Summer Training at
NHM, Ahmedabad, Gujarat
(April 3 to June 2, 2017)

Assessment of the Knowledge about 'Atal Sneh Yojana' Scheme Among Selected Health Care Providers in Block Daskroi, District Ahmedabad

By
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2016-2018

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2017

INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that Dr. AMEESHA has undergone summer training in NHM Gujarat from 3rd April to 2nd June 2017.

The candidate herself completed the project assigned to her during summer training. Her approach to the project was sincere and proactive.This summer training is in partial fulfillment of the course requirement recommended for the award of MBA in Hospital and Health Management.

I wish her success in all her future endeavors.

Col. (Dr.) Ashok Kaushik

Dean (Academic & Student Affair)

The IIHMR University, JaipurThe IIHMR University

for Dr Suresh Joshi.

Name of the Mentor

Designation

SUMMER TRAINNING PROGRAMME COMPLETION CERTIFICATE

No.dp.NHM/Certi. / 114/2017
Health Department,District panchayat
Lal darwaja Ahmedabad.
Dt.05/06/2017

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Dr.Ameesha, a student of MBA-Health & Hospital management IIHMR University, Jaipur, India has successfully completed two months(April03-June 02) long summer training programme at NHM Gujarat, District Panchayat, Ahmedabad. During the period of her training program with us she was found punctual, hardworking & inquisitive.

We wish her every success in life,

Dt. 05/06/2017
Place :- Ahmedabad

Chief District Health Officer
Health Branch, Ahmedabad

DECLARATION

I hereby declare that the summer training report on Assessment of the knowledge about ' ATAL SNEH YOJANA' scheme among selected health care providers in Block Daskroi, District Ahmadabad is my original work done under the guidance of Dr.S.K Kapadia.This project has neither been submitted for any degree or diploma of any university nor sent for publication in part or whole elsewhere.

I am immensely grateful to Dr.Shilpa Yadav Ma'am(CDHO)for her support and guidance .

It was such a great experience to undergo my summer training with the esteemed organization.

Dr.Ameesha

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List of Acronyms

ASHA	Accredited social health worker
FHW	Female health worker
MO	Medical officer
MMR	Maternal mortality rate
IMR	Infant mortality rate
NTD	Neural tube defect
RBSK	Rashtriya bal swasthya karyakram
WHO	World health organization
MS	Mass spectrometry
CHC	Community health centre
NHM	National health mission
DPMU	District program management unit
PHC	Primary health centre
NBS	National birth screening

ACKNOWLEDGEMENT

I would like to express my gratitude to all those who made it possible for me to complete my summer training programme.Firstly,I would like to thank Dr.Shilpa Yadav(CDHO,District Ahmedabad)for giving me opportunity to work with government of Gujarat and learn the various streams of public health from service provider aspect.

I would like to thank specially my institute mentor Dr.Suresh Joshi, as his insight and enormous professional experience guided me in carrying out this research.

The present study could not have been completed without the active and encouraging support of Dr.S.K.Kapadia(RCHO,Ahmadabad).I owe a debt of gratitude towards Dr.Komal Vyas(DUPC),Dr.Puneet for their cooperation.

I sincerely thank all the staff members of the organization for their support and cooperation all the time.

1.Introduction

Summer training programme is a quintessential part of Masters of Health and hospital management course. It provides a perfect platform for application of theoretical knowledge gained during study tenure.

General management activities-

- Human resource management
  District program management unit(DPMU)is designed to coordinate the activities of NRHM and RCH. District program coordinator is in charge of DPMU and it's his/her responsibility to ensure appropriate coordination and successful completion of the activities.

  The DPMU staff comprises of
  1. District programme coordinator
  2. District Finance Officer
  3. DDM
  4. D M&E
  5. Prog-Associate(Nutrition)
  6. DUPC

- **Training**
  Training is an essential part of development by organizing workshops,to provide practical skill based hands on training,to

plan and provide high quality training in conducive environment and to keep updating staff with new knowledge, skills regularly monthly/quarterly.

- **Reporting**

  There are reports which are given on monthly,quarterly basis to the state about finance and about regular health projects.It includes FMR,Verbal autopsy,IMNCI report,JSY,ASY,Chiranjivi and many more.

- **Organizing events**

  This includes organizing monthly review meetings, quarterly meetings of executive body and Governing body and others.

- **Field exposure**

  There are regular field visits for intricate monitoring of the programs and evaluation of the implemented programs ,and make necessary changes to reach the program goal.

- **List of places visited during summer training**

PHC	CHC/SC	District hospital
Kuha Kanbha Jetalpur Aslali Kasindra Nandij Vahelal	Singarva Kujad	Civil hospital Sola

2. INTRODUCTION

A birth defect or congenital disorder is a condition existing at or before birth regardless of cause .Birth defects are categorized in different causes and symptoms. It is an important cause of infant mortality in developing countries whereas it has been reduced to much extent in developed countries. Most of the birth defects are preventable through the application of cost effective community services.

There are many risk factors for birth defects, eg. High fertility, unplanned pregnancies, improper coverage of antenatal care and maternal nutritional status, consanguineous marriages.

According to joint World health Organization(WHO) and March of Dimes(MOD) meeting report ,birth defects accounts for 7% of all neonatal mortality and 3.3 million under 5 deaths. In India birth defects prevalence varies from 61 to 69.9/1000 live births.

Major birth defects include congenital heart defects, neural tube defects(NTD'S) and Down's syndrome cause 20% of infant mortality and are responsible for a substantial number of childhood hospitalizations.

As India is the second most populous country with around 27 million children born every year, there is a need of nation-wide systematical surveillance of birth defects.

3. RATIONALE

The most important cause of IMR during the first months is related to congenital abnormalities; and timely diagnosis can reduce the severity of their effects. Neonatal screening program is one of the health interventions which lead to long term beneficial outcome of the patients, financial savings of the society & improvement of patient's quantity as well as quality of life.(1)

The most important stage in prevention & treatment of the patients with congenital disorders is screening in which the affected infant enters into the treatment cycle through a simple, inexpensive test.

Rashtriya bal swasthya karyakram(RBSK) is already implemented which largely focuses on physical birth defects. Timely detection of physical birth defects is simpler and affordable.

Many states are implementing pilot programmes for newborn screening eg- kerala, Karnataka,Delhi, Chandigarh & Early data suggests towards need to strengthen existing programmes.(3)

Government focuses on reducing IMR, but Newborn screening has been introduced in mainstream healthcare recently.

4. Review of literature

1. Current and future perspective of newborn screening; Indian scenario

   Revolution in Newborn screening occurred with the introduction of mass spectrometry(MS)came in around 1960-70.

   There is increased prevalence of congenital heart diseases; therefore the focus should be on nationwide implementation of NBS, because if no intervention is done in early infancy it can lead to irreversible impairment of neurocognitive function.

   There should be a good synchronization between delivery points and doctors in case of confirmed cases.
   Increase awareness in providers and receivers as well, strengthen Existing infrastructure, quality control by CDC & N.A.B for testing and calibration laboratories.

2. Prevalence of congenital anomalies in neonates and associated risk factors

   Congenital anomalies are a major cause of stillbirths and neonatal mortality. Increased awareness about maternal care during pregnancy, educational programs and consanguineous marriages are important to change the scenario.

   Regular antenatal visits, prenatal diagnosis are recommended for prevention.
3. Birth defects in India; magnitude, public health impact & prevention

There is lack of access to healthcare, psychosocial support & education. Screening is given low priority in developing countries and hence there is a lack of disability support system and lack of referral between health and social service.

There is an urgent need of full fledged birth program.

5. RESEARCH QUESTION

To analyze the Awareness regarding Atal sneh yojana among health workforce in Block Daskroi, Ahmedabad.

6. OBJECTIVES

1. Analysis of awareness about basic program information, delivery points.

2. Analysis about need of technological advancements, support system associated with counseling of parents.

3. Analysis of difficulties in reporting and improvements required(if any)in the program.

7. METHODOLOGY-

Interpersonal interview using a set of questions related to the scheme

7.1 Study **design**-
Cross sectional study

7.2 **Study area-**
The study area was Daskroi block of Ahmadabad district. All the PHC's in the block were selected.

7.3 Study population
All the RBSK reporting doctors of each PHC associated with Atal sneh yojana; including Female health worker and ASHA of Daskroi block.

Survey duration- April 6 to May 30th,2017

7.4 Sampling
Due to time constraints, all the reporting RBSK doctors from all the PHC'S were contacted in order of maximum coverage. ASHA'S and FHW'S were also contacted and interviewed; therefore it was only possible to have a sample size of 26.

7.5 Data collection plan

Interviews were conducted with the study subjects available at the time.

7.6 Inclusion criteria

Health workforce personnel directly associated with Atal Sneh yojana.

Exclusion criteria

Personnel not associated with the yojana from the initial days.

8. DATA ANALYSIS

After data collection was completed, data entry and analysis was done using IBM SPSS Statistics processor.

9. ETHICAL CONSIDERATION

The purpose of the study was explained and verbal consent was obtained from every respondent. Confidentiality assurance was given to the respondents about the information provided for research purpose.

10 .RESULTS

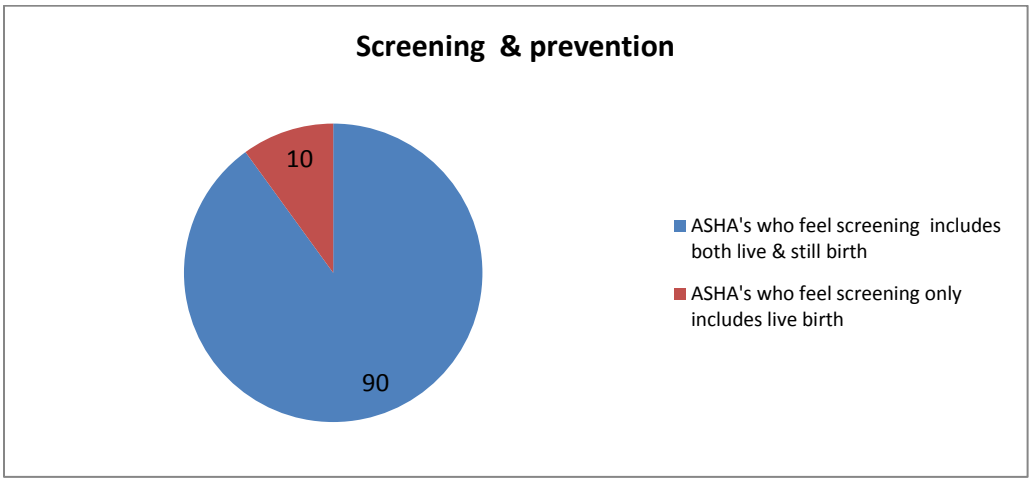
1. Basic information regarding the yojana

Most of the ASHA'S and all the FHW & MO'S were well informed about the aim of the yojana, age range inclusion criteria.

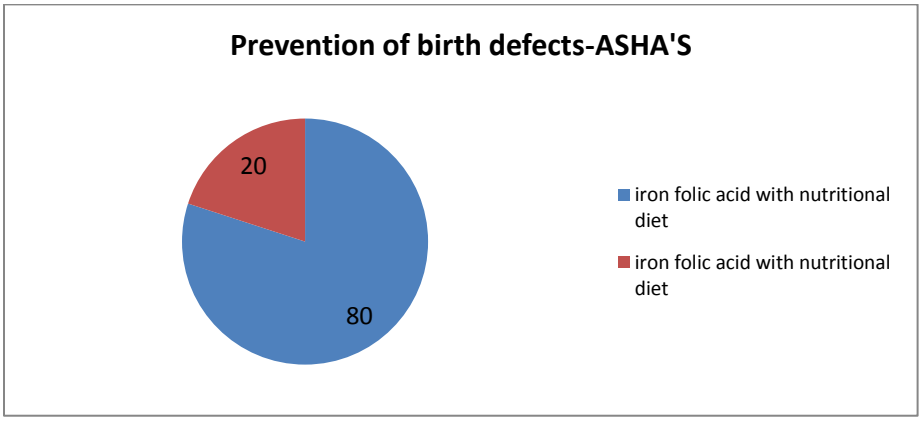
The majority of ASHA'S (90%) understand the aim of the study to decrease IMR and MMR.

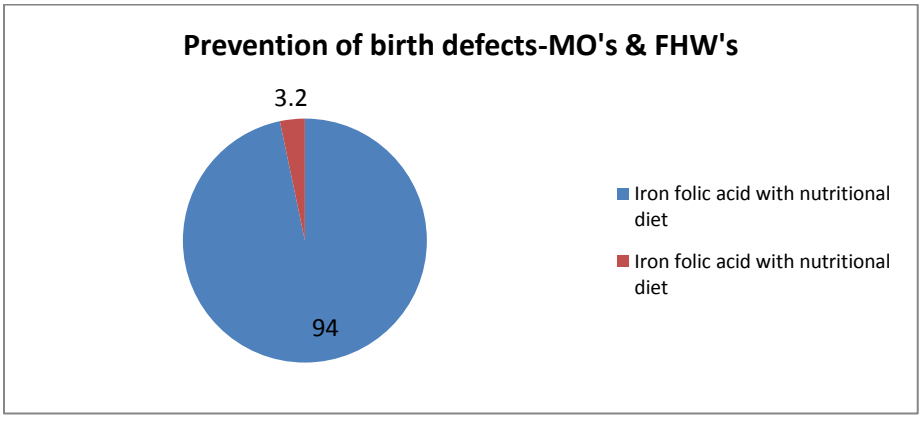
2. Screening and prevention

Majority of ASHA'S (90%) understand that Atal sneh yojana considers live as well as still birth screening, whereas the other group is entirely aware about the screening process and inclusion.



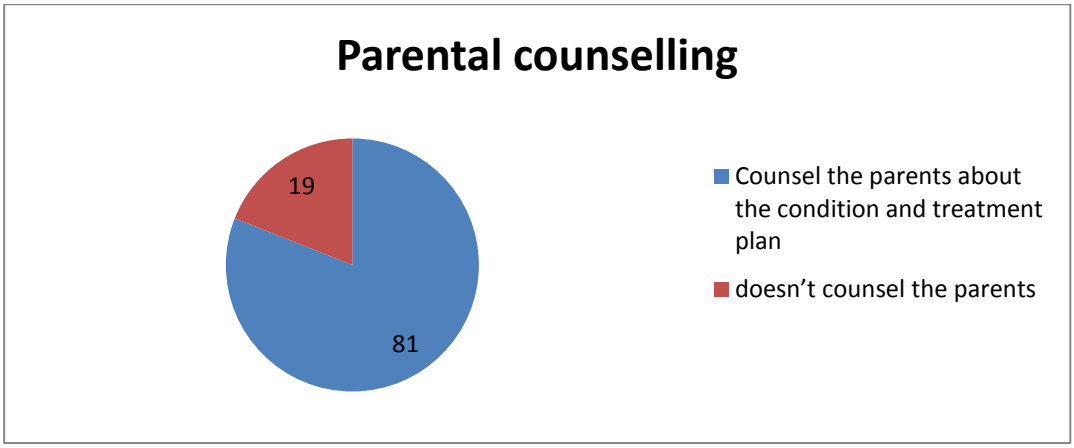
Under prevention of birth defects section,80% of ASHA's consider iron folic acid and nutritional diet both are essential to prevent defects; whereas 94% of MO'S & FHW'S consider the same.





3. Parental counseling

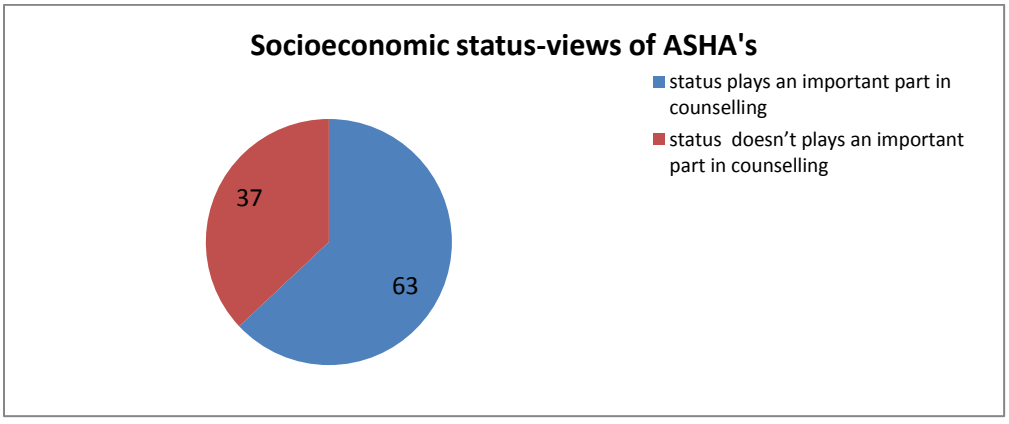
81% of the MO'S & FHW'S play a major role in counseling the parent about the condition, treatment plan.

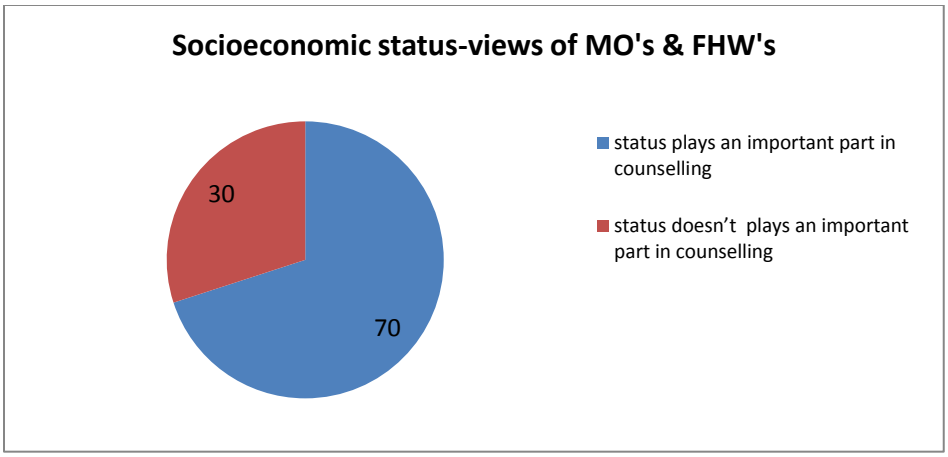


4. Socioeconomic status and treatment plan

According to 63% opinion of the MO & FHW'S socioeconomic status plays an important part in detailed explanation about the condition, treatment plan,counseling and follow up.

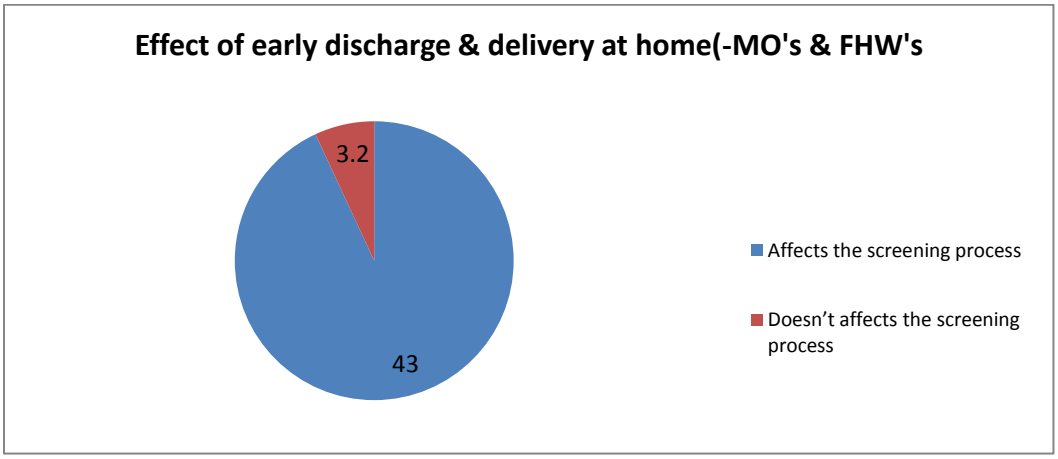
70% of the ASHA'S agree to the same.





5. Effect of early discharge and delivery at home

In unavoidable cases of early discharge from the delivery point and delivery at home(if any),around 57% MO'S & FHW states that it doesn't affects the screening process as there is round the clock reporting and there is a mere possibility of leaving behind any kid.



6. Follow up is an essential part of the program and the entire study population agreed to it.

11. **CONCLUSION**

1. Screening newborns for developmental defects is an Important futuristic initiative by Government.

2. There is a greater need to sensitize ASHA'S about the program as it could improve their knowledge.

3. Majority of the study population understands Prevention of birth defects can be achieved by iron folic and nutritional supplements.

4. Majority of the participants understand the relevance of counseling and follow-up on treatment procedure.

12. **STRENGTH OF THE STUDY**-

The study focuses on awareness of health workforce associated with Atal Sneh Yojana which is newly launched; study could help with any future improvements.

QUESTIONNAIRE

Designed for ASHA'S

BASIC INFORMATION

Name –

Job Designation –

1.Are you aware about Atal SnehYojana (ASY)?

A.YesB.No

2.Are you associated with ASY from the beginning of the program?

A.YesB.No

3.What is the aim to launch ASY

A.To decrease infant mortality rate

B.Toreduce maternal mortality rate

C.both

4.ASY mainly comprises of ,

A. Nutrition based program

B. Neonatal screening oriented

5.What is the age range for inclusion into ASY

A.Just after birth

B.1-18years

6.Type of births included in ASY are

A. Live birth

B. Still birth

7.How many Neonatal defects are included in ASY

A.8 B.9

8. Which of these condition is not included in ASY

A. Club foot B. Cleft lip C. Congenital heart disease D. Vitamin A Deficiency

9.How can we prevent birth defects

A. Iron folic acid B. Nutritional dietC.Both

10.How much is the time duration to plan surgery for effective treatment of cleft lip

A. Just after birth

B After 6 months

C. After 1 year

11.Are you aware about the nearest Delivery point for ASY

A.YesB.No

12.Was the training done specifically for ASY?

A.YesB.No

13.Early screening and detection of abnormalities is helpful for children

A. Yes B. No

14. Socioeconomic status plays an important part in parent counseling and treatment procedure

A. Yes B. No

15. Do you feel follow up is also an important aspect of the treatment

A. Yes B. No

QUESTIONNAIRE DESIGNED FOR MO & FHW'S

BASIC INFORMATION

Name –

Job Designation –

1.Are you aware about Atal Sneh Yojana (ASY)?

A.Yes B.No

2.Are you associated with ASY from the beginning of the program?

A.Yes B.No

3.What is the aim to launch ASY

A.To decrease infant mortality rate

B.To reduce maternal mortality rate

C.both

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10.How much is the time duration to plan surgery for effective treatment of cleft lip

A. Just after birth

B After 6 months

C. After 1 year

11.Developmental dysplasia of Hip(DDH) is most commonly seen in

A. Normal delivery B.Breach delivery

12. Are you aware about the nearest Delivery point for ASY

A.Yes B.No

13.Was the training done specifically for ASY?

A.Yes B.No

14.Do you think the training was sufficient to deal with the technicalities of ASY.

A.Yes B.No

15.Do you counsel parents about the benefits of screening,facilities available to the patients ;with the help of ICE material

A. Yes B. No C. Sometimes

16.Early screening and detection of abnormalities is helpful for children

A. Yes B. No

17. Existing manpower is appropriate for effective functioning of the program

A. Yes B. No

18 .Is the existing reporting system and format efficient

A. Yes B. No

19. Do you feel more technical support/training is required

A. Yes B. No

20. Socioeconomic status plays an important part in parent counseling and treatment procedure

A. Yes B. No

21. Deliveries-at-home & early discharge hamper screening process

A. Yes B. No

22. Do you feel early diagnosis leads to better treatment results

A. Yes B. No

23. In your opinion, how can we make ASY more efficient

A. More delivery points and referral centers

B. 24*7 availability of super specialty doctors

C. Increased Neonatal ICU'S

D. Less cumbersome yet effective reporting system

E. All of the above

24.ASY'S total treatment duration is for how long (including follow up)

A. 1 month B. 2 months

25. Do you feel follow up is also an important aspect of the treatment

A. Yes B. No

GLOSSARY-

A-1,B-2,C-3,D-4,E-5