Dissertation in

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‘ Role of ASHA in providing Home Base Newborn Care services in district Kheda, Gujarat ’.

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Home Based Newborn Care

- HBNC programme, is a process sensitive approach towards reducing maternal and neonatal deaths in India, especially at homes.
- It is based on SEARCH Gadchiroli model , which was started as an intervention research in 1988 and came out to be a major breakthrough to reduce IMR.
- The core principle underlying this programme is the "continuum of care" from conception till the first 42 days after delivery which ultimately depends on ASHAs making timely home visits and properly identifying, treating, and referring sick infants.

Research question

- What is the role of ASHA in providing Home Based Newborn Care services ?

- Is ASHA able to render her services effectively?

Objective

- The **general Objective** is to review the role/ responsibilities of ASHA in providing HBNC services.

- The **specific Objectives** are:

a) To assess the knowledge of ASHA in relation to role/ responsibility for the HBNC service .

b) To study ASHA's performance in terms of services provided under HBNC services

c) To identify areas of improvement in effective implementation of the HBNC services provided by ASHA

Methodology

- **Type of Study**: descriptive cross – sectional study

- **Study Area** : Three blocks (Nadiad, Thasra , Matar) were selected based on following criteria:

a) Number of Home visits given by ASHA against total number of deliveries registered in the area.

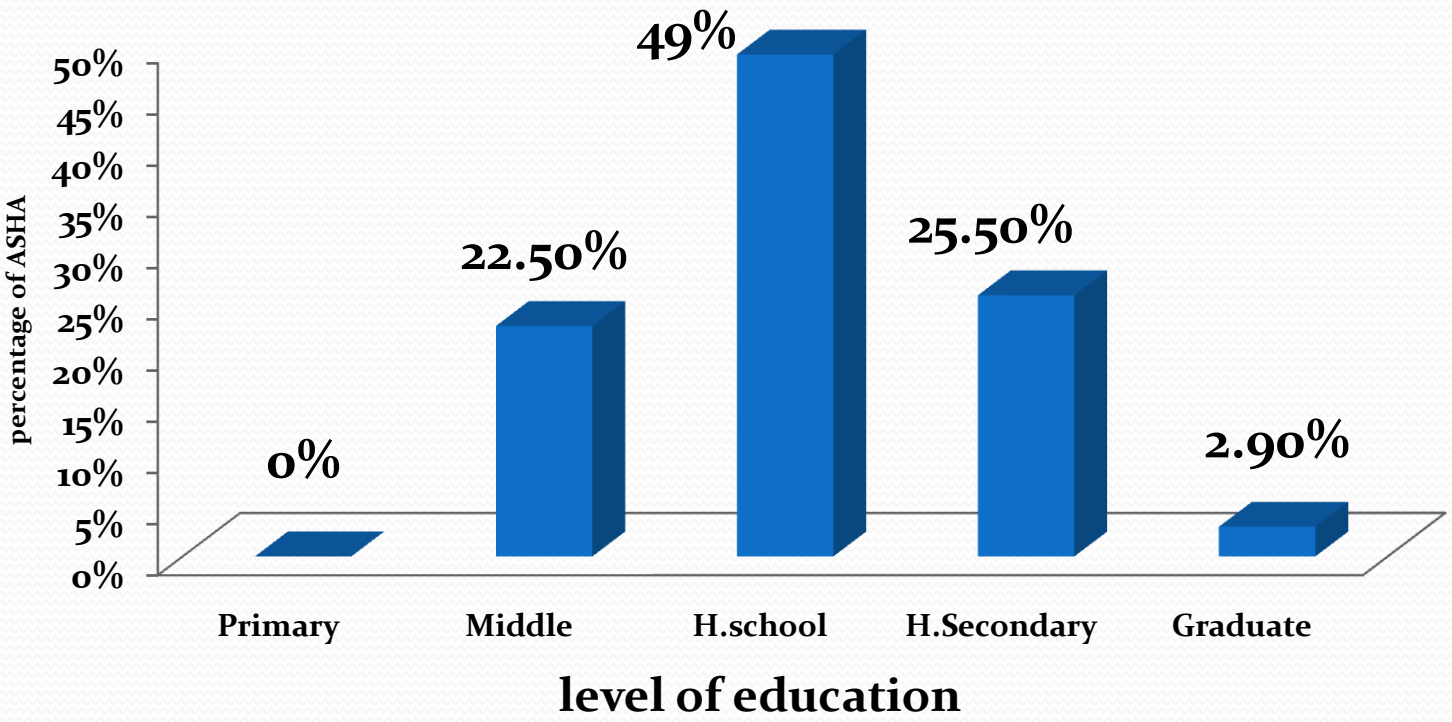
b) Total number of Low birth babies referred against total number of low birth babies reported.

c) Proportion of Babies breastfed within 1st hour

- **Study respondents** : ASHA
- **Sampling method**: Simple Random sampling of ASHA's at PHC's and sub centre levels.
- **Sample Size** : 102 ASHA were included in the study amongst 500 ASHA 's from 3 blocks
- **Study tool**: Semi structured Questionnaire.

Key Findings & Results

Fig 1 Percentage distribution of ASHA by level of education



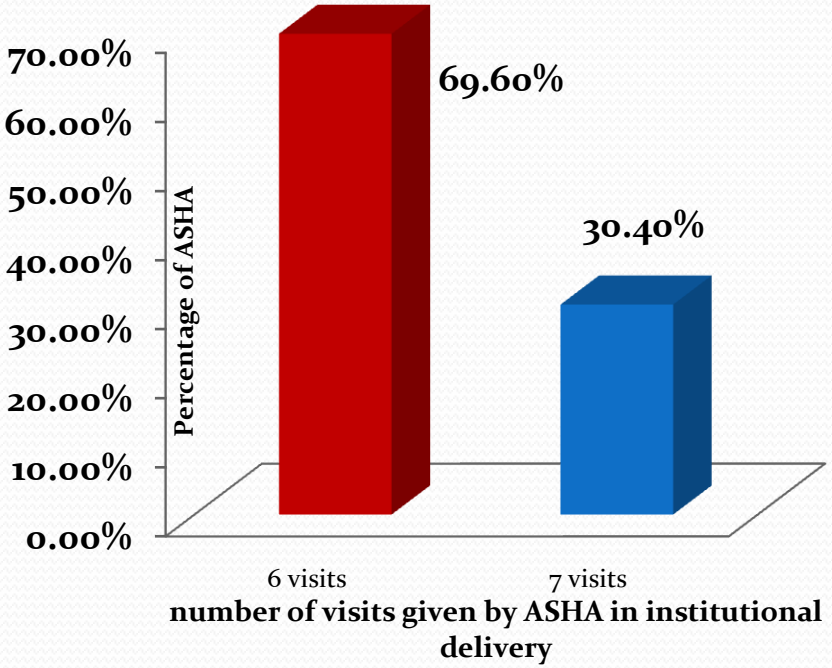
Education of ASHA plays a vital role in process like correct measurements, weighing, basic calculations and record maintenance . Nearly half of the ASHA had basic educational qualification as per the state guidelines.

Training Status of ASHA

Sr. No	Training Session	Number of Respondents				
		Yes		No		N/A
		Frequency	Percentage	Frequency	Percentage	
1	Induction training	93	91.2%	9	8.8%	0
2	Training for both module 6 & 7	97	95.1	5	4.9%	0
3	Further need of training felt	92	90.2%	5	4.9%	5 (4.9%)

Number of Home Visits

Fig # 2 : Percentage distribution of ASHA by no. of home visits given in institutional delivery



Fig# 3: Percentage distribution of ASHA by number of home visits given in home delivery cases.

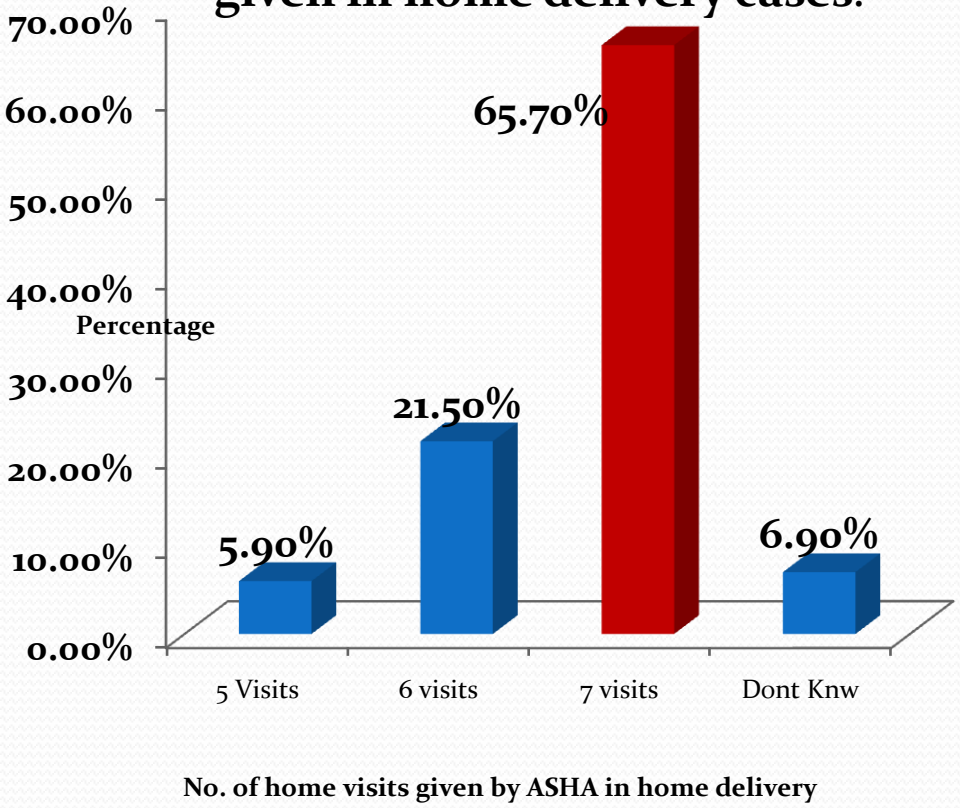
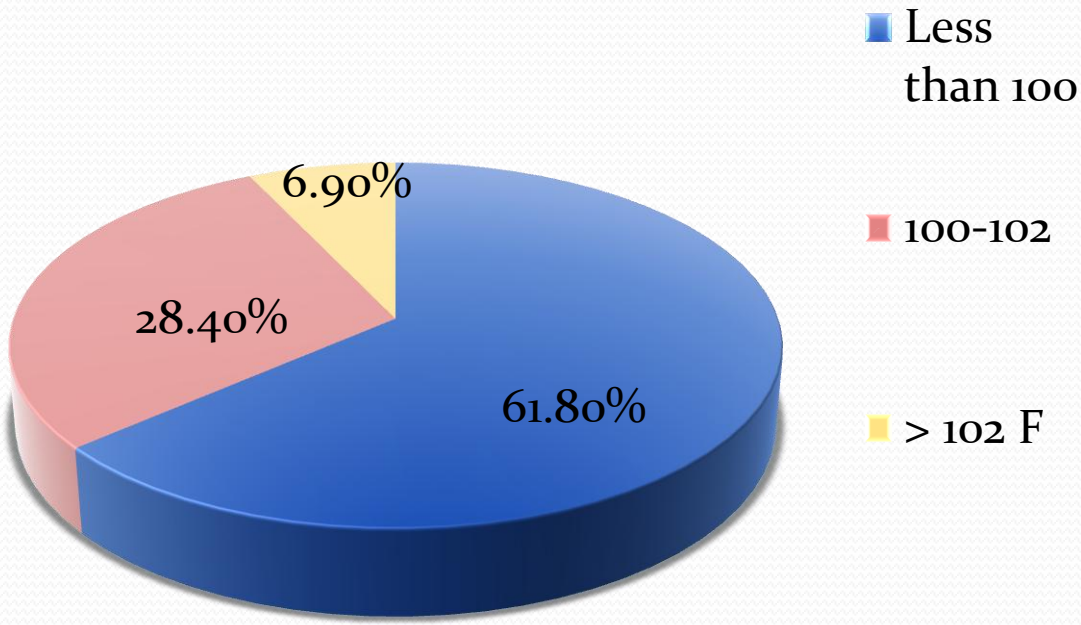


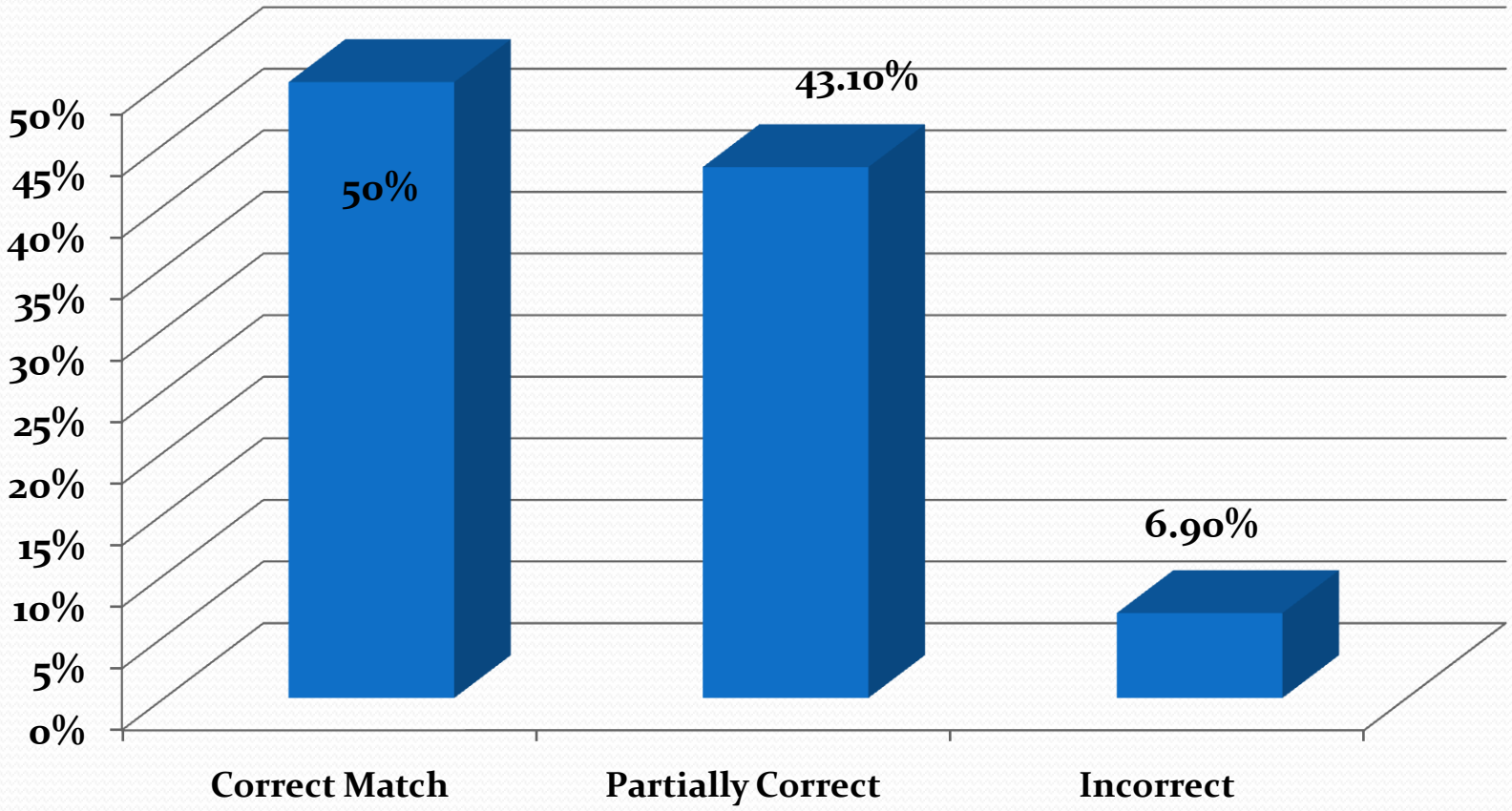
Fig # 4 : Percentage distribution of ASHA providing PCM for fever in pregnant women



61.8% of ASHA was providing tab PCM to mothers reporting fever even less than 100F during antenatal period. Whereas , 6.9 % of them would only provide PCM at tempt. Above 102 F.

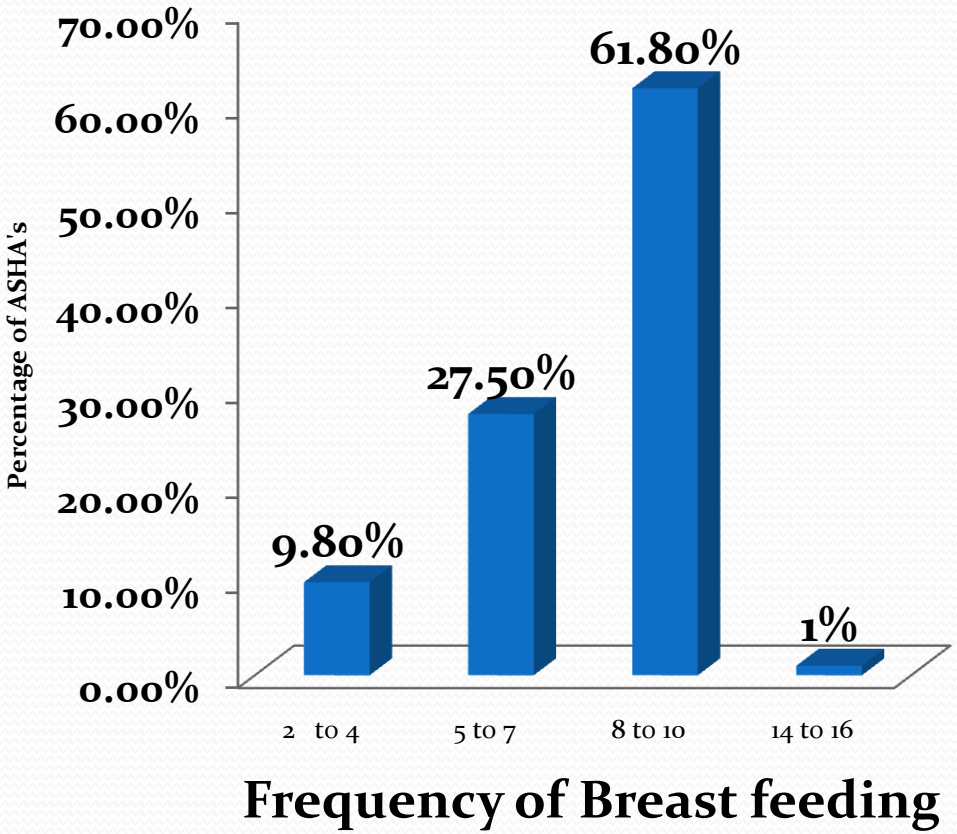
Care of newborn in fever

Fig # 5 Percentage distribution of ASHA in response to treatment protocol in fever in newborn



Breastfeeds to new born

Fig # 6 Min. No. Of breast Feeds to be given to newborn



The minimum frequency of breastfeeds is essential to meet the nutritional needs of new born. However, only 61.8% of ASHA knew about the minimum number of breastfeeds to be given .

Examination of new born in home visits

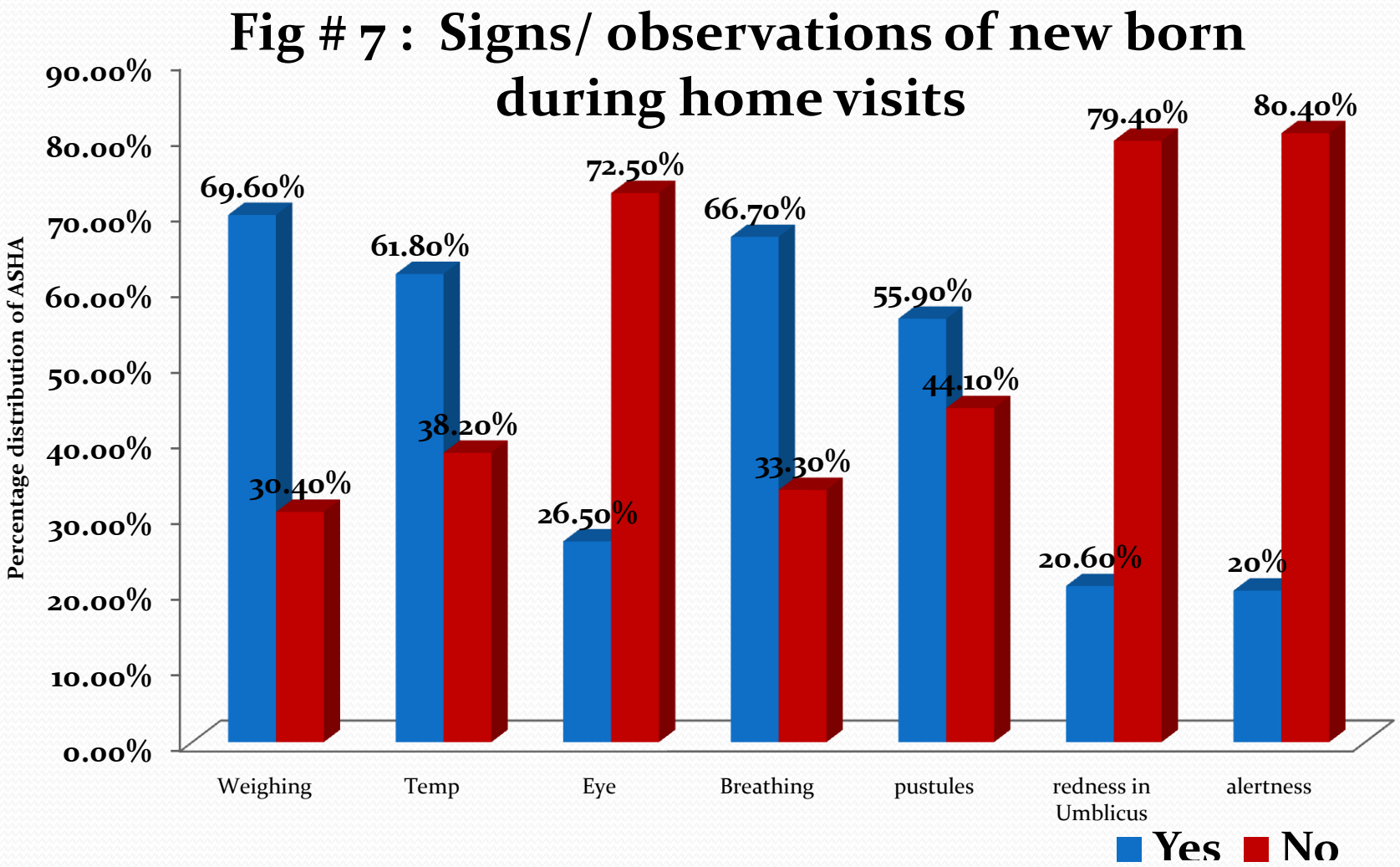
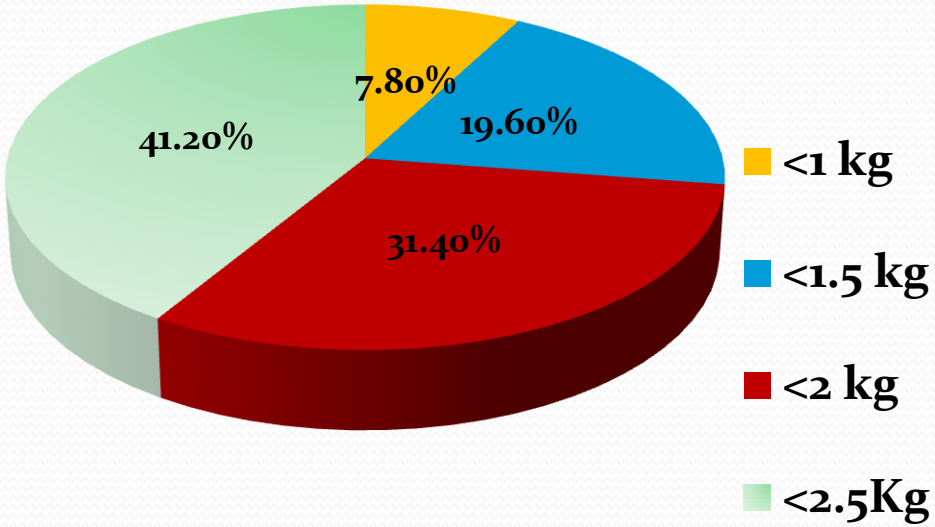


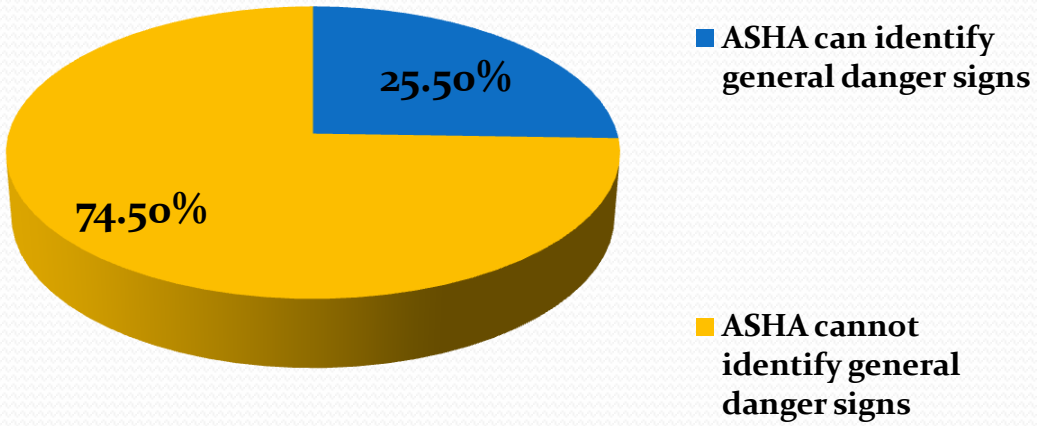
Fig # 8 : Minimum Weight consideration for LBW by ASHA



Less than half of the ASHA (41.20%) considered the correct Criteria for low birth weight baby at the time of birth.

Identification of general danger signs in fever

Fig # 9 : Percentage distribution of ASHA identifying Danger signs



Nearly 75% of ASHA agreed that they can not identify the general danger signs of fever leading to non identification of any serious ailment other than fever in new borns.

Social factors

Fig# 10 :Chief hurdle in providing services

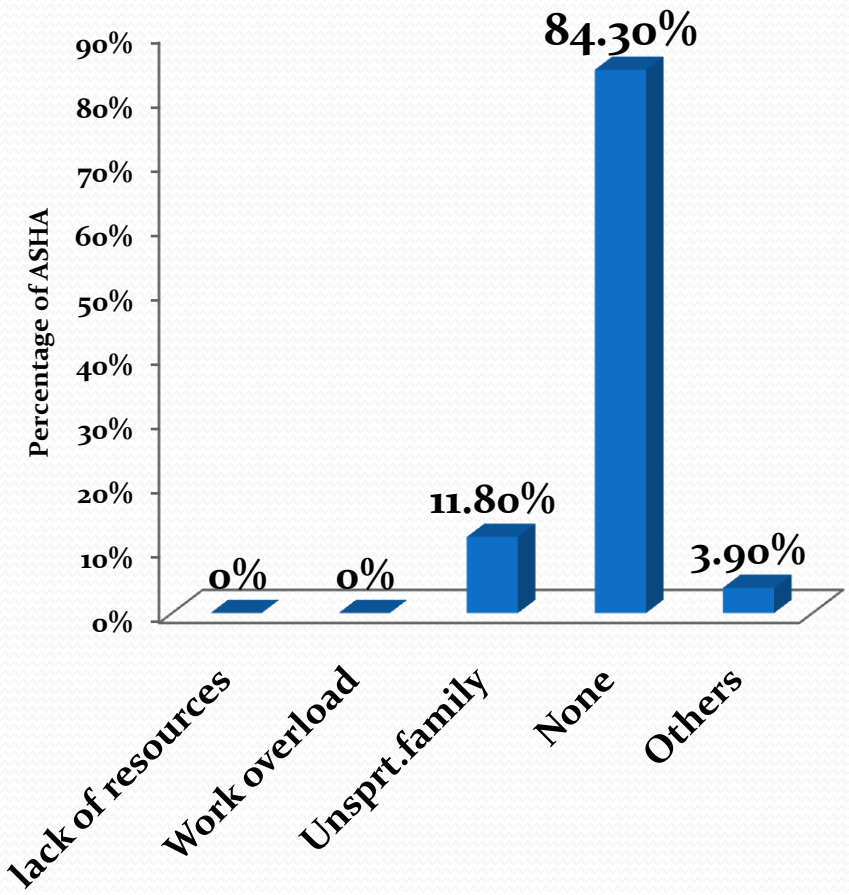
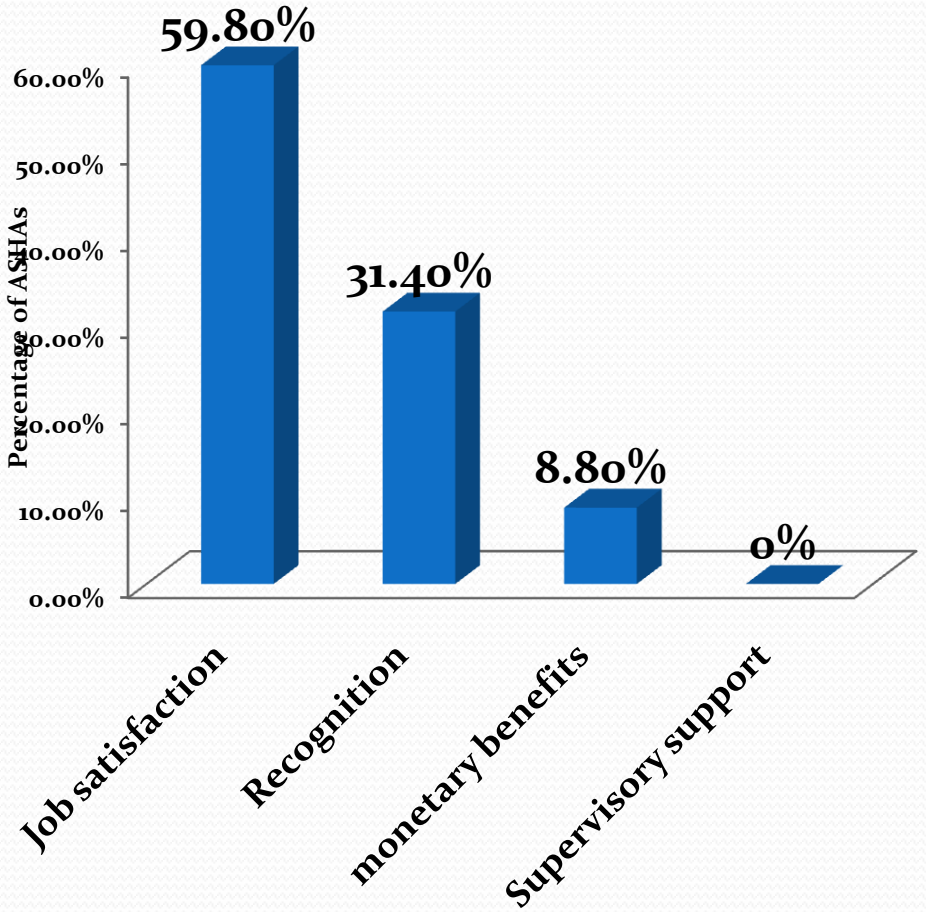


Fig # 11:Motivation factors for ASHA



Conclusion:

- The study shows that Although majority of ASHA had been provided basic training in HBNC (module 6,7) a significant number of them were not clear about the treatment protocol to be followed in basic ailments like fever , both in newborns and antenatal women.

- Three fourth of ASHA's agreed they could not identify general danger signs of fever in newborns that lead to delayed referrals in case of serious ailments in newborns.

- All the ASHA had knowledge about the categories in high risk mothers whereas, the criteria for low birth weight baby was not clear to majority of them.

- Examination of newborns at the time of home visits did not covered all aspect of newborn care as some vital signs were being overlooked by ASHA.

THANK YOU