasible to address gaps in Pneumonia and Diarrhea death prevention and treatment strategies.

In India the four high burden states (Uttar Pradesh, Bihar, Madhya Pradesh and Rajasthan) targeted for the implementation of the integrated action plan for prevention of Pneumonia and diarrhea. The University of Manitoba along with IHAT (India Health Action Trust) is providing techno managerial support to government of Uttar Pradesh through RMNCH+A platform. Among RMNCH+A activities addressing childhood pneumonia and diarrhea is the key component hence the organization has started a new programme with an emphasis on ending preventable childhood death from pneumonia and diarrhea.

Here in this study I am are trying to understand Knowledge Attitude and Practices of service providers especially ASHA regarding identification and treatment of childhood pneumonia and diarrhea so that the findings can be keep in mind during the implementation phase.

1.3 Review of literature

A study in rural Bihar concluded that there is huge gap between knowledge and practice of public and private front line workers for treatment of childhood pneumonia and diarrhoea². The study says Practitioners performed poorly with vignettes and standardized patients, with large know-do gaps, especially for childhood diarrhea. Efforts to improve health care for major causes of childhood mortality should emphasize strategies that encourage pediatric health care practitioners to diagnose and manage these conditions correctly through better monitoring and incentives in addition to practitioner training initiatives ².

The Lancet Series on Childhood pneumonia and Diarrhea, led by Aga Khan University, Pakistan, provides evidence for integrated control efforts for childhood pneumonia and diarrhea. The first paper assesses the global burden of these two illnesses, comparing and contrasting them, and includes new estimates of severe disease and updated mortality estimates for 2011. Findings from the second paper show that a set of highly cost-effective interventions can prevent most diarrhea death and nearly two third of pneumonia death by 2025 if delivered at scale. The third paper present the result of consultations with several in high burden countries and explores the barriers and enablers they face in dealing with these two disease and potential ways forward. The final paper represents a call to action and discusses the global and country-level remedies needed to eliminate preventable deaths from these illnesses by 2025⁵.

There was a study from Sierra Leone shows that deployment of community volunteer for free treatment of common childhood illness was associated with a reduced treatment burden at facilities and less reliance on traditional treatments³. As we have ASHA as free service provider to the community and because she is from the community hence we can consider her as community volunteer.

In Kenya a study titled as “Local Barriers and Solutions to Improve Care-Seeking for Childhood Pneumonia, Diarrhea and Malaria in Kenya, Nigeria and Niger: A Qualitative Study” was giving an insights of treatment seeking behavior of the community and it comes with five overarching themes were identified around which barriers to care-seeking and treatment (and related solutions) are organized- These are 1) financial barriers; 2) distance/location of health facilities; 3) socio-cultural barriers and gender dynamics; 4) knowledge and information barriers; and 5) health facility. Hence the understanding of both

perspective service provider and service seeker is important because Pneumonia and Diarrhoea has various determinants and these determinants are predominantly affecting the child health due to vulnerability of age group⁴.

1.4 Statement of the problem

The Current level of Knowledge, Attitude and Practice of ASHA is not sufficient to manage Childhood Pneumonia and Diarrhea at community in District Bareilly Uttar Pradesh.

1.5 Rationale of the Study

Respiratory disease and diarrhea considered as a minor health ailments by the community which leads to delay in treatment and resulting in increased child mortality. There are many low cost community based intervention available for the treatment of pneumonia and diarrhea, still no. of child death due to both diseases has a high toll.

The Public front line workers (ANM and ASHA) are the first point of contact for service delivery and are also responsible for preventive and referral activities. Despite the presence of Public front line workers only 13 % of children less than five years suffering from respiratory disease are receiving treatment ² and about 26 % of children less than five years suffering from diarrhoea are receiving ORS in India². Uttar Pradesh is the largest state in terms of population in India and accounts highest under five mortality among all states of the country i.e. 90 as per AHS (Annual health Survey 2012-13). Three districts where organisation is going to implement first phase of project are Allahabad, Bareilly and Gonda. These districts can be considered as a representative of rural India.

Understanding of public front line workers' (ASHA) knowledge attitude and practice towards treatment and referral of childhood pneumonia and diarrhoea is extremely important. The findings of the study can help programme manager to implement their strategies from both, service providers and seeker's perspective.

1.6 Research Question

What is the current knowledge attitude and practices of ASHA for identification, treatment and referral of children suffering from Pneumonia and Diarrhea?

1.7 Objectives

1. To know the Knowledge, Attitude and Practice of the ASHA for disease identification, treatment and referral for the children suffering from Pneumonia and Diarrhea.
2. To find the bottlenecks of existing community based Pneumonia and Diarrhea case management and referral services provided by ASHA for better implementation of Pneumonia and Diarrhea project.

1.8 Methodology

Study Design:

Cross sectional Descriptive study

Study Location:

Randomly selected 2 block out of 4 TSU focus block and 1 non TSU focus block from district Bareilly (Where IHAT is going to start P & D project.), Uttar Pradesh.

Study Subjects:

Purposively selected, ASHAs from the study area.

Sampling:

Purposive sampling (Where India Health Action Trust is going to implement P & D project)

Sample Size:

Sample size can be calculated using this formula-

Sample Size= (Distribution of 50%)/ ((Margin of Error %/Confidence Level Score) Squared)

True Sample= (Sample Size X Population)/ (Sample Size+Population-1)

At the 95 % confidence interval and 5 % margin of error,

Population= 222 (Total ASHA working at three blocks)

Sample Size Calculated= 109

Hence the true sample size for ASHA is 110 from three Blocks.

The response captured at cluster meeting purposively.

Methods and Instruments of Data Gathering

Face to Face interview

Interview schedule consisting of both open and close ended questions

The questionnaire asked to the ASHA individually at block level meeting.

1.9 Statistical Treatment

Written questionnaire has checked for completeness and correctness and entered in SPSS for further analytical treatment and graphical presentation. The Qualitative data garnered through face to face interview has divided into themes to analyses.

1.10 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.

1.11 Results

Background Characteristics

In the study population the total no. of ASHA covered is 109 as sample representative. Maximum ASHA working since the inception of the ASHA program in 2005-06 hence the average years of working for ASHA is seven ranging from zero to nine years with a mode of seven years. Only five ASHA is not following the criteria of minimum education up to class eight else 104 ASHA has attained their educational qualification up to class eight and above. Almost 101 ASHA are ever married.

The median working population for an ASHA is 1300 ranging from 565 to 4042. The large no. of population is because of extra charge of neighboring village to an ASHA because of vacant ASHA village. An ASHA approximately serves 200 households in her operational area. The number of revenue village served by ASHA is usually one with a range of zero to three.

Table 1 Background characteristics' of ASHA

Sr. No.	Background Characteristics	Result	Range
1	Total number of ASHA participated in the study	109	-
2	Average number of years an ASHA has worked in the community (Working experience as ASHA)	7	0-9
3	Number of ASHA has education below class Eight	5	-
4	Number of ASHA educated up to class Eight and above	104	
5	Marital Status of ASHA (no. of married ASHA)	101	-
6	Median Population of ASHA's working area	1300	565-4042
7	Median no. of Households come under working area of an ASHA	200	42-920
8	Average no. of village covered by ASHA in her working area	1.12	1-3

Section-I

“Knowledge Assessment”

A. Childhood Diarrhea

“To know the level of Knowledge of the ASHA for identification, treatment and referral of childhood diarrhea.”

Training status-

Managing Pneumonia and Diarrhea in the community needs skill cadre of frontline workers. Hence training is the key element to ensure satisfactory case management in the community. The training status shows almost 80 % of ASHA has trained in Management of childhood diarrhea in the financial year 2012-13. Whereas 69 % and 60 % of ASHA has trained in the year 2013-14 and 2014-15 in Module-6 and 7 respectively. An important training is missing to be organized for ASHA is management of childhood Pneumonia hence no ASHA has trained in childhood pneumonia management. ASHA who has oriented in any meeting or gathering in management of childhood diarrhea is 11 %. There is no training has conducted solely on childhood pneumonia management.

Table no. 1.A.1 Training status of ASHA (n=109)

Sr. No.	Training	ASHA trained	Training conducted in year
1	Training on management of childhood Diarrhea	80 %	2012-13
2	Module-6	69 %	2014-15
3	Module-7	60%	2015-16
4	Training on management of childhood Pneumonia	0 %	-
5	Other training	11%	-
6	Percentage of ASHA trained in following three training childhood diarrhea management , Module-6 and 7	55%	

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K-1 Knowledge about Diarrhea

When ASHA questioned about the definition of Diarrhea than ASHA who has undergone training of Module-7 had given more no. of correct response that is 59 percent and those ASHA who has attended all three training shown the highest level of knowledge as they have given 62 percent of correct response that is loose stool more than three times a day as per WHO guidelines.

Table: K-1 Diarrhea Definition with reference to training

(N=109)

Sr. No.	Training	What is Diarrhea				
		Frequent Loose Stool	Loose Stool	Frequent normal stool	Loose Stool more than Three times a day	Other Response
1	Training on management of childhood Diarrhea	18%	25%	5%	52%	0%
2	Module-6	15%	27%	4%	54%	0%
3	Module-7	11%	28%	2%	59%	0%
4	Other training	30%	20%	0%	50%	0%
5	Response of ASHA trained in all three training diarrhea management, Module-6 and 7	12%	25 %	1%	62%	0%

K-2 Referral Sign of Diarrhea-

To decide whether a child suffering from diarrhea needs referral or not 54 percentage of ASHA check for severe dehydration. Number of loose stools and treatment response are also widely used criteria by ASHA i.e. 32 percentage and the least using criteria is bloody diarrhea i. e. around one percent.

Table: K-2 Referral Sign Diarrhea (N= 109)

Sr.no.	Referral Identification for Diarrhoea	Response (Valid Percentage)
1	In case of Severe Dehydration	53.5%
2	In case of frequent loose stool	32.4%
3	In case of Bloody Diarrhoea	0.9%
4	In case of Persistent Diarrhoea	6.5%
5	If treatment doesn't respond	31.5%
6	Others	6.5%

K-3 Cause of Diarrhea-

According to ASHA contaminated water is the main cause of diarrhea in children i.e. 56 percent whereas 52 percentage of ASHA thinks Pathogen is the cause of diarrhea amid children. A remarkable observation is that 5 percentage of ASHA believe evil eye/black magic is also a cause of childhood diarrhea.

Table: K-3 Cause of Diarrhea (n=109)

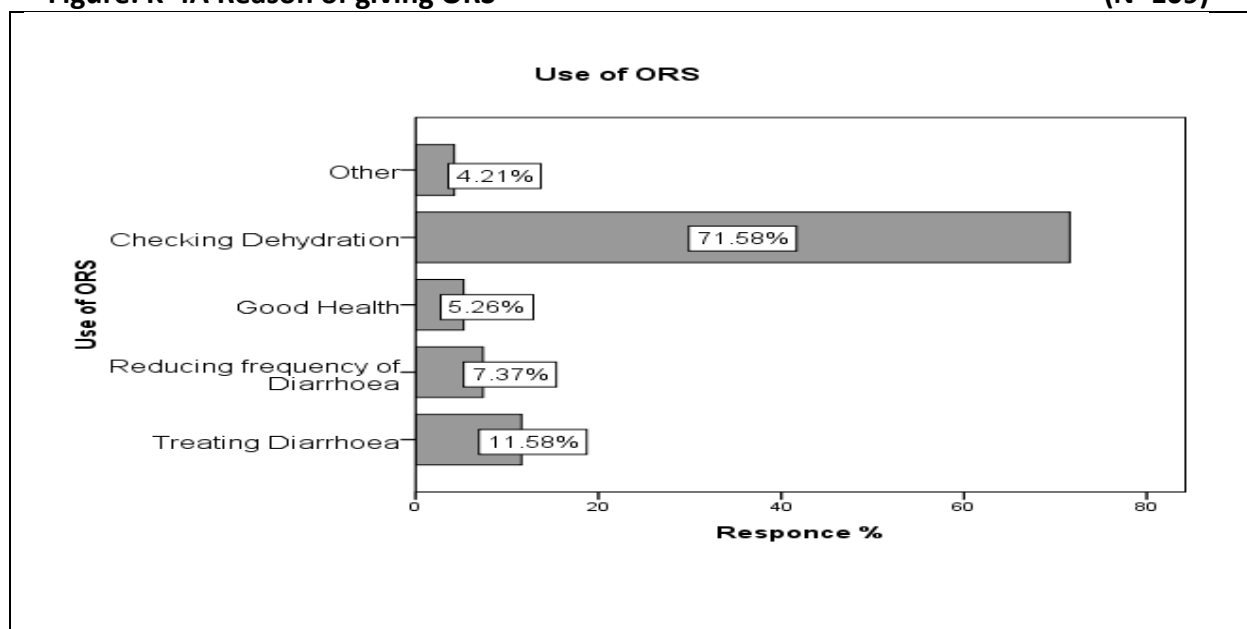
Sr. no.	Cause of Diarrhoea	Response (valid percentage)
1	Contaminated Water	55.7%
2	Contaminated Food	16.5%
3	Pathogen	51.5%
4	Weakness	7.2%
5	Evil eye/Black Magic	5.2%
6	Other reason	8.3%
7	Don't Know	1.1 %

K-4 A Reason of Giving ORS-

When ASHA asked about the use of ORS, almost 72 % of ASHA believes ORS rehydrates diarrheal patient while 12 percentage of ASHA thinks ORS is helpful to treat diarrhea. Few of them i.e. around 5 percentage thinks ORS is useful for good health of a child.

Figure: K-4A Reason of giving ORS

(N=109)

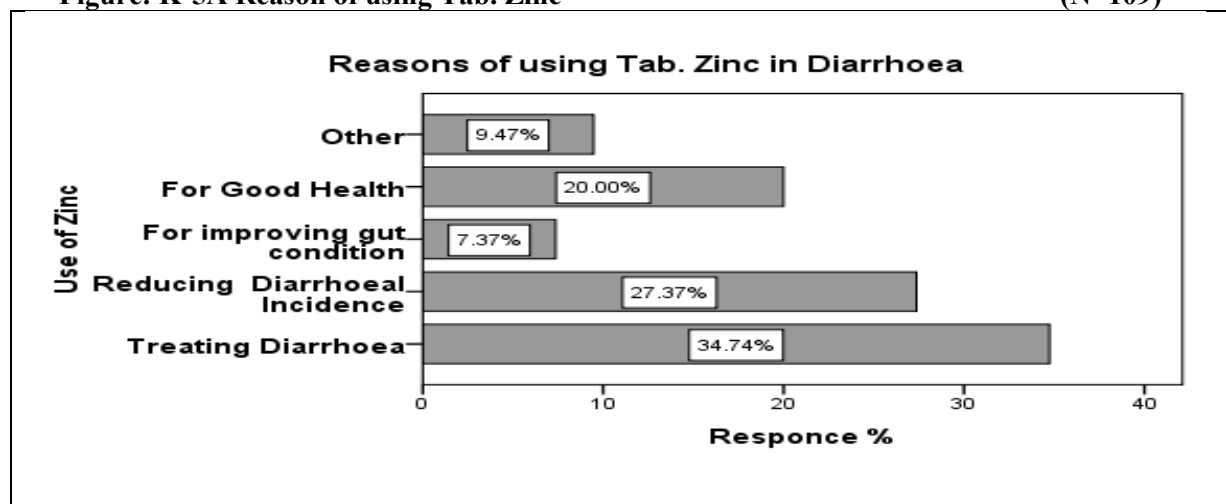


K-5 A Reason of giving Tab. Zinc-

On the use of tablet Zinc, 35 percentage of ASHA believes that Tab. Zinc helps for treating diarrhoea, while 27 percentage of ASHA believes it helps to reduce diarrheal incidence.

Figure: K-5A Reason of using Tab. Zinc

(N=109)



K-5 B Dose of Tab. Zinc-

Only 57 percentage of ASHA know correct dose of zinc administration to children.

Table: K-5 B Dose of tab. Zinc (N=109)

Dose of Tab. Zinc	Valid Percent
Correct	57%
Incorrect	43%

K-6 Breastfeeding during Diarrhoea-

Ninety one percentage of ASHA says that breastfeeding should continue during diarrheal incidence whether nine percent of ASHA thinks breastfeeding is not recommended during diarrhoea.

Table: K-6 Breastfeeding during Diarrhoea (N=109)

Breastfeeding to Diarrhoea Patient	Response (Valid Percent)
Yes	91.5%
No	8.5%

K-7 Diarrhoea Fatality

Ninety nine percentage of ASHA thinks childhood diarrhoea may be fatal if not treated on time.

Table: K-7 Diarrhoea Fatality (N=109)

Is Diarrhoea fatal	Response (Valid Percent)
Yes	98.9 %
No	1.1 %

Summary of Knowledge

Childhood Diarrhoea

Table: K-8, Summary of Knowledge for Diarrhea (N=109)

Codes	Questions	Below Average	Average	Good	Cronbach's Alfa
K-1	Knowledge about Diarrhoea	36	21	52	
K-2	Referral Sign of Diarrhoea*	70	39	0	
K-3	Cause of Diarrhoea *	61	48	0	
K-4	Knowledge of ORS	23	18	68	
K-5	Knowledge of Zinc				
	Reason of giving Zinc	43	59	7	
	Dose of Zinc	13	39	57	
K-6	Breastfeeding during Diarrhoea	23	-	86	
K-7	Diarrhoea fatality	15	-	94	
Average no. of ASHA		36	28	46	
Percentage of ASHA		33%	26%	42%	

*= Multiple Response Possible Questions if the no. of response are more than 4 than it categorized as Good, if no. of response are 2 or 3 than it is categorized as Average and if no. of responses are less than 2 than it is Below Average

In a composite view of Knowledge assessment of ASHA the analysis table depicts 33 percentage of ASHA fall into the category of Below Average level of knowledge about various component of Diarrhea while 42 percentage of ASHA stands in the Good category. The shaded area with red color depicts priority area to address so that we ensure improved case management of Childhood Diarrhea.

“Knowledge Assessment”

B. Childhood Pneumonia

“To know the level of Knowledge of the ASHA for identification, treatment and referral of childhood Pneumonia.”

Training-

To manage childhood pneumonia there are two training proposed among them 60% of ASHA trained in Module-7. While no training has conducted on childhood Pneumonia management.

Table: 1. A.2 Training status of ASHA (N=109)

Sr. No.	Training	ASHA trained	Training conducted on year
1	Module-7	60%	2015-16
2	Training on management of childhood Pneumonia	0 %	-

K-1 Knowledge about Pneumonia

When we questioned ASHA that do you know what is Pneumonia almost 11 percent of ASHA don't know anything about Pneumonia.

Table: K-1A Knowledge about Pneumonia (N=109)

Know What is Pneumonia	Response (Valid Percent)
Don't know what is Pneumonia	11%
Know about Pneumonia	89%

K-2 Sign and Symptoms of Pneumonia-

Sixty one percent of ASHA describes Pneumonia is “Increase in Breath Count”, though 51 percent of ASHA said cough and cold is pneumonia. Some ASHAs describes Pneumonia as fever, difficulty in breathing and cough, cold with fever with 36, 26 and 27 percentage.

Table: K-2A Sign and Symptoms of Pneumonia (N=97)

Sr. No.	What is Pneumonia	Response (Valid Percent)
1	Cough and Cold	51%
2	Difficulty in Breathing	27%
3	Cough and Cold with Fever	26.4 %
4	Increase in the no. of Breath Count	61.4%
5	Fever	35.6%
6	Other	9.9%
7	Don't Know	2.9%

With reference to training of Module-7 knowledge regarding symptoms of Pneumonia increases. Among trained ASHAs 44 of them illustrate the correct definition of Pneumonia as compare to 18 untrained ASHA.

Table: K-2B Sign and Symptoms of Pneumonia w.r.t. training (N=97)

Sr. No.	Training Status	Cold and Cough	Difficulty in Breathing	Cold and Cough with Fever	Fever	Other	Increase in no. breath count
1	Module-7 (trained)	39	3	4	29	12	44
2	Module-7 (Untrained)	13	0	6	7	15	18

K-3 Cause of Pneumonia-

According to ASHA cold weather is the main cause of childhood pneumonia i.e. 71 percentage whereas 27 and 20 percent of ASHA believes use of cold and contaminated water and food is the reason behind pneumonia.

Table: K-3A Cause of Pneumonia (N=60)

Sr. no.	Cause of Pneumonia	Response (valid percentage)
1	Use of contaminated/cold Water	27.1%
2	Use of contaminated cold food	20.3%
3	Pathogen (Virus/Bacteria)	8.5%
4	Due to Cold Whether	71.2%
5	Weakness	6.8%
6	Evil eye/Black Magic	0%
7	Other reason	1.7%

K-4 Referral Identification Sign for Pneumonia-

To decide whether a child suffering from Pneumonia needs referral or not 71 percentage of ASHA look for the condition of child whether the child is lethargic or alert. While 50 percentage of ASHA don't know how to identify sign of pneumonia. Almost 27 percent and 20 percent of ASHA looking for high grade fever and breathe count.

Table: K-4 A Referral Identification for Pneumonia (N=60)

Sr.no.	Referral Identification Sign for Pneumonia	Response (Valid Percentage)
1	High grade Fever	27.1%
2	Increase in breath count	20.3%
3	Visible Chest In drawing	8.5%
4	Lethargic/ weak condition	71.2%
5	In case of complication	6.8%
6	Others	0%
7	Don't Know	53.2 %

K-5 Breastfeeding during Pneumonia-

Ninety three percentage of ASHA says that breastfeeding can continued if a child suffering from Pneumonia whether seven percent of ASHA thinks breastfeeding is not good in Pneumonia patient.

Table: K-5A Breastfeeding during Pneumonia (N=60)

Breastfeeding to Pneumonia patient	Response (Valid Percent)
Yes	93.2%
No	6.8%

K-6 Pneumonia Fatality

Ninety five percentage of ASHA thinks childhood diarrhoea can be fatal if not treated on time.

Table: K-6A Pneumonia Fatality (N= 60)

Is Pneumonia Fatal	Response (Valid Percent)
Yes	94.9%
No	5.1%

Summary of Knowledge

Childhood Pneumonia

Table: K-7A Summary of Knowledge for Pneumonia (N=109)

Codes	Questions	Below Average	Average	Good	Cronbach's Alpha
K-2	Knowledge about sign and symptoms of Pneumonia *	16	57	36	
K-4	Cause of Pneumonia*	93	9	7	
K-5	Referral sign of Pneumonia *	93	15	1	
K-6	Breastfeeding during Pneumonia	54	-	55	
K-7	Pneumonia Fatality	53	-	56	
Average no. of ASHA		62	16	31	
Percentage of ASHA		49%	12%	39%	

*= Multiple Response Possible Questions if the no. of response are more than 4 than it categorized as Good, if no. of response are 2 or 3 than it is categorized as Average and if no. of responses are less than 2 than it is Below Average

In a composite view of Knowledge assessment of ASHA the analysis table depicts 49 percentage of ASHA fall into the category of Below Average level of knowledge about various component of pneumonia while 39 percentage of ASHA stands in the Good category. The shaded area with red color depicts priority area to address so that we ensure improved case management of Childhood Pneumonia.

Section-II

“Practice Assessment”

A. Childhood Diarrhea

“To know the level of practice of the ASHA for identification, treatment and referral of childhood diarrhea.”

P-1 Assessment of Diarrhoea-

When ASHA explains her assessment technique she offers to a child suffering from diarrhoea then data depicts highest no. of ASHA assessing children by interrogating about frequency of diarrhoea followed by dehydration assessment i.e. around 56 and 51 percentage. Apart from this some ASHA also ask question regarding duration of diarrhoea to the mothers i.e. 11%.

Table: P-1 Assessment of Diarrhoea (N=109)

Sr. no.	Assessment Technique	Response (valid percentage)
1	By asking about frequency of diarrhoea	55.7%
2	By asking about duration of Diarrhoea in terms of number of days.	16.5%
3	By assessing dehydration	51.5%
4	By asking about other complications like bloody diarrhoea	7.2%
5	Other Method	5.2%
6	Don't know how to assess	8.3%
7	Percentage of ASHA using all 4 method of diarrhoea assessment	0 %

P-2 Assessment of Dehydration-

The table depicts while assessing dehydration in children only 26 percent of ASHA doing skinfold pinch whether 20% are looking for condition of children. ASHA those are looking for sunken eyes are 14% whereas percentage of ASHA asking no. of stool passed by children is also 14%.

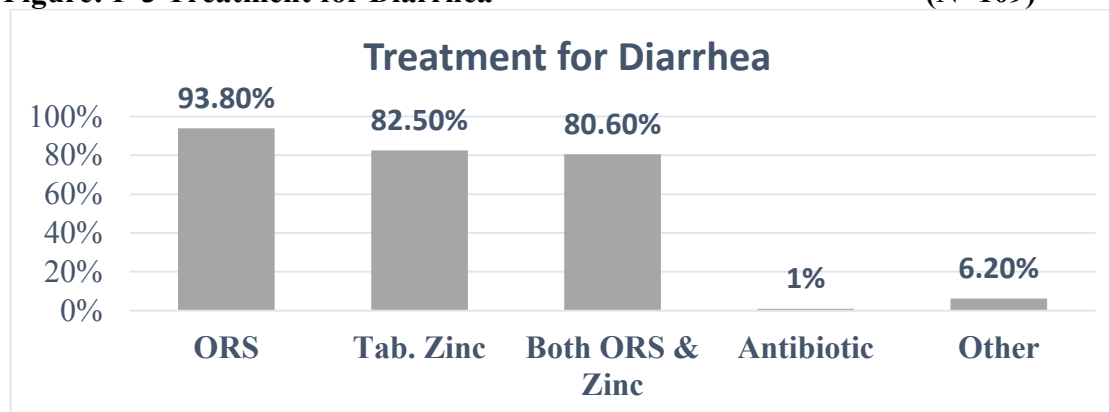
Table: P-2 Assessment of Dehydration (N=92)

Sr. No.	Dehydration Assessment Technique	Response (Valid Percentage)
1	By asking no. of stool passed by the children	14.3%
2	Duration of Diarrhoea	9.3%
3	By Skinfold Pinch	26.4%
4	Looking Condition of Child (Alert/lethargic)	20.3%
5	Looking for Thirst	12.6%
6	By Looking at Sunken Eyes	14.3%
7	Other method	2.7%

P-3 Treatment for Diarrhea

To treat childhood diarrhea 93 percentage of ASHA using ORS whereas the percentage of using Zinc is less i.e. 83 percent. Though 81 percent of ASHA prefers to give both ORS and Zinc.

Figure: P-3 Treatment for Diarrhea (N=109)

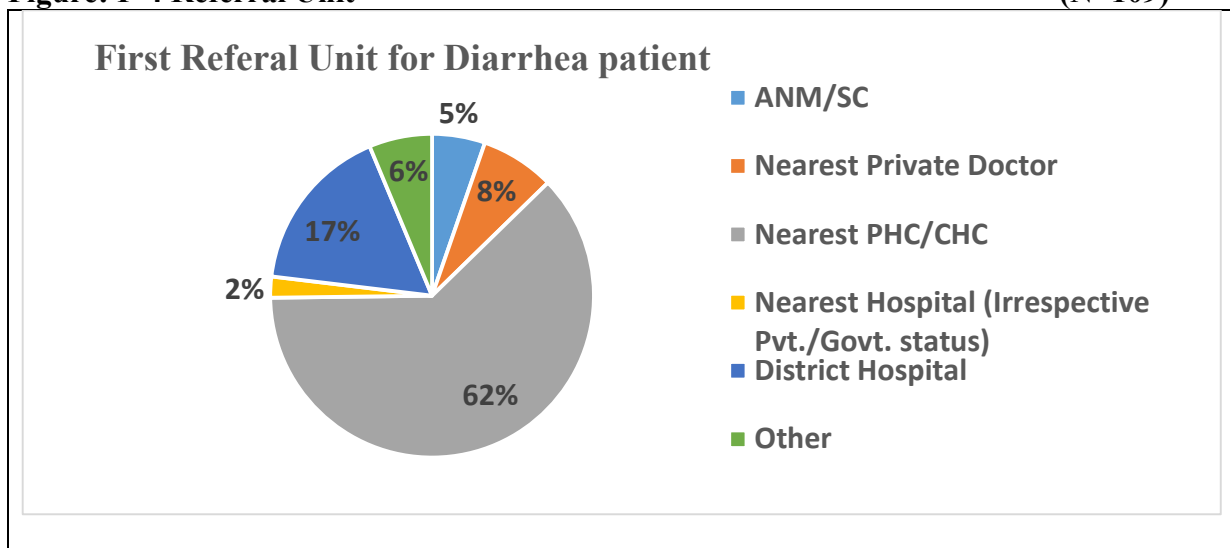


P-4 First Referral Unit for managing childhood Diarrhea

Maximum no. of ASHA preferred to refer diarrhea patient at nearest PHC/CHC i.e. 62 percentage (in case of complications) whereas only five percent of ASHA preferred to refer diarrhea patient to Sub center.

Figure: P-4 Referral Unit

(N=109)



P-5 Advice to the Mother of children suffering from diarrhoea

After treating children suffering from diarrhoea 33 percentage of ASHA are counsel mothers regarding hygiene while 19 percent of ASHA are counsel mother regarding medicine (ORS/Zinc) dose and its usage. Though 24 percentages of ASHA counsel for both.

Table: P-5 Advice to the Mother of children suffering from diarrhoea (N= 109)

Sr. No.	Advice/Counselling Given	Response (Valid Percentage)
1	Regarding Hygiene	33.0%
2	Regarding Medicine and its dose	18.7%
3	Regarding Hygiene and Medicine both	24.2%
4	No Response	17.6%
5	Others	6.6%

P-6 Preparation and preservation of ORS-

Almost 81 percentage of ASHA know how to prepare ORS from packet while 19 percentage of ASHA missing some critical steps of preparing ORS.

Table: P-6 Preparation and preservation of ORS (N=109)

Steps of ORS preparation	Valid Percent
Correct	80.8 %
Incorrect	19.19 %

Summary of Practice

Childhood Diarrhoea

Table: P-7 Summary of Practice for Diarrhoea

(N=109)

Sr. no.	Questions	Below Average	Average	Good
P-1	Assessment of Diarrhoea Patient*	71	38	0
P-2	Assessment for Dehydration*	50	53	6
P-3	Treatment of Diarrhoea *	17	15	78
P-4	Appropriateness of Referral Unit	22	0	87
P-5	Counselling or advice given to Mother	40	47	22
P-6	Preparation and preservation of ORS	48	-	61
Average no. of ASHA		41	26	43
Percentage of ASHA		38%	23%	39%

*= Multiple Response Possible Questions if the no. of response are more than 4 than it categorized as

Good, if no. of response are 2 or 3 than it is categorized as Average and if no. of responses are less than 2 than it is Below Average

In a composite view of Practice assessment of ASHA the analysis table depicts 38 percentage of ASHA fall into the category of Below Average level of Practice about various component of diarrhea while 39 percentage of ASHA stands in the Good category. The shaded area in red color depicts priority area to address so that we ensure improved case management of Childhood Diarrhea.

“Practice Assessment”

B. Childhood Pneumonia

“To know the level of practice of the ASHA for identification, treatment and referral of childhood Pneumonia.”

P-1 Assessment of Childhood Pneumonia

When ASHA explains her assessment technique she offers to a child suffering from Pneumonia then data depicts highest no. of ASHA assessing children by looking for chest in drawing followed by measuring body temperature i.e. around 41 and 19 percentage. The most important observation shows almost 45 percent of ASHA don't know how to assess childhood Pneumonia.

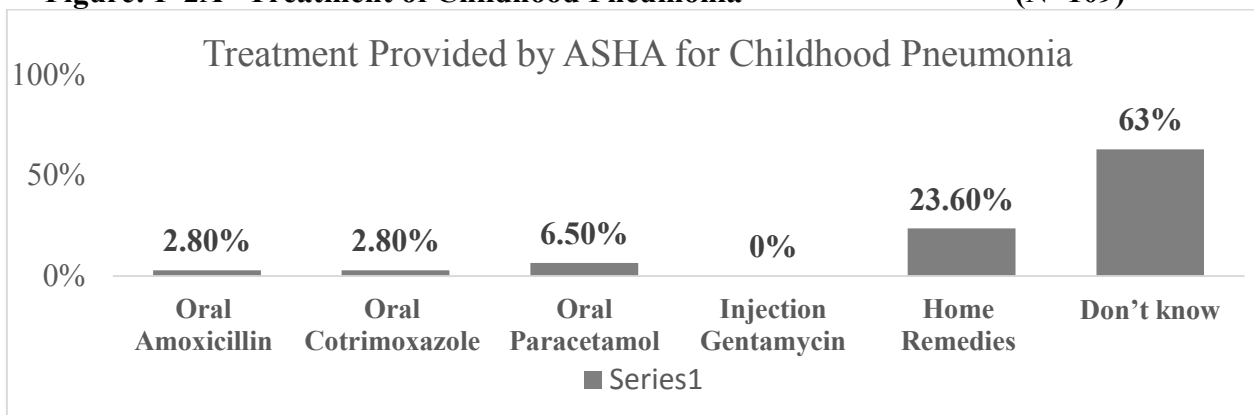
Table: P-1A Assessment of Childhood Pneumonia (N=109)

Sr. no.	Assessment Technique	Response (valid percentage)
1	By Measuring/Feeling body temperature	19.3%
2	By Breath count	12.8%
3	By looking for chest in drawing	41.3%
4	Other response	3.7%
5	Don't Know	45%

P-2 Treatment of Childhood Pneumonia

Sixty three percent of ASHA don't know any medicinal treatment to manage childhood pneumonia while 28 % suggests for Home remedies. A very few no. of ASHA i.e. three percent are using antibiotics for treating childhood pneumonia.

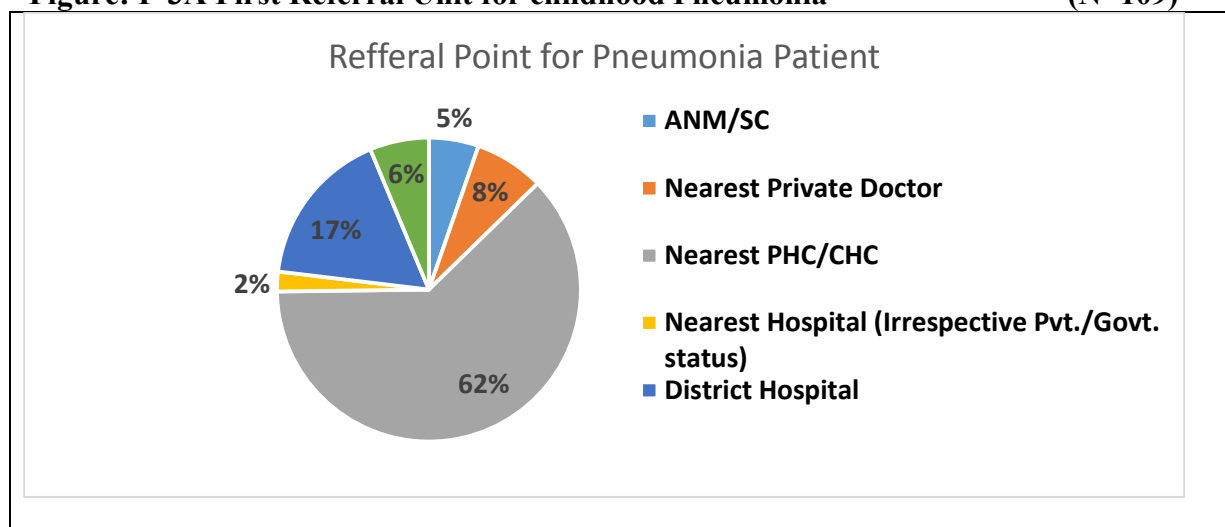
Figure: P-2A Treatment of Childhood Pneumonia (N=109)



P-3 First Referral Unit for managing childhood Pneumonia

Maximum no. of ASHA refer Pneumonia patient to nearest PHC/CHC i.e. 62 percentage whereas only five percent of ASHA preferred to refer pneumonia patient to Sub Health Center.

Figure: P-3A First Referral Unit for childhood Pneumonia (N=109)



P-4 Advice to the Mother of children suffering from Pneumonia

Eighty Percentage of ASHA didn't counsel mother after treating children suffering from Pneumonia whereas seven percentage of ASHA are counsel mothers regarding protection of children from cold.

Table: P-4A Advice to the Mother of children suffering from Pneumonia (N= 109)

Sr. No.	Advice/Counselling Given (Pneumonia)	Response (Valid Percentage)
1	Regarding Protection from cold	7.3%
2	Regarding Medicine and its dose	4.6%
3	Regarding Protection from cold and Medicine (Both)	1.8%
4	Didn't counsel	79.8%
5	Others	6.4%

Summary of Practice

Childhood Pneumonia

Table: P-5A Summary of Practice for Pneumonia (N=109)

Sr. no.	Questions	Below Average	Average	Good	
P-1	Assessment for Pneumonia Patient*	85	22	2	
P-2	Treatment of Pneumonia*	73	35	1	
P-3	Appropriateness of Referral Unit	31	3	75	
P-4	Counselling and advice given to Mother	94	13	2	
Average no. of ASHA		71	18	20	
Percentage of ASHA		65%	17%	18%	

*= Multiple Response Possible Questions if the no. of response are more than 4 than it categorized as

Good, if no. of response are 2 or 3 than it is categorized as Average and if no. of responses are less than 2 than it is Below Average

In a composite view of Practice assessment of ASHA the analysis table depicts 65 percentage of ASHA fall into the category of Below Average level of practices in all component of pneumonia while 18 percentage of ASHA stands in the Good category. The shaded area with red color depicts priority area to address so that we ensure improved case management of Childhood Pneumonia. As three area comes under red zone hence it shows need of urgent intervention.

Section-III

“Attitude Assessment”

A. Childhood Diarrhea

“To know the Attitude of the ASHA for disease identification, treatment and referral for the children suffering from Diarrhea and Pneumonia”

To assess the attitude of ASHA the researcher captured responses through some open ended questions and the open ended questions later classified in themes and then analyzed. Apart from them some informal group discussion also reveal the attitude of the ASHA towards their perception those responses are also quoted here.

A-1 Challenges while treating Childhood Diarrhoea

Managing childhood Diarrhoea is a sweet pill for ASHA as almost 60 percentage of ASHA think that they are not facing any trouble while managing diarrhoea.

Looking into the challenges regular availability of ORS and Zinc is a big concern as 22 percentage of ASHA point out this issue as their problem for smooth functioning of their work. Another challenge mentioned by around 13 percent of ASHA is complication management they need to improve their knowledge to address this issue.

Table: A-1 Challenges while treating Childhood Diarrhoea (N=109)

Sr. No.	Themes	Response (Valid Percentage)
1	No Problems	59.8 %
2	Medicine availability is not regular(ORS/Zinc)	21.5%
3	Difficulty in complication management	13.1%
4	Other	5.6%

A-2 Challenges while treating Childhood Pneumonia

Managing Childhood Pneumonia is a bitter pill for ASHA, as around 42 percent of ASHA think that they are lacking somewhere in knowledge along with 27 percent of ASHA who think they didn't know any medicinal implication to treat childhood Pneumonia.

Table: A-2 Challenges faced while treating Childhood Pneumonia (N=109)

Sr. No.	Themes	Response (Valid Percentage)
1	Lack of knowledge how to treat Childhood Pneumonia	42.2%
2	Medicine is not available	26.5 %
3	No response	30.3%
4	Other	1 %

A-3 Suggestions to challenges-

To treat childhood pneumonia around 50 percentage of ASHA thinks they need training to improve their skills for managing childhood pneumonia.

Findings from Informal discussion-

- Few ASHA feels they didn't have any support at district level.

“Whenever we are going to the district hospital along with patient there is no helping hand available for us, we become directionless, even staff misbehaved with us”

- Few ASHA thinks they should equipped with some more medicine to fulfills community demands-

“We didn't have medicines to cater peoples' need, even people ask us to give medicine but we are not able to help them”

Availability of Medicine-

As Drug availability is a critical issue to address childhood pneumonia and diarrhea. Hence the researcher asked ASHA about the availability of medicine which is assumed to be available near ASHA, but the field presence are not satisfactory. Only 60 percent of ASHA has ORS sachet while Tab. Zinc is with 50 percent. Oral Paracetamol is also scarce with the field presence of six percent. Asha didn't have any antibiotic to deal with childhood pneumonia.

Table: 2 Availability of Medicine (N=109)

Sr no.	Medicine	Availability near ASHA
1	ORS	60%
2	Tab. Zinc	50%
3	Oral Amoxicillin	0%
4	Oral Cotrimoxazole	0%
5	Oral Paracetamol	6%

The shaded area depicts urgent need to intervene to ensure these medicine's availability near ASHA.

1.12 Discussion

In the study population the total no. of ASHA covered is 109 as sample representative.

Maximum ASHA are working since the inception of the ASHA program in 2005-06.

Around 95 percent of ASHA has attained their educational qualification up to class eight and above. The median working population for an ASHA is 1300 ranging from 565 to 4042. An ASHA approximately serves 200 households in her operational area.

When we are looking towards ASHA knowledge regarding childhood diarrhea maximum ASHA lies in the category of Good with 42 percent remark. If we have a look on insights on the knowledge component there is a good sign that almost 92 percent of ASHA believes that a child compulsorily need breastfeeding even he is suffering from diarrhea. Almost 50 percent of ASHA knows the correct cause of diarrhea but the knowledge of ASHA regarding some areas like zinc dose and referral sign are not up to the mark so here we need to focus.

On the other hand when we are looking towards the knowledge of ASHA for childhood Pneumonia we found that half of the ASHA lies in the below average category. The knowledge of ASHA regarding cause of the disease is not up to the mark maximum no. of ASHA thinks exposure of a child to cold weather is the only cause of pneumonia. Most important finding is that almost 11 percent of ASHA never heard about the Pneumonia. For assessing referral need of a pneumonia patient almost 71 percentage of ASHA looking only for their condition whether they are alert or lethargic. Hence there is a need to improve childhood pneumonia knowledge of ASHA in various way.

Keeping a view on childhood diarrhea management 38 % of ASHA lies in the category of below average while 39 % in good. Almost 50 % of ASHA using two methods that is assessing dehydration and interrogation regarding frequency of diarrhea for assessment. Around 80 percent of ASHA believe to use ORS and Zinc both for treating childhood diarrhea. Counselling of mothers is a red zone area with only 20 percent coverage.

Another view on practices of ASHA on childhood pneumonia reveals that 65 percent of ASHA are below performing for managing childhood pneumonia. Only three percentage of ASHA know the use of oral antibiotic to treat childhood pneumonia. ASHA are suggesting home remedies to the patient that's a good strategy to treat children affected with pneumonia and diarrhea. Most remarkable finding is that almost 63 percent of ASHA express that they do not know anything about childhood diarrhea.

The major challenge which ASHA feels is the shortage of medicine they believes that if medicine availability ensured than they can perform their work effectively. Forty two percent of ASHA feels that they didn't have sufficient knowledge to manage childhood pneumonia even they feel need of training to enhance their knowledge. Many informal discussion reveals that ASHA requires support at referral points as they are feeling difficulties in district and block hospitals to avail facilities.

1.13 Conclusion

The study clearly reveals many gaps in knowledge and practice regarding Childhood Pneumonia, as maximum number of ASHA lies in the below average segment in both area (Knowledge and Practice). Though module-7 training has completed recently but the level of knowledge off ASHA is not sufficient hence there is an urgent need to focus on training on pneumonia management. Questions related to practice for both the diseases has not answered properly hence showing a need of intense handholding support.

For diarrhea knowledge about the dose of tab. Zinc is an area to be focus on the other hand assessment of diarrhea patient and assessment of dehydration is not up to the mark and also need attention.

Pneumonia assessment and treatment is a blank field to intervene.

While counselling for prevention and protection from both the disease is very low hence it needs attention. Most critical element of disease management is drug availability which is not ensured up to the ASHA level.

1.14 Limitations of the Study

1. To assess the practice of ASHA regarding various activities related to management of childhood Pneumonia and Diarrhea has captured through asking questions while idle method to assess practice is observation, hence this should be considered as the limitations of the study.
2. Only ASHA is not responsible for community base management of childhood Pneumonia and Diarrhea, the ANM and private practioner also act as front line worker to treat this ailments but we captured only ASHA response so objectively it is correct but it is important to remember other two members are also plays a critical role in managing the disease in community.
3. We compare response with the resource available in training Module-6 and Module-7 so whole analysis had done with the respect of these two trainings as we didn't have any other reference to take other training into account.
4. The study has conducted in a small area and in only one district of Uttar Pradesh so findings cannot be generalized in whole state.

1.15 Scope of Further Study:

1. Assessment of Knowledge Attitude and Practices of ANM and Medical Officer to manage childhood pneumonia and diarrhea at community and facility level is also necessary as ANM and Medical Officer also works as front line worker to deal with childhood pneumonia and diarrhea cases.
2. Assessment of Assessment of Knowledge Attitude and Practices of village and block level private practitioner for managing childhood pneumonia and diarrhea is also necessary as they are catering a large chunk of population.

1.16 References:

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2. Annexures

2.1 Questionnaire for ASHA

“A study to understand Knowledge Attitude and Practice of ASHA regarding identification and treatment of childhood pneumonia and Diarrhea.”

Interview Schedule

Informed Consent:

Informed consent: नमस्कार! मेरा नाम डॉ. गौरव कपूर है. सबसे पहले मुझसे बात करने का अवसर देने के लिए आपका धन्यवाद । मैं बच्चों में होने वाले दस्त, सर्दी खांसी या निमोनिया व उनके इलाज से सम्बंधित कुछ जानकारी आप से पूछना चाहता हूँ । इन सवालों का जवाब देने पर आपको कोई सीधा फायदा तो नहीं होगा लेकिन हाँ इन जानकारी से हम स्वास्थ्य विभाग और हमारी संस्था जिसका नाम इंडिया हेल्थ एक्शन ट्रस्ट है मिलकर आप लोगों के समस्याओं के निवारण के लिए कुछ कदम उठाने का प्रयास करेंगे ताकि आप समुदाय स्तर पर बच्चों में होने वाले दस्त और निमोनिया को और भी बेहतर ढंग से ठीक कर सके इससे पांच वर्षों से कम बच्चों की मृत्यु दर में कमी लाने में मदद मिलेगी। आपके द्वारा दिए गए जवाबों को गोपनीय रखा जाएगा इससे मेरा तात्पर्य है की उसका उपयोग केवल शोधकर्ताओं के द्वारा किया जाएगा तथा आपकी पहचान पूरी तरह गोपनीय रहेगी। इन सवालों के जवाब में लगभग 15 मिनट का समय लगेगा । आप जिन सवालों का जवाब नहीं देना चाहते उन्हें नहीं देने के लिए पूरी तरह से स्वतंत्र हैं एवं आप जब चाहे तब बीच में ही इन सवालों का जवाब देना बंद कर सकते हैं।

अभी जो भी मैंने आपसे कहा क्या उससे सम्बंधित कोई भी सवाल आपको है ? _____

क्या आप इंटरव्यू में शामिल होना चाहते हैं ? _____

Start Time _____

End Time _____

1. Serial no.

--	--	--

2. Date of interview

--	--	--	--	--	--

(DD/MM/YY)

3. गाँव का नाम

.....

.....

4. ब्लॉक का नाम

5. आपका नाम -.....

6. ANM/ ASHA

.....

Instruction-

1. Explain ANM & ASHA that you will be asking all questions related to the childhood pneumonia and diarrhea. Mention that the concern from Childhood is the child between the age group zero to five years' children.

Section 1 - Background Characteristics						
Q. NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		Instruction	RESPONSE	
1	आप कितने वर्षों से आशा का काम कर रही है ?	कृपया पूर्ण वर्षों में लिखें				
2	आपने कंहा तक पढाई की है ?	अशिक्षित	1			
		कक्षा वी तक 5 (प्राथमिकस्तर)	2			
		कक्षा6-) 8माध्यमिक स्तर तक)	3			
		कक्षा9-12 (उच्चतर माध्यमिक स्तर) एवं उससे ऊपर	4			
		पता नहीं	99			
3	क्या आप शादीशुदा है ?	अकेले	1			
		शादीशुदा	2			
		अलग रह रहे	3			
		तलाक	4			
		विधवा	5			
4	आपके सबसे छोटे बच्चे की उम्र क्या है ?	कृपया पूर्ण वर्षों में लिखें				
5	आप कितने घर और कितनी जनसंख्या पर काम करती है ?	जनसंख्या	Specify	अनुमानित संख्या लिखें		
		हाउसहोल्ड(घर)	Specify			
		गाँव	Specify			

Section 2 Knowledge Attitude and Practice					
Q. NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		Instruction	RESPONSE
1	क्या आपको कभी दस्त (Diarrhoea) और निमोनिया के इलाज से सम्बंधित कोई ट्रेनिंग मिली है ?	दस्त प्रबंधन से सम्बंधित	1	• कृपया ऑप्शनस बतायें • एक से अधिक जवाब संभव • 98 हो तो कृपया जवाब लिखे	
		मॉड्यूल -6	2		
		मॉड्यूल-7	3		
		निमोनिया प्रबंधन से सम्बंधित	4		
		कोई अन्य	98		
2	आपके अनुसार दस्त क्या है ?	बार बार पतलामल आना	1	• 98 हो तो कृपया जवाब लिखे	
		पतला मल आना	2		
		बार बार सामान्य मल आना	3		
		पतला मल दिन मे तीन बार से अधिक आना	4		
		कोई अन्य	98		
3	जब कोई दस्त से पीड़ित बच्चा आपके पास आता है तब आप सबसे पहले क्या करती है ?	दस्त की गंभीरता का आंकलन	1	• कृपया ऑप्शनस बतायें • अगर 98 हो तो कृपया जवाब लिखे	
		निर्जलीकरण का आंकलन	2		
		दवा शुरू कर देती है (ORS/ जिक)	3		
		ANM के पास भेज देती है (केवल ASHA के लिए)	4		
		नजदीकी अस्पताल मे भेज देती है	5		
		कोई अन्य जवाब	98		

4	आप दस्तके मरीज की स्थिती का आंकलन कैसे लगाती है या दस्त के मरीज का परिक्षण कैसे करती है ?	पूछकर की कुल कितने दस्त हुए है	1	• कृपया ऑप्शनस बतायें • एक से अधिक जवाब संभव • जवाब 2 होने पर अगला सवाल 5 पूछे अन्यथा सीधे 6 सवाल पूछे • 98 होने पर कृपया जवाब लिखें	
		निर्जलीकरण की जांच कर	2		
		अन्य लक्षणों के बारे में पूछकर जैसे दस्त मेंखून आना	3		
		यह पूछकर की दस्त कितने दिनों से है	4		
		कोई अन्य	98		
		पता नहीं	99		
5	आप दस्त से पीड़ित बच्चे मे निर्जलीकरण का अनुमान कैसे लगाती है ?	पूछकर की कितनी बार दस्त हुआ है	1	• कृपया ऑप्शनस बतायें • एक से अधिक जवाब संभव • 98 होने पर कृपया जवाब लिखें	
		पूछकर की कितने दिनों से बच्चे को दस्त है	2		
		त्वचामें चिकोटी काटकर	3		
		बच्चे की स्थिति देखकर की वह सुस्त तो नहीं है	4		
		बच्चे की प्यास देखकर	5		
		धंसी हुई आँखें देखकर	6		
		कोई अन्य	98		
		पता नहीं	99		
6	दस्त से पीड़ित बच्चेके इलाज के लिए आप क्या देती है?	ORS	1	• एक से अधिक जवाब संभव • 98 होने पर कृपया जवाब लिखें	
		जिंक	2		
		एंटीबायोटिक	3		
		कोई अन्य	98		

7	आपके अनुसार एक दस्त से पीड़ित बच्चे को कब अस्पताल में रेफर करना पड़ सकता है कृपया उसमें देखे जाने वाले लक्षण बताये ?	ज्यादा निर्जलीकरण होने की स्थिति में	1	• एक से अधिक जवाब संभव • 98 होने पर कृपया जवाब लिखें	
		बहुत ज्यादा दस्त होने की स्थिति में (अगर दस्तों की संख्या बतायी है तो लिखें)	2		
		यदि दस्त में खून आ रहा है	3		
		काफी दिनों से यदि दस्त हो तो (अगर दिन की संख्या बताई हो तो लिखें)	4		
		अगर इलाज के बाद भी दस्त न रुके तब	5		
		अन्य जवाब	98		
8	दस्त एवं निर्जलीकरण (dehydration) से गंभीर रूप से पीड़ित बच्चों को आप किस के पास रिफर करते हैं ?	ANM के पास)Sub Center(	1	• होने पर 98 कृपया जवाब लिखें	
		पास के प्राइवेट डॉक्टर के पास	2		
		निकटतम PHC/CHC पर	3		
		किसी भी निकटतम अस्पताल में चाहे वो प्राइवेट हो या गवर्नमेंट	4		
		बच्चे की स्थिति देखकर निर्णय करती है	5		
		झाड़ फूंक वाले बाबा/ भूत भगाने वाले के पास	6		
9	आपके अनुसार बच्चों को दस्त क्यों होता है उसके क्या क्या कारण हो सकते हैं ?	कोई अन्य जवाब	98	• एक से अधिक जवाब संभव • 98 होने पर कृपया जवाब लिखें	
		दूषित पानी	1		
		दूषित खाना	2		
		रोगाणु/वायरस/बैक्टीरिया	3		
		कमजोरी (कुपोषण)	4		
		भूत/ जादू टोना	5		
		कोई अन्य जवाब	98		
		पता नहीं	99		

10	दस्त से पीड़ित बच्चे का इलाज करने के बाद आप उसकी माँ को घर जाते समय क्या क्या सलाह देती है ?	Open ended question		जैसा आशा कहे कृपया उस जवाब को वैसे ही उसके शब्दों में लिखे	
11	आप के अनुसार दस्त से पीड़ित बच्चे को ORS क्यों दिया जाता है ?	दस्त के इलाज के लिए	1	• 98 होने पर कृपया जवाब लिखें	
		दस्त की संख्या कम करने के लिए	2		
		अच्छी सेहत (हेल्थ) के लिए	3		
		पानी की कमी दूर करने के लिए	4		
		कोई अन्य जवाब	98		
12	आपके अनुसार दस्त से पीड़ित बच्चे को जिंक की गोलियां क्यों दी जाती हैं?	दस्त के इलाज के लिए	1	• 98 होने पर कृपया जवाब लिखें	
		दस्त की संख्या कम करने के लिए	2		
		दस्त से ग्रसित आंतों को ठीक करने के लिए	3		
		अच्छी सेहत (हेल्थ) के लिए	4		
		कोई अन्य जवाब	98		
13	आपके अनुसार क्या दस्त से पीड़ित बच्चे को माँ का दूध पिलाना चाहिए या नहीं ?	हाँ	1		
		नहीं	2		
14	आपके अनुसार अगर दस्त का समय पर इलाज नहीं किया जाये तो क्या वो बच्चों के लिए जानलेवा हो सकता है ?	हाँ	1		
		नहीं	2		
15	क्या आप जानते हैं निमोनिया क्या होता है ?	हाँ	1	अगर जवाब 2 है तो कृपया 17 सवाल पूछें	
		नहीं	2		

16	आपके अनुसार निमोनिया क्या होता है?	सर्दी एवं खांसी	1	• एक से अधिक जवाब संभव • 98 होने पर कृपया जवाब लिखें	
		गंभीर सर्दी एवं खांसी बुखार के साथ	2		
		सांस लेने में तकलीफ होना	3		
		सांस की गिनती बढ़जाना	4		
		बुखार	5		
		अन्य जवाब	98		
		पता नहीं	99		
17	जब आपके पास कोई सर्दी खांसी या निमोनिया से पीड़ित बच्चा आता है तब सबसे पहले आप क्या करती है ?	उसकी गंभीरता की जांच	1	• एक से अधिक जवाब संभव • 98 होने पर कृपया जवाब लिखें	
		इलाज शुरू कर देती है (एंटीबायोटिक/पेरासिटामोल)	2		
		घरेलु उपचार की सलाह	3		
		ANM के पास भेज देती है(केवलASHA के लिए)	4		
		नजदीकी अस्पताल में भेज देती है	5		
		कोई अन्य जवाब	98		
18	आप सर्दी खांसी या निमोनिया के मरीज की स्थिति का आंकलन कैसे लगाती है या सर्दी खांसी या दर्द से पीड़ित बच्चों का परीक्षण कैसे करती है ?	शरीर का तापमान नापकर या महसूस कर	1	• कृपया ऑप्शनस बतायें • एक से अधिक जवाब संभव • 98 होने पर कृपया जवाब लिखें	
		साँसों की गिनती कर	2		
		पसलियों का धंसना देखकर	3		
		कोई अन्य जवाब	98		

19	बच्चोमे सर्दी खांसी या निमोनिया क्यों होता है इसके क्या क्या कारण हो सकते हैं ?	दूषित/ठण्डे पानी से	1	• एक से अधिक जवाब संभव • 98 होने पर कृपया जवाब लिखें	
		दूषित ठण्डे भोजन से	2		
		रोगाणु/ बैक्टीरिया / वायरस	3		
		सर्दी के मौसम के कारण	4		
		कमजोरी	5		
		भूत / जादू टोना	6		
		कोई अन्य जवाब	98		
		पता नहीं	99		
20	सर्दी खांसी या निमोनिया से पीड़ित बच्चो के इलाज में आप क्या देती है ?	ओरल एमोक्सीसिलिन (गोली/ सिरप)	1	• एक से अधिक जवाब संभव • 98 होने पर कृपया जवाब लिखें	
		ओरल कोट्रीमोक्साजोल (गोली/ सिरप)	2		
		ओरल पेरासिटामोल (गोली/ सिरप)	3		
		इंजेक्शन जेंटामायसिन	4		
		घरेलु उपचार	5		
21	आपके अनुसार एक सर्दी खांसी या निमोनिया से पीड़ित बच्चे को कब अस्पताल मे रेफर करना पड़ सकता है कृपया उसमे देखे जाने वाले लक्षण बताये ?	जब बच्चे को तेज़ बुखार हो	1	• एक से अधिक जवाब संभव • 5 व 98 होने पर कृपया जवाब लिखें	
		जब बच्चे की साँसों की दर बढ़ गयी हो	2		
		जब पसलियों का धंसना दिखे	3		
		जब बच्चा बहुत कमजोर लगे	4		
		जब कोई और तकलीफ हो जाए (complication)	5		
		कोई अन्य जवाब	98		

22	गंभीर रूप से सर्दी खांसी या निमोनिया से पीड़ित बच्चों को आप किसके पास रिफर करती है ?	ANM के पास (Sub-Center)	1	• 98 होने पर कृपया जवाब लिखें	
		पास के प्राइवेट डॉक्टर के पास	2		
		निकटतमPHC/CHC पर	3		
		किसी भी निकटतम अस्पताल में चाहे वो प्राइवेट हो या गवर्मेंट	4		
		बच्चे की स्थिती देखकर निर्णय करती है	5		
		झाड़ फूंक वाले बाबा/ भूत भगाने वाले के पास	6		
		कोई अन्य जवाब	98		
23	सर्दी खांसी या निमोनिया से पीड़ित बच्चों के इलाज के बाद आप माँ को क्या क्या सलाह देती है ?	Open ended question		जैसा आशा कहे कृपया उस जवाब को वैसे ही उसके शब्दों में लिखे	
24	आपके अनुसार क्या सर्दी खांसी या निमोनिया से पीड़ित बच्चोंको क्या माँ का दूध पिलाना चाहिए?	हाँ	1		
		नहीं	2		
25	आपके अनुसार अगर निमोनिया का समय पर इलाज नहीं किया जाये तो क्या वह जानलेवा हो सकता है	हाँ	1		
		नहीं	2		

Section-3 Other Determinants					
Q. NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		Instruction	RESPONSE
1	दस्त से पीड़ित बच्चों का इलाज करने में क्या क्या तकलीफें आपको आती हैं ?	Open ended question		जैसा आशा करें कृपया उस जवाब को वैसे ही उसके शब्दों में लिखें	
2	सर्दी खांसी या निमोनिया से पीड़ित बच्चों का इलाज करने में आपको क्या क्या तकलीफें आती हैं?	Open ended question		जैसा आशा करें कृपया उस जवाब को वैसे ही उसके शब्दों में लिखें	
3	आपके द्वारा बताई गई समस्याओं को कैसे सुधार किया जा सकता है ताकि आप इन बच्चों का और अच्छी तरह से इलाज कर सकें?	Open ended question		जैसा आशा करें कृपया उस जवाब को वैसे ही उसके शब्दों में लिखें	
4	इन दवाइयों में कौन कौन सी दवाइयां आपके पास हैं कृपया बतायें?	ORS	1	• कृपया ऑप्शनस बतायें • एक से अधिक जवाब संभव • 98 होने पर कृपया जवाब लिखें	
		जिंक	2		
		एमोक्सीसिलिन	3		
		कोट्रीमोक्साजोल	4		
		जेंटामायसिन	5		
		पेरासिटामोल	6		
		कोई अन्य जवाब	98		
5	कृपया जिंक की गोली खुराक (Dose) बताएं ?	सही	1	इस सवाल के जवाब का निर्णय करने हेतु नीचे लिखे इंस्ट्रक्शन (निर्देश) को देखें	
		गलत	2		
		नहीं पता	99		

6	का घोल कैसे बनाया जाता है ORS) ? बताइए पैकेट से (**	सही	1	इस सवाल के जवाब का निर्णय करने हेतु नीचे लिखे इंस्ट्रक्शन (निर्देश) को देखे	
		गलत	2		
		नहीं पता	99		

अगर सभी बिंदु सही हो तभी जवाब को सही माने

* टेबलेट ज़िंक डोस -

- 2 माह से 6 माह तक के बच्चे के लिए आधी गोली (10 मि. ग्रा.) की दें 14 दिनों तक
- 6 माह से 5 वर्ष तक के बच्चों के लिए पूरी गोली (20 मि.ग्रा.) 14 दिनों तक
- 6 माह तक के बच्चों को गोली माँ के दूध में घोल के पिलायें

**ORS बनाने की विधि (पैकेट से) -

- ORS को साफ़ बर्तन में डालें
- उसमें 1 लिटर साफ़ पानी डालें
- ORS को पानी में घोले
- इसका उपयोग 24 घंटे तक कर सकते हैं