Summer Training at
UNICEF,
Rajasthan

KAP Analysis on Counselling by ANM in Ahore Block of Jalore District

By
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Under the guidance of
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MBA Hospital and Health Management
2015-2017

The IIHMR University, Jaipur
2016

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

IIHMR UNIVERSITY

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Manu Sharma** student of MBA hospital and health management from The IIHMR University, Jaipur has undergone summer training at UNICEF Rajasthan, **from 1st April 2016** to **1st June 2016.**

The candidate has successfully carried out the study designated to her during summer training and her approach to the study has been sincere, scientific and analytical.
The summer training is in fulfillment of the course requirements.

I wish him all success in all her future endeavors.

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Date: 21 June 2016

Certificate

This is to certify that Mr Manu Sharma has undertaken his summer training project at District Jalore from 1st April 2016 to 31st May 2016 with UNICEF. During his summer training he undertook an assessment of the interpersonal communication skills of frontline functionaries on key maternal, newborn and child survival interventions (Specific: Counselling Skills) delivered with the aid of an android based application called E – Janswasthya in Ahore Block. During the course of summer training the trainee was also exposed to the functioning of government health system, health centres at various levels as well as community and outreach services at district level.

UNICEF Office for Rajasthan, India
Goods/Services Received :
Date : 21/6/16
Receiving Officer,
Dr Apurva Chaturvedi, Health Officer

Dr Apurva Chaturvedi
Health Officer
UNICEF Rajasthan

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ACKNOWLEDGEMENTS

I Would like to express my heartfelt gratitude to **Dr. Anil Agarwal**, Health Specialist UNICEF, **Dr. Apurva Chaturvedi** Health Officer UNICEF, hence giving this project to me and hence giving this opportunity to understand the system, functioning and counseling (Based on Antenatal care, Postnatal care, and Immunization) services provided in the Ahore block, Jalore district.

I am also thankful to my Project Mentor **Mr. Inderpal Arora**, Focus District Coordinator, UNICEF for those timely course correction and friendly guidance throughout the course of my project study. I express my gratitude to all the ANM of SC for giving me micro level detail about the Antenatal care, Postnatal care, and Immunization Services in Ahore block, Jalore District of Rajasthan.

Without the guidance and blessings of **Dr. S.D. Gupta**, Director, Indian Institute of Health Management & Research University, Jaipur would not have been possible for us.

My Special Thanks to **Col. Dr. Ashok Kaushik**, Dean Academics and Students Affair, IIHMR University, Jaipur for being a continuous guiding source throughout the degree, I would also like to thanks **Dr. Nirmal K. Gurbani**, IIHMR University, my mentor for providing me a support in completing my project successfully as well as giving insight in to my operational issues which came across during the project.

I would like to thanks my colleagues Mr. Vikrant kalal, Ms. Eti khatri and Ms. Harshita sharma for being part of my many brains storming session which have been of immense help in successfully completing the project.

Manu Sharma

HM-20th batch

IIHMR University

PREFACE

Summer trainning is an integral part of the MBA hospital and health management currriculum.As a part of the course;students of the first year are required to undergo summer training at an organization to get in depth exposure of various departments in the organization to get a better understanding of the health care delivery system.

The major objectives of the summer training programs are as follows:

1) To better understand the existing health delivery system including public and private sectors.
2) To observe the implementation of various National Health Programmes at National/State/District levels.
3) To understand various functions of health systems by interactions with key stakeholders, policy makers, programme managers,academicians and researchers
4) To work on the project/task assigned by summer training organizations.

Abbreviations

ANM = Auxiliary Nurse Midwife

ARI = Acute respiratory infection

ASHA = Accredited Social Health Activist

AWW = Anganwadi Worker

BCHM = Block Child Health Manager

CHC = Community Health Centre

CHS = Child Health Supervisor

DCHM = District Child Health Manager

Deputy CHS = Deputy Child Health Supervisor

DHS = District Health Society

DLHS = District Level Household Survey

DPMU = District Program Management Unit

FRUs = First Referral Units

ICDs = Integrated Child Development Services

IFA = Iron and Folic Acid

IMNCI = Integrated Management of Neonatal and Childhood Illness

IMR = Infant Mortality Rate

JSY = Janani Suraksha Yojana

KMC = Kangaroo mother care

LHV = Lady Health Visitor

MMR = Maternal Mortality Rate

PNC = Post Natal Care

Introduction

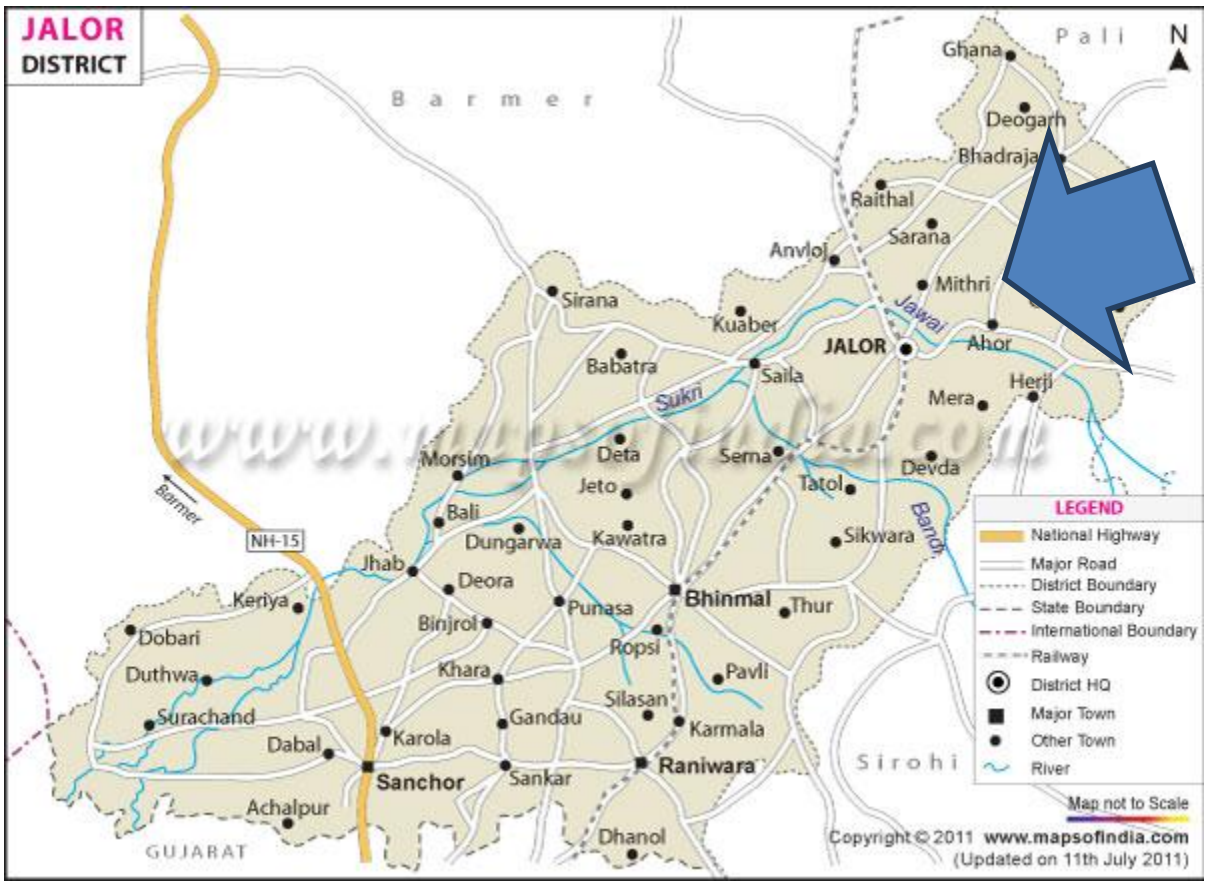
Jalore is located in the western zone of Rajasthan. The district, one amongst 34 districts in the state has a projected population of 1.98 million (year 2015), accounting for about 3% of the state's population. It has an area of 10,640 sq. km. rendering a population density of 183 persons per square kilometers. The district's decentralized governance includes 8 Panchayat Samitis and 264 Gram Panchayats across 805 revenue villages.

DEMOGRAPHIC PROFILE & HOUSEHOLD CHARACTERISTICS				
Population (Census 2011)				
	Total	Male	Female	0 - 6 Year
Jalore	1828730	936634	892096	313808
Rajasthan	68621012	35620086	33000926	10504916
District Share	2.66	2.63	2.70	2.98

It is estimated that every year 59, 000 women become pregnant, around 53,000 children are born and as many as 49, 500 nursing mothers of infants below one year require counseling for exclusive breastfeeding up to 6 months, initiation of complementary feeding thereafter with continued breastfeeding well in to and up to 2 years, apart from caring advice on significance of immunization and need to adhere to the schedule of services for the same.

The district has the highest Infant Mortality Rate of 72 in the state, while the state's IMR stands at 55 (Annual Health Survey 2012-13). It is however, notable that female IMR is 12 points higher than that of males at 66. The phenomenon is more pronounced in rural area of the district. Further the neo-natal mortality rate for the district at 52 accounts for 73% of the IMR, thus indicating the direction and efforts which cannot be delayed. It is apprehended that around 3900 children would not survive up to the age of 1 year at this rate in the district during the year 2014-15. As regards the Maternal Mortality Ratio, Jalore AHS 2012-13 records the same at 222, as determined for the region including 5 other districts, namely Jodhpur, Jaisalmer, Barmer, Sirohi and Pali.

There are 1 DH, 10 CHCs, 69 PHCs, 407 SHCs in Jalore District which are giving health services to around 1.98 million people. If we see these institutions in the reference of maternal & Child health services, facility of Ante/Intra/Post Natal care are available as per level of institutions. And these are some indicators on which the performance of institutions is measured.



Ahore

Ahor or Ahore is a town in Jalore District of Rajasthan state in India. It is situated 17 km east of the Jalore on Jalore-Sanderao short highway (SH-16). It is the headquarters of the tehsil by the same name. Population of Ahore is 16,873 according to census 2011. Where male population is 8,602. while female population is 8,271. Ahore is famous for its steel handicraft, Grill, Railing and Steel Designer gate for Temple.

UNICEF

The United Nations Children's Fund (UNICEF) is a United Nations Program Headquartered in New York city that provide long term humiliation and developmental assistance to children and mothers in developing countries. It is one of the members of the United Nations Development Group and its executive community.
UNICEF was created by the United Nations General Assembly on December 11, 1946 to provide emergency food and healthcare to children in countries that had been devastated by World War II. In 1953, UNICEF become a permanent part of United Nations System and its name was Shortened from the original United Nations International Children's Emergency Fund but it has continue to be known by the popular acronym based on this previous title. Most of UNICEF's work is in the field, with staff and over 190 countries and territories. UNICEF is an intergovernmental organization (IGO) and thus is uncountable to those governments. UNICEF's salary and benefits package is based on the United Nations Common System. UNICEF is not funded exclusively by voluntary contributions, and the national committee collectively raise around one third of UNICEF's annual income. This comes through contributions from corporations, civil society organisation around 6 million individual donors worldwide. They also have many different partners-including the media, national and local government officials, NGO's, Specialists such as Doctors and Lawyers, corporations, schools, young people and general public - on issue related to children rights

What makes UNICEF unique in India

 Is its network of 13 state offices. These enable the organization to focus attention on the poorest and most disadvantaged communities, alongside its work at the national level.

 UNICEF knows that key to addressing these challenges are its partnerships with sister UN agencies, voluntary organizations active at the community level, women’s groups and donors.

 The organization also works with an array of celebrities, including members of the Indian cricket team and leading actors from the Indian film industry, as well as hundreds of thousands of unnamed volunteers who tirelessly give their time and influence to ensure that, together, they are able to help every child realize his or her full potential.

MISSION

The mission of UNICEF is to collaborate with partners to harness the power of communication and social network to make a positive difference in the lives of children, their families and communities. It promotes the use of judicious mix of participatory communication strategies and approaches in order to increase the impact of development programmes, accelerate achievement of global and development goals and enhance the ability of families and communities to achieve results for children and realize their rights.

OBJECTIVES

 To provide a clinical service assessing and treating children with diseases.

 To promote the equal rights of children, girls and women

 Support their full participation in the political, social and economic development of their community.

 Support children who are in need weather provide food to them or education.

 To ensure countries abide by the convention of the right of the child. This include mobilizing political will and material resources to help developing countries to improve their ability to provide service for children and their families.

UNICEF in Rajasthan As a partner of choice for the Government of Rajasthan, UNICEF is working on a set of models and pilot interventions, particularly in tribal areas in the districts of Udaipur, Dungarpur, Barmer and Baran. The intent is to ensure the survival, growth and development particularly of children belonging to marginalized communities .

Child Survival

 Setting up and scaling up Special Newborn Care Units, with a focus on real time monitoring and quality of services.

 To support improvements in the care of women and their babies during childbirth through increasing the quality of services.

 Health system strengthening through supportive supervision and capacity-building.

 TO demonstrate a mechanism to improve the quality of services in the most deprived blocks to address the issue of inequity.

 Innovations for real-time monitoring of survival and development outcomes.

Nutrition

 Offering a facility and community-based support and tracking mechanism to improve breastfeeding and complementary feeding. The special HajuSuru (healthy well-nourished child) strategy in the tribal districts of Banswada and Dungarpur promotes family empowerment in feeding through community monitoring and tracking.

 Supporting a high rate of dose for vitamin A supplementation, with two doses every six months.

 Working with the government towards universal salt idolization and tracking access and use of iodized salt at the family level.

 Improving care and treatment for children with severe acute malnutrition (SAM) and providing facility and community-based strategies to help support children with SAM.

Education

 Enhancinglearning outcomes of children through transforming the teaching learning process, making it more student-centric, activity-based, learning-focused and equity-oriented.

 Introducing a continuous comprehensive assessment as part of the pedagogy in all schools by 2018. In 2014, 22,000 schools will implement Continuous and Comprehensive Evaluation (CCE) as their assessment system.

 To provide technical support to monitor learning outcomes in real time.

 Offering a school leadership programme to complementthe quality improvement initiative in schools.

 Lending technical support to create an enabling environment for early childhood education (ECE); putting in place a curriculum, syllabus and a state policy for ECE and facilitating coordination with the state Education Department for capacity development of Anganwadi workers and their continuous support on ECE.

 Supporting capacity enhancement of School Management Committees.

 Supporting capacity-enhancement of academic institutes, the State Institute for Education, Research and Training (SIERT) and District Institute for Education Training (DIET), to ensure all interventions to improve education standards can be realized.

Child Protection

 UNICEF in Rajasthan is working to strengthen systems for Child Protection by ensuring quality education to all children with a special focus on out-of-school, never-enrolled and drop-out children.

 It is building the capacities of and mobilizing families and the community to take collective action to protect their children and help them develop.

 To increase families' adult incomes and prevent child labour, UNICEF is enhancing access to service providers and social protection schemes for vulnerable families and children such as the widow pension, old age pension, Aapki Beti Yojana, Palanhar and Mukhya Mantri Hunar VikashYojana.

 UNICEF is also helping to improve the state policy framework and delivery systems related to Child Protection; improve access to and the quality of social protection schemes and the Integrated Child Protection Scheme (ICPS); and assessing various Acts, policies and programmes related to Child Protection.

 It is strengthening and supporting the capacity of the ICPS to promote and deliver the best services to the most vulnerable children in the state.

 Designing interventions to reduce child marriage, child labour, dropout children and corporal punishment in schools.

Water, Sanitation and Hygiene

 UNICEF is building the capacity for the government and communities to eliminate open defecation by supporting the development and implementation of effective behaviour change strategies at the state level.

 Supporting the state to improve the quality of health care in health institutions by improving Water, Sanitation and Hygiene (WASH) facilities and practices through capacity-building of National Rural Health Mission (NRHM) stakeholders.

 Developing monitoring systems and providing access to evidence-based tools and guidelines and promoting key hygiene practices in schools through sustainable, simple and scalable models of WASH.

 Sharing scalable WASH approaches that address priority gaps and bottlenecks in delivering and promoting sanitation facilities and hygiene promotion.

 Supporting rural WASH sector development through improved management information systems (MIS) for WASH access and use, including identification and corrective action for the state's most marginalized areas.

 Creating an enabling environment for improved WASH facilities and practices in health centres through a convergence of Health and WASH programmes in 100 centres in four priority districts.

 Creating an enabling environment to adopt key WASH practices in schools, through innovative technologies and child-centred approaches in the tribal districts of Udaipur and Durgapur.

 Supporting the state's institutionalization of the WASH validation system to monitor WASH outcomes on a regular basis.

Disaster Risk Reduction

 Working with the State Disaster Management Authority to pilot risk-informed planning systems to improve disaster preparedness and response.

Communication for Development

 Developing strategic approaches to communication through the development of evidence–based and theory-driven communication strategies in the areas of the WASH (SHACS strategy), Health (RMNCH+A and RI), Child Protection (addressing social norms on the Prevention of Child Marriage and Child Labour), Education (community mobilization for the promotion of girls' education). These have been developed with the state government and UNICEF frameworks adopted by national flagships and have been customized for rollout across state.

 Buildingthe capacities of frontline service-providers from government flagship programs so they can effectively engage with families and communities to promote social and behavior change in relation to key child survival and development issues.

 Using new technologies for Communication for Development (C4D): The potential of technologies such as the internet, digital tools, mobile phones and the like will be harnessed to communicate with families and frontline functionaries in a changing social and cultural context.

RESEARCH TOPIC

KAP ANALYSIS ON COUNSELING BY ANM IN AHORE BLOCK OF JALORE DISTRICT

COUNSELING INTRODUCTION

The counseling relationship is a unique one, accompanied by certain rights, responsibilities, and protections. For those considering counseling, this section provides an overview of the counseling process: what to expect from counseling, what your role is in counseling, and what the guidelines are concerning confidentiality.

COUNSELING PROCESS EXPECTATIONS

You can expect to meet with someone who is interested in listening to your concerns and in helping you develop a better understanding of them so that you may deal with them more easily and effectively. Your counselor will take you seriously and be willing to openly discuss anything you wish to discuss. Please feel free to ask your therapist questions about herself or himself, if this feels important to you. Because counselors have different strategies as to how to assist you, they may differ on how much talking they do in sessions, whether they ask you to do homework, and their focus of discussion. If you have any questions about your therapy, by all means ask. Counselors have no magical skills or knowledge, and will be unable to solve your problems directly for you. Your counselor will want to work with you and will support you in what you are capable of doing for yourself. Your counselor will maintain strict confidentiality except under unusual circumstances. If you have any questions about the limits of confidentiality, please bring them up with your counselor.

Within the context of the therapeutic relationship (the professional relationship between the student/client and the therapist), you have certain responsibilities that when adhered to, may help you work more effectively toward meeting your therapeutic goals. These responsibilities include:

ANM's RESPONCIBILITY ABOUT COUNSELLING

(a) Exclusive Breast feeding - Breastfeed as soon as possible after birth.
 Breastfeed frequently, whenever the infant is hungry, both day and night (generally at least eight times during 24 hours and at least once during the night).
 Exclusive breastfeeding for the first six months, giving no water, other liquids, or solid foods.
 Give complementary feeds after six months (breastfeed before giving complementary feeds). Continue to breastfeed for up to two years, and beyond, if possible.
 Continue breastfeeding even if the motheror the baby becomes ill.
 Check, Weather chin of child does not touches the breast, Lower lip covers the areola, Child opens his/her complete mouth.

(b) Rest- Encourage the mother to take rest and encourage other family members to help her with the household tasks including preparing food, cleaning the house, and caring for the other children. A well-rested mother is a better mother and spouse.

(c) Diet- Suggest the Mother to eat 1/3 extra food than the normal diet. Encourage the mother to eat a well balanced diet including the following: eat protein and energy rich foods, vitamins, mineral and fluids; continue taking supplements (e.g. iron). Encourage the mother to drink fluids every time she breastfeeds.

(d) Personal Hygiene and sanitation - The mother can and should bathe herself daily after giving birth. Bathing is not harmful, Recommended bathing practice is to use a shower, if available, or to pour water over the body.
 Wash breasts and perineum as part of the daily bath.
 Wash hands beforeand after going to the bathroom. Wash the genital area with mild soap and water after passing urine or stool.
 Wipe or cleanse vulva from front to back, anus last.
 Wash the hands every time before touches the child.
 Keep the infant in a clean place away from smoke and dust. Change the diaper or bedding each time the infant wets or dirties the diaper.

(e) Kangaroo Mother care - In kangaroo care, the baby is placed in a flexed (fatal position) with maximal skin-to-skin contact on parent's chest. The baby is secured with a wrap that goes around the naked torso of the adult, providing the baby with proper support and positioning (maintain flexion), constant containment without pressure points or creases, and protecting from air drafts (thermoregulation).
(f) Care of Cord - Keep the cord clean and dry. Normally, it falls off within 7-14 days. Do not cover the cord or apply any medicine or ointment to the cord area. If a bad smell, pus, or signs of infection occur in the navel (cord) area, take the infant to the health centre for care.

(g) Sleeping Arrangement and Positions - The baby should sleep in a clean, safe, smoke-free and warm area and not far from the mother. The preferred position for the newborn/infant is on the baby's right side. From time to time, turn the baby's head from the right side to the left. When putting the baby to sleep, advise the mother not to place the infant on his or her abdomen.

(h) Immunization - Make the women aware about the immunization, its importance, how it is beneficial for the child. Number of vaccines, When child vaccinated.

(i) Sexuality - It is advised to abstain from sexual intercourse for six weeks after delivery, to prevent infection and also to allow the perineum to heal. However, if the vaginal area has healed and bleeding (lochia) has stopped, there is no medical risk in having intercourse.

(j) Complications and Danger Signs - Advise the mother to be aware and to take the infant to a health care provider at the health centre if the newborn has any of these signs:

- Poor feeding or sucking,
- Sleeping all the time
- Fever or hypothermia
- No stool by third day
- Blueness of the lips or skin
- Jaundice
- Persistent vomiting
- Vomiting with a swollen abdomen
- Difficulty establishing regular breathing
- Eye discharge

E-Janswasthya

According to the geographical view point, in India's biggest state rajasthan though there is 80% increment in institutionl deliveries but MMR is reducing at very slow rate. The health department with the help of health workers are trying to identify the danger signs of mother and infants but the situation is still not good.

During the ANC checkups of a pregnant lady it is necessary to check Blood pressure, haemoglobin, weight etc. but lack of sources, lack of information among health workers, improper counselling, lack of motivation, manual records such things hinders the overall process.

Therefore, there's a need to ascertain these issues on the right time and timely tracking of each mother and new born. After expenditure of currency on Complex tracking system, dependency on internet and computers, training to workers for motivation etc. still there is lack of improvement.

Keeping in mind the above complications, State institute of health and family welfare with the support of UNICEF developed an android based application "e-janswasthaya'

Objectives of the program

- Facilitate in improving quality of interpersonal communication
- Improving counseling skill through Video.
- Identification of danger signs/ high risk
- Growth monitoring and identification of sick & undernourished children
- Real time tracking – RCH Register
- Due list / Evidence based work plan
- Logistics planning
- Quick & seamless reporting

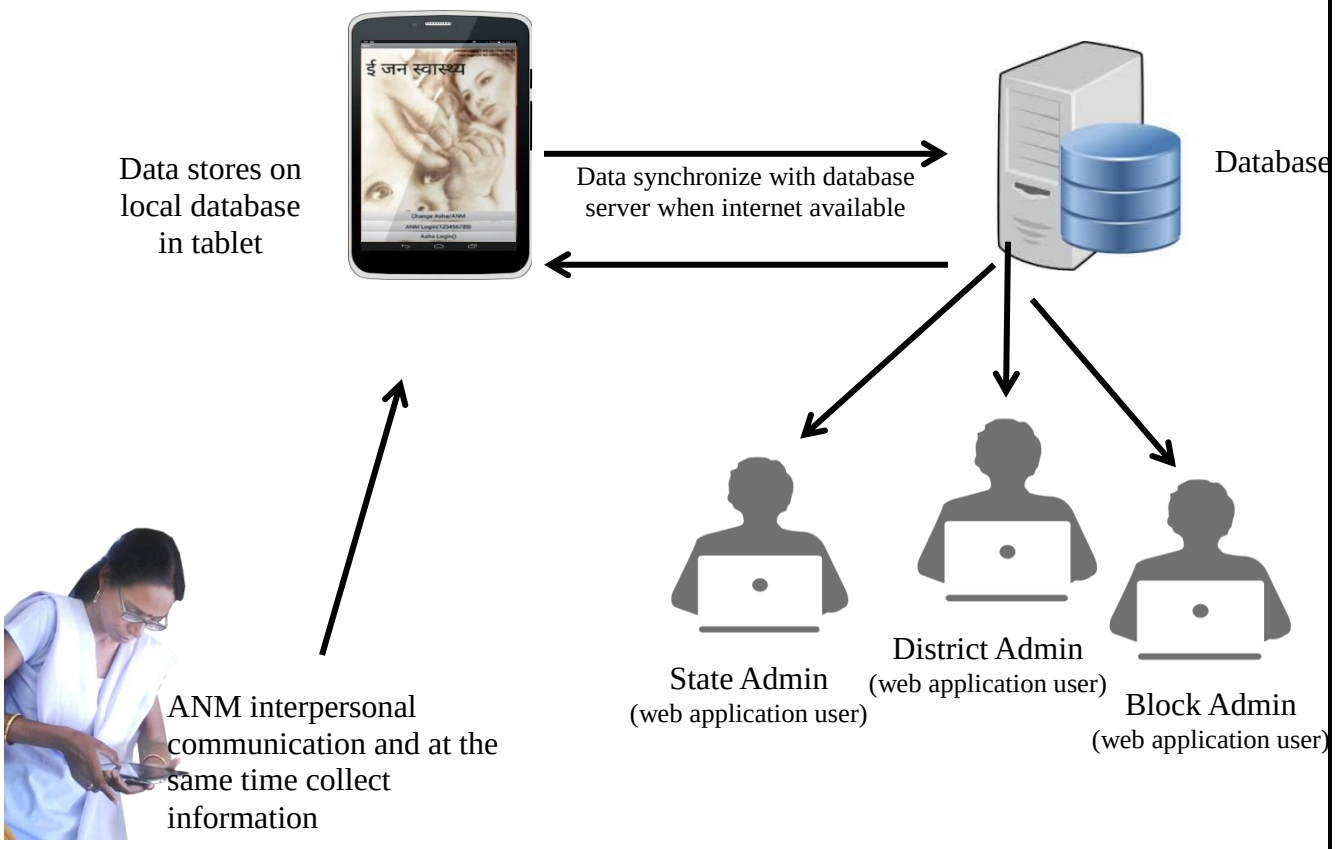
- Actions at local level

Users of the Application

The use of this application is at the Sub Center level by the health workers. The main users are

1. ANMs
2. ASHA

Process implementation



Need of the program (Bottlenecks)

- Interpersonal Communication
- Identification of Danger signs and facilitation of actions at the family level
- Weak memories both users and providers
- Tedious process of planning – Still incomplete
- Data collection multiple registers
- Data computerization/ Quality of data
- Performance monitoring/ transparency/accountability
-

Pilot Testing started by

- ASHAs in PHC Jasol (Barmer)
- ANMs in Pali
- Jhalawar district

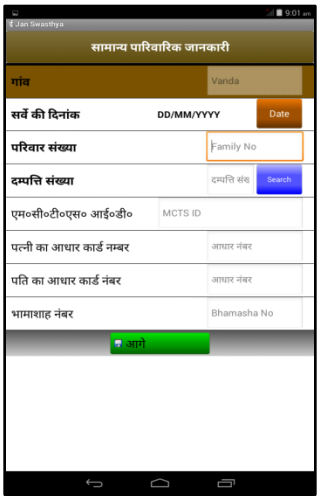
How many bottlenecks can be addressed?

- Improved interpersonal communication
- Identification of danger signs/ High risk
- Actions at local level
- Real time tracking – RCH Register
- Due list / Evidence based work plan
- Reminders
- Seamless reporting

- Logistics planning
- Growth Monitoring and identification of sick and undernourished children
- Monitoring of time appropriate care

Application key features

- Less typing work
- Weight & BP through Bluetooth devices
- Registration through photo
- Auto play counseling videos & Message POPUP
- No all-time internet is required
- Hindi language support
- Multilevel monitoring mechanism
- Support all android version
- Location tracking (offline)
- Reminder mechanism (Work plan)



Problems and their solution during the use of application

Problem: “Unfortunately Ejanswasthya has been stopped”

Solution: Due to poor internet speed. Therefore, off the net connection and then proceed.

Problem: Uploading data to server and no message for error is been shown

Solution: check the internet speed. Open any other browser like google and check internet availaibility. Still problem with uploading the data then mail the backup file to ejanswasthya@gmail.com.

Problem: While uploading the data, getting the message “unfortunately ejanswasthya has been stopped”

Solution: There can be an issue with the filled data. Therefore, send the backup file to ejanswasthya@gmail.com.

RESEARCH QUESTIONS

Q. 1 What is the current status of providing ANC, PNC, and IMNCI services along the counseling services in Ahore Block of Jalore District?

Q. 2 What are the Challenges in providing ANC, PNC, and IMNCI services along the counseling services in Ahore Block of Jalore District?

Objective:

To assess the knowledge, attitude and practices of beneficiaries regarding services they got (ANC, PNC, and Immunization) by the following:

1. To note how visual counseling has been communicated and explained by ANMs.
2. To evaluate the understanding of the messages among beneficiaries.
3. To evaluate the retention of the messages among beneficiaries.

Hypothesis: Health backwardness and bad indicators of Jalore district (Especially Ahore) can directly attribute to Knowledge, Gapes and Barriers in counseling and utilization of ANC, PNC AND IMMUNIZATION services

RESEARCH METHODOLOGY

This chapter presents the research methodology which is the detailed procedure of the study. The chapter comprises of the following sections: study design, study area, study population, selection criteria, sample size determination, sampling technique, study variables, data collection techniques and instruments, data management, and data analysis.

The following tools were used for carrying out the study; some of the tools were purely used for exploratory research.

1) **Primary Data:** Primary research is done in form of interview schedule of ANMs and beneficiaries in the allotted block

2) **Secondary Data:** Documents offered by UNICEF, Rajasthan and few research documents were studied in great depth for a better understanding of the projects.

Study Type : Cross-Sectional Descriptive Study

Sampling Unit : Ahore block from Jalore District

Jalore in specific was chosen as study area because its Neonatal Mortality Rate is 53 which is highest in Rajasthan as compared to average 40(AHS 2010-2011). In case of infant mortality rate, it has been reported to be the highest (79 infant deaths per thousand live births) and it also has the highest under five mortality rate (99). Women and children have limited accessibility and affordability to quality healthcare and counselling services due to hardships imposed by life in the lack of infrastructure of health care services. Sources reveal that in the given district, 4 women die due to pregnancy/ Child Birth related complication, 112 children are not able to complete their first year of life and 84 children are not able to make it for the first month of life.

Study Respondents:

Service Provider: ANM's case (using tablets provided by the UNICEF) and

Control (not using tablets)

Beneficiaries: Recently ANMs provided them various services (ANC, PNC, and Immunization)

Sampling Design: ANM: ANMs from identified sub centers.

Beneficiaries: ANM provided them various services (ANC, PNC, and Immunization)

Case and control

Tools and Techniques: Interview schedule for beneficiaries

Interview schedule for ANMs

Sampling Size:

Table No 1: Total Sample size collected

Interview Schedule	150 (Beneficiaries)
Interview Schedule	8 (ANMs)
Villages survey	8

Data Analysis Plan:

Level of Measurement – Nominal and ordinal.
Frequencies and Percentages of different parameters of (ANC, PNC and Immunization counseling) services were found out using ODK software and Graphical Representation was done using Ms Excel Software.

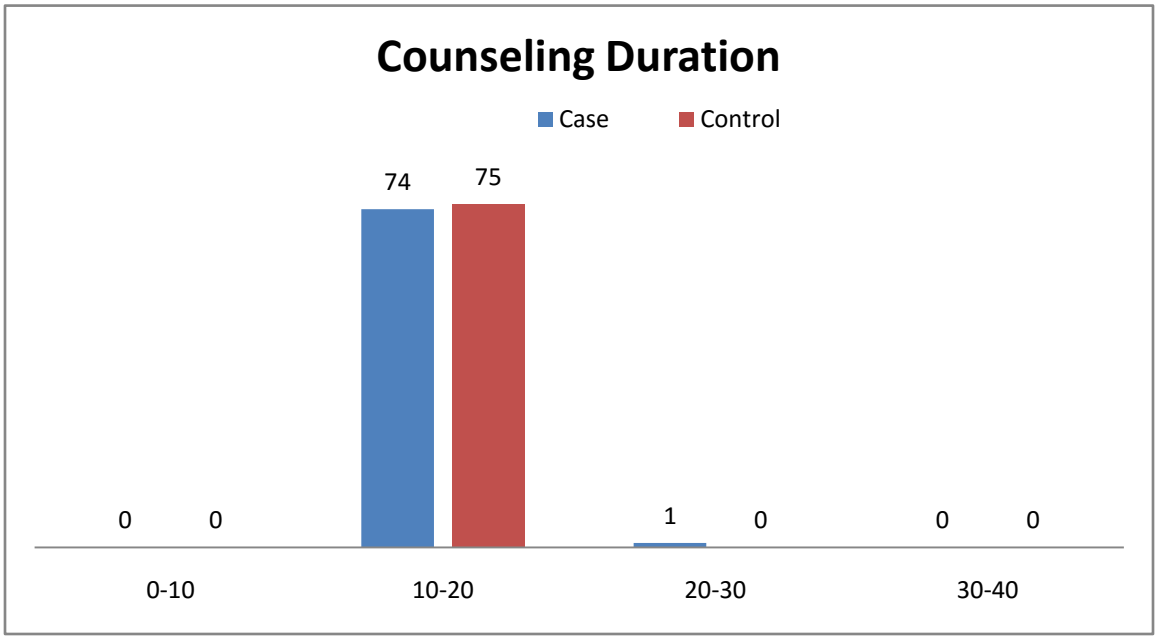
Limitations of the Survey:

The results of awareness for antenatal care in ahore were entirely dependent on memory of the caregivers to correctly recall the case and correctly define the conditions as specified in this study. Generalizing of the research results will be limited to ahore due to critical limitations such as sampling process. The following limitations of the survey were identified:

a) Sample sizes were taken was small and the size might not represent the entire universe of the study.
b) There was scope for more in-depth probing of various components making the study more interesting.
c) Time constraints for various activities of the project.
d) Information bias: Information bias is where the caregivers tend to opt for answers they feel the investigator would like to hear, or answers that are pleasing (less humiliating to them). Thus, the data collected might not have been exact or reliable with what was actually happening due to the incorrect responses. This was minimized by use of a standardized structured questionnaire.
e) Selection bias: Selection bias is due to use of non-random method of snow ball for selecting the sample.

Results:-

Q.1 How much time (Min.) ANM Spent on counseling?



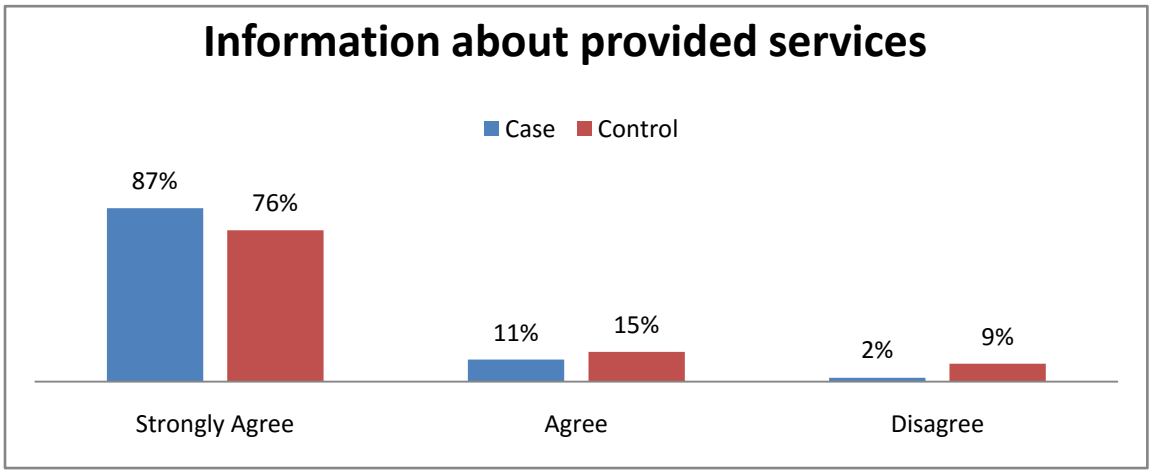
Graph:-1

Case - 98.66% (10-20Min) 1.34 %(20-30Min)

Control – 100% (10-20Min)

Counseling Duration taken by both group (in Min)

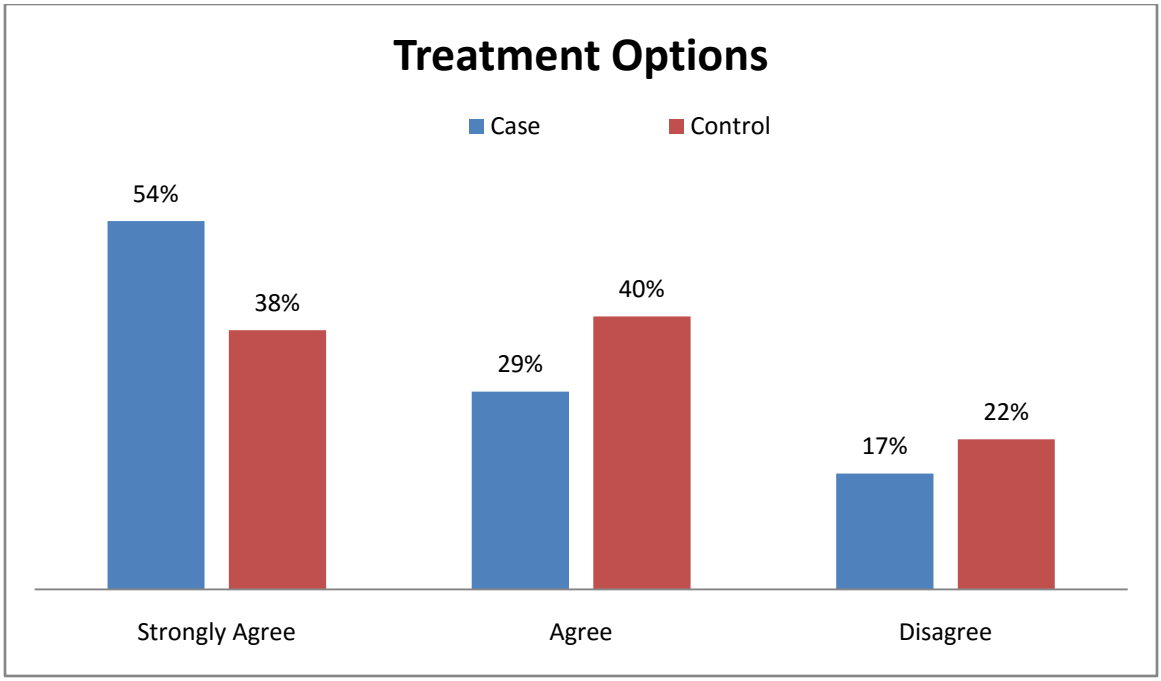
Q. 2 Did ANM gave detailed information about provided services (ANC, PNC, Immunization).



Provided Services response in Percentage

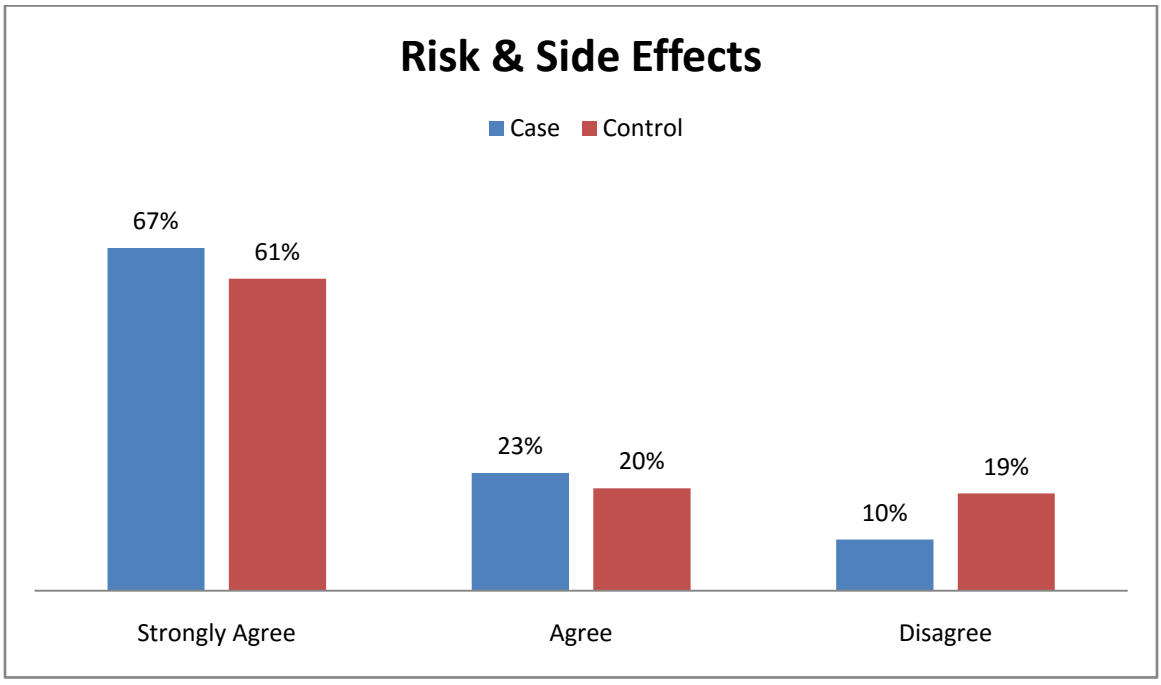
Graph:-2

Q. 3 ANM gave detailed information about the available treatment options?



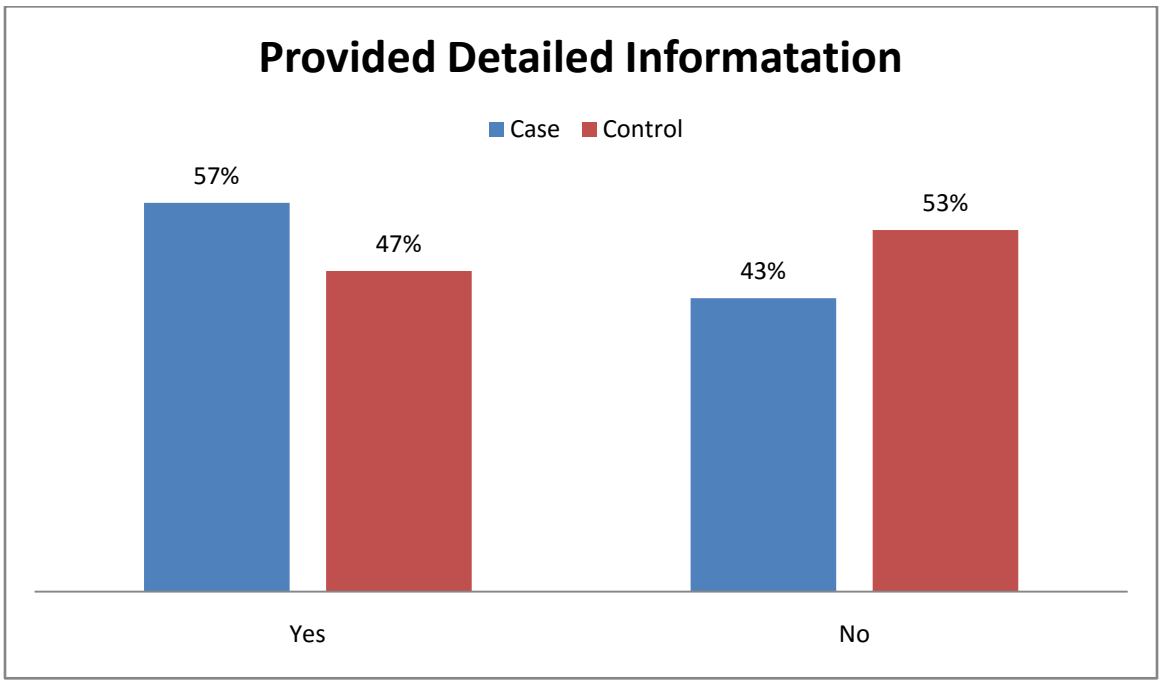
Graph:-3

Q. 4 ANM spoke to you in detailed about the risk and side effect of the proposed treatment?



Graph:-4

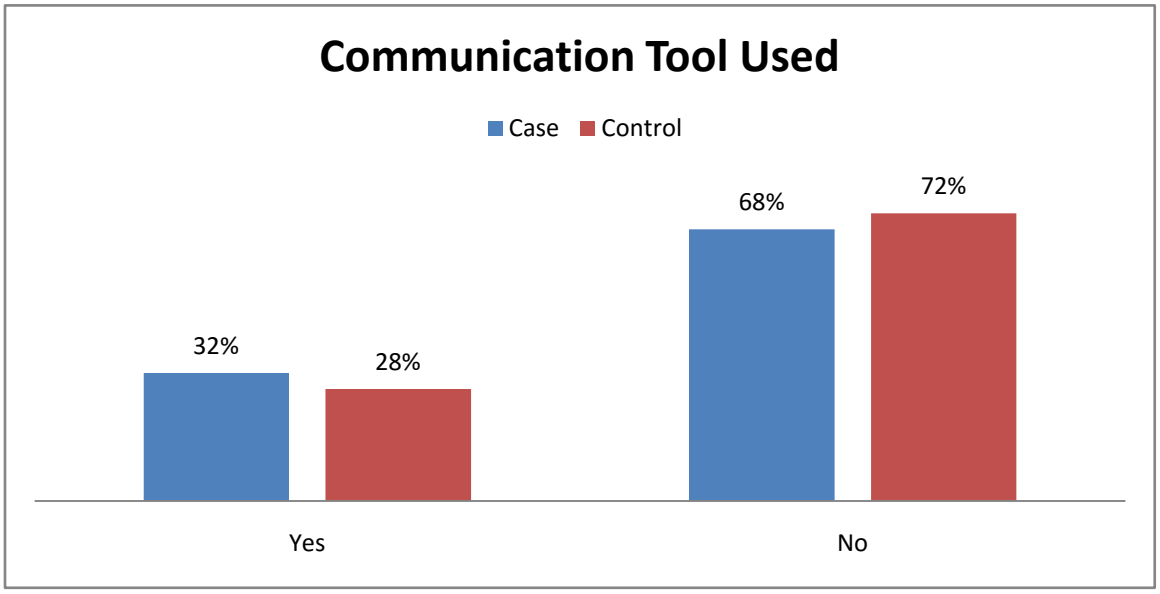
Q. 5 Did ANM gave you detailed information about ANC/ PNC /IMNCI with the help of any tool?



Graph:-5

*Verbal Communication

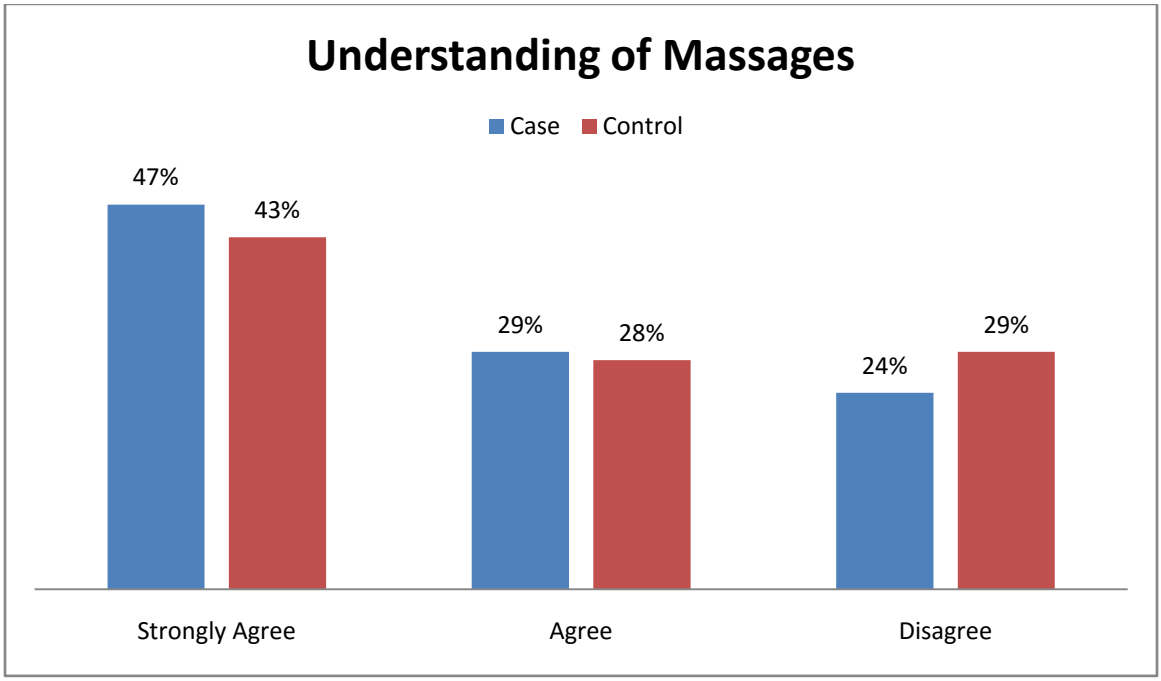
Q.6 ANM used any communication tool (Video/Poster/IEC/Verbal)?



Graph:-6

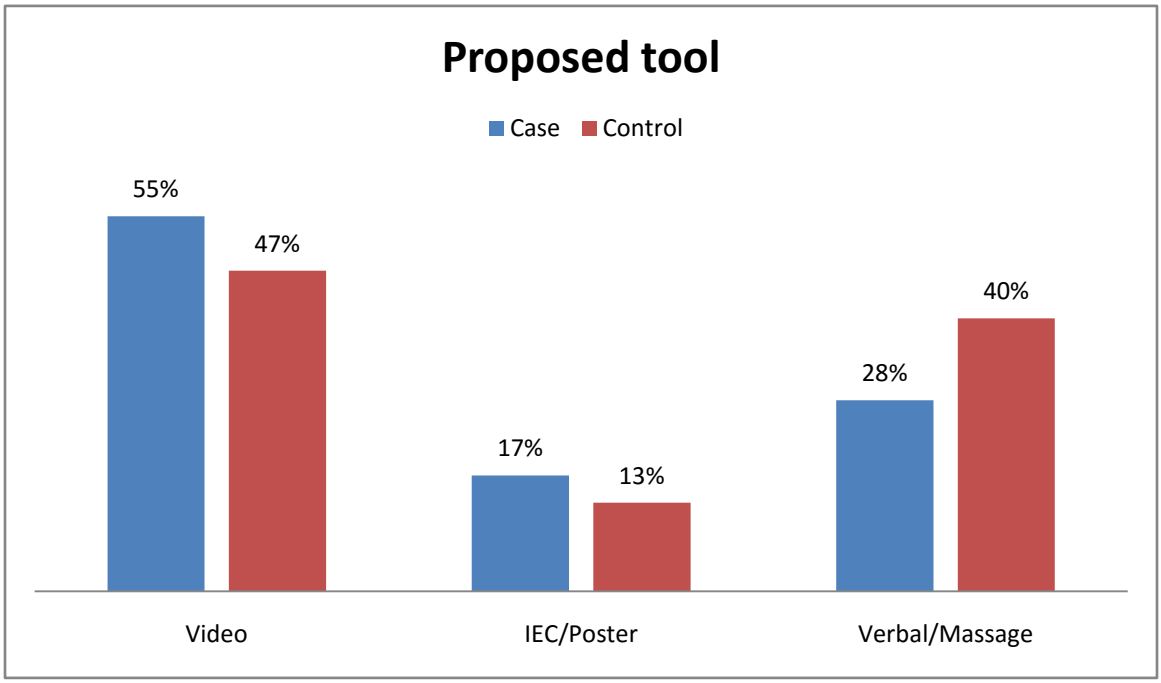
ANM did only verbal counseling. That is 32% case and 28% control.

Q. 7 ANM's explanations of messages/ Videos were easy to understand?



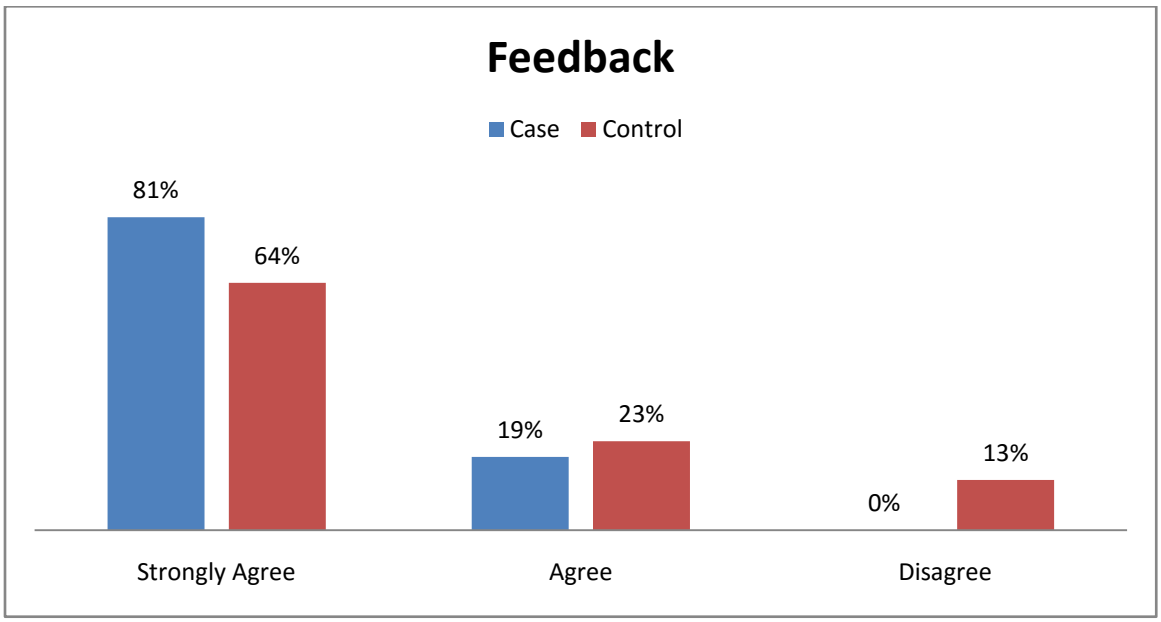
Graph:-7

Q. 8 According to you which mode of counseling will be better to understand?

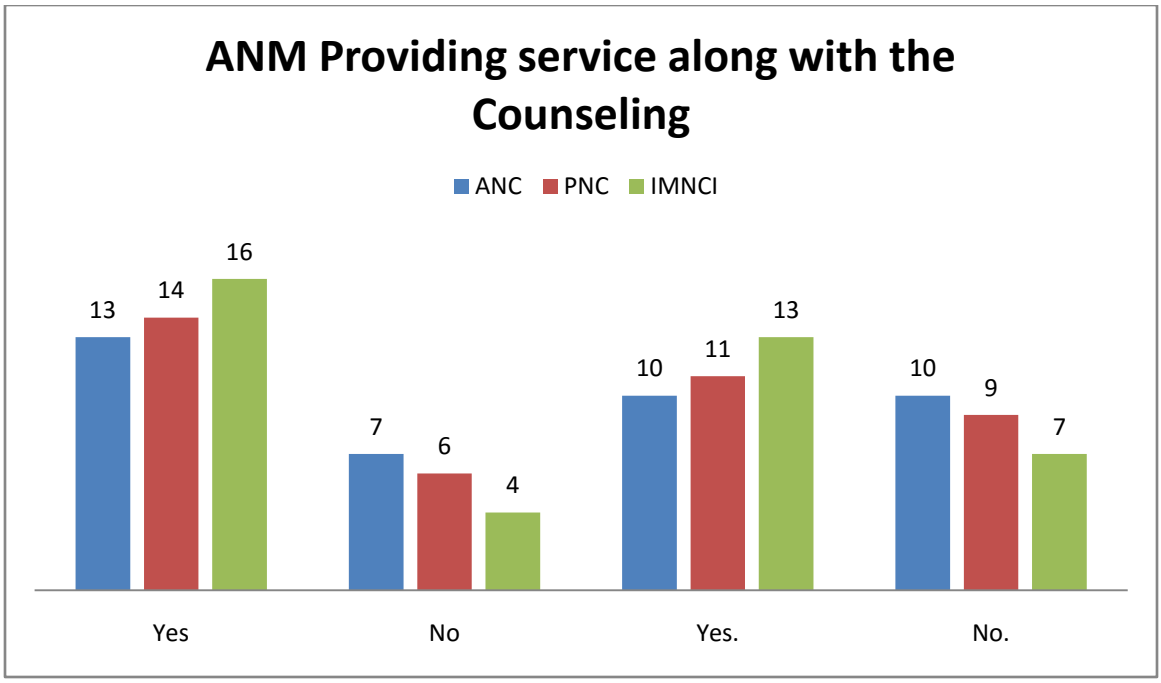


Graph:-8

Q.9 How would you rate/evaluate the overall experience of services and counseling with ANM?

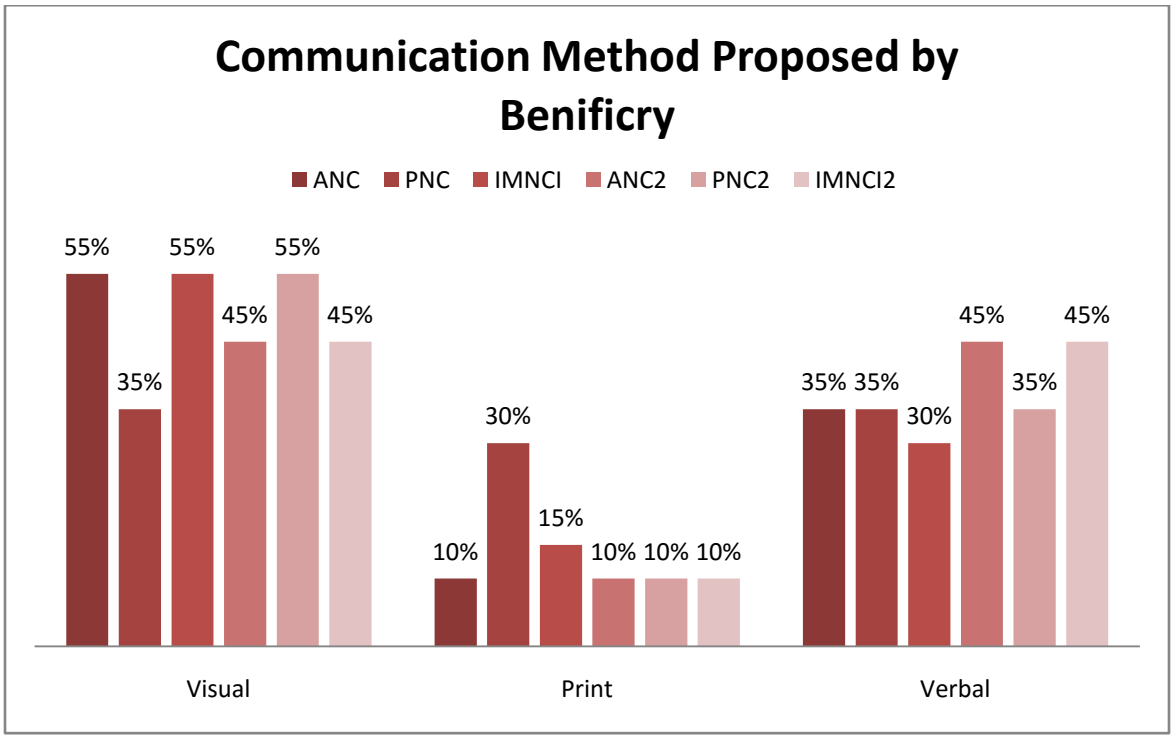


Graph:-9



Case Control

Graph:-10



Graph:-11

* First three ***Dark Column***s show ***Case*** and next three ***Light Shade columns*** show ***Control*** respectively ANC PNC and IMNCI beneficiary.

Conclusion: - The study provided the current situation of counseling for ANC, PNC and Immunization service Delivery in Ahore Block of Jalore District. The Gap Analysis study for Utilization of Counseling Service gave an insight into the challenges and the reasons behind the current status of counseling for ANC, PNC and Immunization service. It has been proved simple and preventive interventions. A large number of Percentage increase in results by counseling for ANC, PNC and Immunization service Mother and Child newborn deaths can be reduced. Unless the challenges towards providing quality ANC, PNC and Immunization Service delivery are solved, the dream of reducing MMR and IMR is to be achieved.

Assessment of the Follow up program highlights the major gaps in the knowledge of parents for infant care, regularity of frontline health worker for visiting the house on the scheduled days, Counseling, and the feeding practices followed by the mother and Social traditions, Misbelieve Though Gap Analysis study of utilization of counseling for ANC, PNC and Immunization services is efficient in saving lives of Mother & Child, many more deaths could be averted by taking simple steps towards providing quality care.

Recommendations

Directly sending voice messages to beneficiary's Mobile before the vaccination day
And also about personal hygiene and sanitation in local language

Motivate the beneficiary to come with husband or her house's elder women.

Pregnant women should have some monthly monetary benefits.

Counsel the parents about vaccination during and after pregnancy for the benefit of both mother and child.

ANM, ASHA, and AWW should have appraisal for their work.

Fulfill the vacant posts of ANM/ASHA/AWW for efficient running of health system.

The ASHA/ANM/AWW should visit the new born on the scheduled days of visit (3, 7, 14, 21, 28, 42 days).

Counsel the mother about breast feeding, Personal Hygiene, Sanitation, Diet, Rest, Vaccination for child, Contraception.

The ASHA/ANM/AWW should counsel the parents and Family about all the parameters for proper care of the new born.

The parents should be informed about scheduled days of visit to be made to the Institution.

Inform Mother for MCHN day or Nutrition day at Anganwadi /Sub Centre.

ANM/ASHA/AWW should follow the standard Protocols.

Annexure

Questionnaire

NAME :

AGE :

VILLAGE/BLOCK :

SUB CENTER :

NAME OF ANM :

Q. 1 How much time (Min.) ANM spent on counseling? 0-10 ☐ 10-20 ☐ 20-30☐ ☐ 30+

Q. 2 Did ANM gave detailed information about provided services? 1 ☐ 2 ☐ 3 ☐

Q. 3 Did ANM gave detailed information about the available treatment options?

1☐ 2☐ 3☐

Q. 4 ANM spoke to you in detailed about the risk and side effect of the proposed treatment?

1☐ 2☐ 3☐

Q. 5 Did ANM gave you detailed information about ANC/ PNC /IMNCI with the help of any tool?

YES ☐ NO ☐

IF YES

(A) POSTER ☐

(B) MOBILE ☐

(C) ANY OTHER☐

Q.6 ANM read/shown you any messages/ Videos? YES ☐ NO ☐

Q. 7 ANM's explanations of messages/ Videos were easy to understand? 1☐ 2☐ 3☐

Q. 8 Which method do you like most?

Video☐ Massage ☐ Poster ☐

Q.9 How would you rate/evaluate the overall experience?

1☐ 2☐ 3 ☐

* 1. Disagree 2. Agree 3. Strongly Agree