

“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 of
District- Bareilly, Uttar Pradesh**

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Rationale

- In India the contribution of **Pneumonia and Diarrhea** in under five children death is **17% and 11%** respectively.¹
- The 4 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.¹
- ASHA work as a frontline workers to manage **community based childhood Pneumonia and Diarrhoea management**.
- The findings of the study can help programme manager to implement their strategies for better implementation of Pneumonia & Diarrhoea(P&D) project.

Research Question

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

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 Diarrhoea.
2. To find the bottlenecks of existing community based Pneumonia and Diarrhoea case management and referral services provided by ASHA for better implementation of Pneumonia and Diarrhoea project.

Methodology

- **Study Design:** Cross Sectional Descriptive Study
- **Study Location:** Randomly selected three blocks out of six (where India Health Action Trust (IHAT) is going to implement P&D project.)
- **Study Subject:** Conveniently selected ASHA in the study area
- **Sampling Technique:** Purposive Sampling (where IHAT is going to implement P&D project)

Methodology

- **Sampling Size:** 110 ASHA out total no. of 222 ASHA of three blocks
- **Data Collection Technique:** Face to face interview
- **Data Collection Tool:** Interview Schedule consisting both Open and Close ended question

Response captured at Block Level Meetings individually

Methodology

- **Statistical Treatment:**

Quantitative data analysed through SPSS

Qualitative data has divided into themes to Analyse

- **Ethical Consideration:**

Informed Consent in local language was taken before interview

Limitations

- Researcher assess practice by asking question but this is not the ideal method to assess practice
- The Scale used to categorized has not validated.
- The study has conducted in a small area and in only one district of Uttar Pradesh so findings cannot be generalized in whole state.

Training Status

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	ASHA trained in following 3 training Childhood Diarrhea Management , Module-6 and 7	55%	-

Diarrhoea and Pneumonia Comprehensive Index

N=109

Comprehensive Index	Below Average	Average	Good
Diarrhoea Knowledge Assessment	33%	26%	41%
Pneumonia Knowledge Assessment	58%	17%	26%
Diarrhoea Practice Assessment	37%	24%	41%
Pneumonia Practice Assessment	65%	17%	18%

Knowledge Assessment-Diarrhoea

N=109

Codes	Questions		Below Average	Average	Good
K-1	Knowledge about Diarrhoea sign & Symptoms		27%	19%	54%
K-2	Referral Sign of Diarrhoea*		64%	36%	0%
K-3	Knowledge of Zinc	Reason of giving Zinc	39%	41%	20%
		Dose of Zinc	12%	36%	52%
K-4	Breastfeeding during Diarrhoea		21%	0%	79%
Percentage of ASHA			33%	26%	41%

*= Multiple Response Questions

Knowledge Assessment-Pneumonia

N=109

Codes	Questions	Below Average	Average	Good
K-1	Knowledge about sign and symptoms of Pneumonia *	15%	52%	33%
K-2	Referral signs of Pneumonia *	85%	14%	1%
K-3	Breastfeeding during Pneumonia	30%	-	70%
K-4	Antibiotic usage	100%	0%	0%
Percentage of ASHA		58%	17%	26%
*= Multiple Response Questions				

Practice Assessment- Diarrhoea

N=109

Sr. no.	Questions	Below Average	Average	Good
P-1	Assessment of Diarrhoea Patient*	57%	31%	12%
P-2	Assessment for Dehydration* (n=60)	46%	49%	5%
P-3	Treatment of Diarrhoea *	16%	14%	70%
P-4	Appropriateness of Referral Unit	15%	5%	80%
P-5	Counselling or advice given to Mother	37%	43%	20%
P-6	Preparation and utilization of ORS	44%	—	56%
Percentage of ASHA		36%	24%	41%

*= Multiple Response Questions

Practice Assessment- Pneumonia

N=109

Sr. no.	Questions	Below Average	Average	Good
P-1	Assessment for Pneumonia Patient*	78%	20%	2%
P-2	Treatment of Pneumonia*	67%	32%	1%
P-3	Appropriateness of Referral Unit	28%	3%	69%
P-4	Counselling and advice given to Mother	86%	12%	2%
Percentage of ASHA		65%	17%	19%

*= Multiple Response Questions

Diarrhoea Practice Assessment percentage with Reference to Training-

N=60

Training status		P-1	P-2	P-3	P-4	P-5
Trained (Module-6 &7)	Below Average	56.2	69.4	6	28.8	13
	Average	43.8	25.5	13.7	0	58
	Good	0	5.5	79.5	71.2	29
Untrained	Below Average	83.3	79.4	30.6	2.8	28.2
	Average	16.7	23.5	13.9	0	53.6
	Good	0	0	55.6	97.2	18.2

Pneumonia Practice Assessment percentage with Reference to Training-

N=60

Training status		P-1	P-2	P-3	P-4	P-5
Trained (Module-6 &7)	Below Average	42.9	75.4	61.7	72.9	81.6
	Average	28.6	23.1	36.88	5.5	18.5
	Good	28.6	1.5	1.5	21.5	0
Untrained	Below Average	54.1	81.8	65.9	86.8	93.2
	Average	32.4	15.9	34.1	4.5	2.3
	Good	13.5	2.3	0	38.6	4.5

Training Comparison Obserrvation-

		P-1	P-2	P-3	P-4	P-5
Below Average in Diarrhoea	Trained	56.2	69.4	6	28.8	13
	Untrained	83.3	79.4	30.6	2.8	28.2
	Trained -Untrained	-27.1	-10	-24.6	26	-15.2
Below Average in Pneumonia	Trained	42.9	75.4	61.7	72.9	81.6
	Untrained	54.1	81.8	65.9	86.8	93.2
	Trained -Untrained	- 11.2	-6.4	-4.2	-13.9	-11.6

Attitude Assessment-

Challenges while treating Childhood Diarrhoea

N=109

Sr. No.	Themes	Response
1	Medicine availability is not regular(ORS/Zinc)	21.5%
2	Difficulty in complication management	13.1%
3	Others	5.6%

Challenges while treating Childhood Pneumonia

N=109

Sr. No.	Themes	Response
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 %

Some Quotes-

- 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 basic medicines to cater peoples' need, even people ask us to give medicine but we are not able to help them”

Medicine Availability to ASHA-

N=109

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

Knowledge

Sr no.	Gaps identified	Recommendation
1	Overall Knowledge level of ASHA for Pneumonia is poor (29%) as compare to Diarrhoea.	• Refresher trainings of Childhood Pneumonia on quarterly basis. • Regular discussion on Pneumonia management in monthly follow-up meeting with audio visual teaching materials.
2	Knowledge level for diarrhoea is very low in two areas- Referral sign & Tab. Zinc usage	• Dissemination of Posters/ job aids to remind zinc doses to ASHA.
3	Knowledge level for Pneumonia is very low in three areas- sign and symptoms of pneumonia, Referral signs and Antibiotic usage.	• Short duration refresher trainings of Childhood Pneumonia. • Orient ASHA regularly for the use of Antibiotic to treat Pneumonia and ensure its supply

Practice

Sr no.	Gaps identified	Recommendation
1	Overall Practice level of ASHA for Pneumonia is very low that is 18%.	Continuous Handholding and support, on job training
2	Practice level for diarrhoea is low in three areas that is assessment of Diarrhoea and Dehydration and counselling	• Special focus in training on identified gaps with the help of dummy etc. • For ensuring counselling usage of ASHA episode an identified innovation by GOI
3	Practice level for pneumonia is low in three following area that is Assessment of Pneumonia, Treatment of Pneumonia and counselling to the mothers.	• Special focus in training on identified gaps with the help of dummy etc. • Provision of ready reckoner for dose calculation for antibiotic use

Other-

Sr no.	Gaps identified	Recommendation
1	Availability of Medicine to ASHA is not sufficient.	• Ensure delivery of ASHA drug kit supply to each ASHA at cluster meetings and its field verification • Regular field check to ensure supply by district officials. • Toll free number for ASHA to register her complain to CMO if medicine not available at nearest refilling point.
2	ASHA feels helpless at referral points leads to lack of ownership	Establish an Helpdesk by promoting any ASHA Sangini to help all ASHA at referral points.

Scope of further study-

- Assessment of Knowledge Attitude and Practices of **ANM and Medical Officer** to manage childhood pneumonia and diarrhea at community and facility level
- 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.

Reference

- Thank You