SUMMER TRAINING

AT STATE HEALTH SOCIETY, PATNA BIHAR

(April 1-May 31, 2015)

A

report

on

KNOWLEDGE ASSESSMENT OF ANMs IN ANTENATAL CARE

By

Md.Ataullah

Under the Guidance of

Dr. Susmit Jain

MBA- Hospital and Health Management

2014-16

IIHMR UNIVERSITY

Institute of Health Management Research ,Jaipur

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 Md.Ataullah has completed the summer internship at State Health Society Patna, Bihar from 1st April to 31st May 2015 and has conducted the following projects under my personal guidance,

"A study on knowledge assessment of ANMs in AnteNatal Care at VHND site.

All the data related to the study is the primary data collected by himself.

The approach to the project has been sincere, scientific and analytical. The work is partial fulfilment to the course requirements recommended for the Master of Business Administration in Hospital and Health Management, 19th Batch from Institute of Health Management and Research, Jaipur.

I wish him success in all his future endeavours.

Col. Dr .Ashok Kaushik
Dean (Academic & Students Affairs)
IIHMR University, Jaipur

Dr.Susmit Jain
Assistant Professor
IIHMR University, Jaipur

1, Prabhu Dayal Marg, Near Sanganer Airport, Jaipur- 302029, Rajasthan, India.
Ph.: 0141- 3924700, 2791431- 32, Fax: 0141 3924738, E-mail: iihmr@iihmr.edu.in, Web.: www.iihmr.edu.in

राज्य स्वास्थ्य समिति, बिहार

An ISO 9001:2008 Certified Agency

Ref. No. : 4147

Date : 22/6/15

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Md. ATAULLAH** *is a first year Student of MBA Hospital and Health Management of Institute of Health Management Research (IIHMR), Jaipur. He has worked as an intern at State Health Society Bihar, Patna for his summer internship program as part of course curriculum from* **01st April** *to* **31st May, 2015.** *He has also submitted the dissertation to State Health Society, Bihar, Patna.*

He is hard working and sincere towards his work. He has completed all the assigned tasks at the State Health Society, Bihar. I wish him all the very best for his future endeavors.

19.6.15

(Rahul Kumar)
Additional Executive
Director

ACKNOWLEDGEMENT

We have no adequate words to express ours loyalty to God for showering his blessings over us and guiding us in our path and career.We would like to express our gratitude to Mr. Anand Kishore (IAS), Executive Director, SHSB, who has given opportunity to us for summer training in State Health Society Bihar.

We would like to express our gratitude to Dr. JayatiShrivastava- Deputy Director Training, for her support and encouragement, kind and true guidance on our training and project whenever required and when spirits were down. She helped us by supervising our project, structuring, evaluating our report, carrying out our investigation and suggestion on the improvements.

We would like to thank Dr. Ghanshyam- UNICEF, Mr. BikashNayak- UNICEF, Mr. S.S.S Reddy- UNICEF, Mr. Gunjan Kumar Lall- Janani, Mr. Raffey- Save The Children, Mr. Arunabh – DFID, Dr. J.N.Diwan- SIHFW, Ms. Pallavi- UNFPA & last but not the least , we would like to say thanks to all who facilitated us for the kind help they rendered during the entire course with information regarding each data and additive guidance in finding what resource is available where & report writing.

INDEX

B.6	Finance Cell
B.7	IDSP
B.8	Routine Immunization & Supply Chain of Vaccine
B.9	MCH
B.10	Cold Chain
B.11	VHND Department
B.12	Family Planning

PART C

C2	Knowledge assessment of ANMs in antenatal care
C.2.1	Introduction
C.2.2	Objectives
C.2.3	Research Question
C.2.4	Methodology
C.2.5	Results
C.2.6	Limitations
C.2.7	Findings
C.2.8	Conclusion
C.2.9	Suggestions
C.2.10	Annexure

Abbreviations

ANC	Antenatal care
DEFF	design effect
DTP	diphtheria–tetanus–pertussis (vaccine)
HC	health centre
HepB	hepatitis B (vaccine)
Hib	Haemophilusinfluenzaetype b (vaccine)
MMR	measles-mumps-rubella vaccine
MR	measles-rubella vaccine
NGO	non-governmental organization
NIDs	national immunization days
OPV	oral polio vaccine
OUT	outreach
PPS	probability proportional to size (sampling)
SIA	supplementary immunization activity/activities
ADS	Auto Disable Syringe
AEFI	Adverse Event Following Immunization
AFP	Acute Flaccid Paralysis
AIDS	Acquired Immune-Deficiency Syndrome
ANC	Ante Natal Care
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AVD	Alternate Vaccine Delivery
AWC	Anganwadi Center
AWW	Anganwadi Worker
BCG	Bacillus of Calmette and Guérin
BMO	Block Medical Officer
CBO	Community Based Organization
CHC	Community Health Center
CMO	Chief Medical Officer
CS	Civil Surgeon
DF	Deep Freezer
DH	District Hospital
DIO	District Immunization Officer
DPT	Diphtheria Pertussis and Tetanus
EPI	Expanded Program on Immunization
GoI	Government of India
HW	Health Worker
HepB	Hepatitis B
ICDS	Integrated Child Development Scheme
ID	Intra-Dermal
IEC	Information Education and Communication

NATIONAL HEALTH MISSION (NHM)

The Union Cabinet vide its decision dated 1st May 2013 has approved the launch of National Urban Health Mission (NUHM) as a Sub-mission of an over-arching National Health mission (NHM), with National Rural Health Mission (NRHM) being the other Sub-mission of National Health Mission.

NHM has six financing components:

(i) NRHM RCH Flexipool,
(ii) NUHM Flexipool
(iii) Flexible pool for Communicable disease,
(iv) Flexible pool for Non communicable disease including Injury and Trauma,
(v) Infrastructure Maintenance and
(vi) Family Welfare Central Sector component.

Within the board national parameters and priorities states would have the flexibility to plan and implement state specific actions plans. The state PIP would spell out the key strategies, activities undertaken, budgetary requirements and key health outputs and outcomes.

The State PIPs would be an aggregate of the district/city health actions plans, and include activities to be carried at the state level. The state PIP will also include all the individual district/city plans. This has several advantages: one, it will strengthen local planning at the district/city level, two, it would ensure approval of adequate resources for high priority district actions plans, and three, enable communication of approvals to the districts at the same time also the state.

The fund flow from the Central Government to the states/UTs would be as per the procedure prescribed by the Government of India.

The State Pip is approved by the Union Secretary of Health and Family Welfare as Chairman of the EPC based on appraisal by the National Program Co-ordinations Committee (NPCC), which is chaired by the Mission Director and includes representatives of the state technical and program divisions of the MoHFW and, national technical assistance agencies providing support to the respective states, other departments of the MoHFW and other Ministries as appropriate.

STATE HEALTH SOCIETY, BIHAR (SHSB)

The state Health Society Bihar is situated at Sheikhpura, Patna. It has been established in order to guide its functionaries towards receiving, managing, and account for the funds received from the ministry of Health and family Welfare, Government of India.

SHSB manages NGO, PPP (Public Private Partnership), components of the NRHM in the state including execution of contracts, disbursement of funds and monitoring of performance. The Government of Bihar has decided that SHSB will function as a resources center for the department of Health and family welfare in situational and policy development.

Basically SHSB strengthen the technical or management capacity of the Directorate of Medical and Health services Patna as well as districts societies by various means like recruitment of individual from open market and mobilize financial or non-financial resources for the supplementing the NRHM activities in the state.

There are some developing partners in Bihar which participate in the improvement of health in Bihar like:

1. Janani
2. UNFPA
3. Unicef
4. Save the children
5. DFID (B-tast)

STATE'S PROFILE

Bihar has a population of 10.38 million with a decadal growth rate of 25.07% as compared to the national growth rate 17.64%. The population density per square km is 1102 as against the national average of 32. The sex ratio is 916 per 1000 males and the

Literacy rate is 63.82%

Area in sq km: 94,163

Number of Divisions:9

Number of districts: 38

Number of sub division: 101

Number of C.D blocks: 534

Number of urban agglomerations: 14

Most populous district: Patna 5772804

Least populous district: Sheikhpura 634927

RCH INDICATORS

	2003	2005	2010	India 2010	2013
IMR	60	61	48	47	42
CBR	30.7	30.4	28.1	22.3	28.3
CDR	7.9	8.1	6.8	7.1	6.6
MMR		312	261	212	208

RCH indicators such as IMR & MMR are showing declining trends whereas Institutional delivery in government facility, complete ANC, contraceptive use in the state has increased. The current situation of the selected indicators based on NFHS-3, SRS & CES shows that overall the state is moving towards achieving the goals. Areas which are the main concern for Bihar are High MMR, High TFR, Poorly functional health system, Poor accountability, Delay in payment to beneficiary, Infection management.

STATE'S VISION, GOAL & STRATEGY IN HEALTH SECCTOR UNDER NRHM

- Universal access to primary.
- Provide affordable health care services.
- Decentralized health services.
- Community participation in health care.
- Strengthen health management information system.
- Encourage participation of Civil Society Partners in health service delivery.
- Private sector participation in Tertiary Health Care.
- Promotion of AYUSH services & their mainstreaming.
- Mobile Medical Services for difficult areas to improve access.
- Environment conservation (Bio-Medical Waste Management).
- Enhance performance of Public Health System by improving quality & ensuring client satisfaction.

VISITS TO VARIOUS DEVELOPING PARTNERS

UNFPA

UNFPA in INDIA:-

UNFPA, the United Nations of Population Fund, is an international development agency that promotes the rights of every women, man and child to enjoy a life of health and equal opportunity. UNFPA support country in using population data for policy and programs to reduce poverty and to ensure that every pregnancy is wanted, every birth is save, every young person is free of HIV/AIDS, and every girl and women is treated with dignity and respect.

UNFPA has played a critical role in assisting India in redirecting its population efforts away from family planning target and quotas and focusing instead on providing high quality services within a comprehensive reproductive health care system.

UNFPA is helping India in supporting the strategy indorsed by the 1994 international conference on population and development (ICPD), which emphasized the inseparability of population and development focused on meeting individual's needs rather than demographic targets. The key to this new approach is empowering women and its expanding excess to education, health services and employment opportunities.

FRAMEWORK:-

1. The Government of India (hereinafter referred to as "the Government") and United Nation Population Fund (hereinafter "UNFPA") signed the first country constitutes the basis upon which annul work plan (AWPs) shall be prepared and signed.
2. The CPAP is a five-year framework defining mutual cooperation between the Government and UNFPA covering the period 2013-17. It is prepared based on development challenges identify during the United Nation Development action frame work (UNDAF) planning process and conforms to UNFPA's Strategic plan (2012-13). It takes into account the Millennium Development Goals (MDGs), as well as the relevant approaches papers to the Government and the stakeholders, defines the board outline of the goals and the strategies that the Government and UNFPA jointly subscribe to, within agreed financial parameters.

PROPSED PROGRAMME:-

The eighth cycle of assistance, 2013-17, builds on the national priorities articulated in the XII five year plan of India as well as the United Nations Development Actions Framework (UNDAF) at the country level, which was based on the consultations with Government and civil society. Furthermore the UNFPA supported program is based on national ICPD-related goals and priorities and national MGDs. The UNFPA Country Program (CP) contributes to selected results of the UNDAF and in turn to National priorities according to the UNFPA's comparative advantage in the country, building on past support and achievements.

Through its work, UNFPA will seek to achieve results with the six principles in mind: (a) promote the generation and sharing of knowledge; (b) foster innovative, scalable solutions; (c) involves the private sector; (d) encourages South-South collaboration; (e) strengthen institutional capacities; and (f) be guided by the rights based approaches with focus on the gender equality. In the context, Five Country Program outputs have been Formulated, which in turn fall under ad contribute to four outcomes of the UNFPA Strategic plan, as follows:

Young people's sexual and reproductive health and sexuality education.

- Output 1: Young people, especially the marginalized (scheduled castes, tribes and minorities) have acquired gender-sensitive knowledge on sexual and reproductive health and services.
- Output 2: Adolescents have access to gender-sensitive, life skills-based sexual nd reproductive health education in schools.

Family planning

- Output 3: Health systems are strengthened to provide high-quality sexual and reproductive health services, including family planning services, with a focus on vulnerable and marginalized populations.

Gender equality and reproductive rights

- Output 4: Strengthened and capacity of state and non-state entities to reverse son preference.

Population dynamics

- Output 5: strengthened national capacity to incorporate population dynamics in relevant national and sub-national plans and programs, with a focus on gender and social inclusion.

Job summary in Bihar

The adolescent health specialist under the supervision of the Director SRU and in close collaboration with SPO AH at SHS,TSU and UNFPA state office and the other team member in SRU will play critical role in ensuring that the adolescent health received sufficient technical support to achieve high rates of coverage and program is continuously supported with the state of the art knowledge , best practices and new and adapted tools and technologies. UNFPA is co-ordinating integration of adolescent health intervention with other technical areas such as maternal health, newborn care, family planning and nutrition.

Unicef

Introduction

UNICEF is one of the largest UN organizations in the world, its country head quarter is situated at New Delhi. There are around 13 states offices in India. It plays a major role to ensure the effective implementation of NRHM. UNICEF provides technical support to the State Health Society Bihar (SHSB) for **Immunization, Maternal Health and Nutrition &Training.** A consultant from UNICEF has been placed in the SHSB in order to directly communicate with the Deputy Director . It has already initiated the implementation of IMNCI program & supporting ANMs & provides Health equipment's to the ANMs & equipment related to the child health etc. In North India there is a polio unit available. Patna has the 3rd largest office in India in terms of HR & employee.

UNICEF has taken 44 districts in the country in which 5 districts is of Bihar and these are **Vaishali, Bhagalpur, Purnea& Gaya.** In which Vaishali has been considered as a experimental or focused districts.

Initiatives in Bihar

- **Skills lab:**

In order to decrease the IMR&MMR, a skill lab has been set up by the UNICEF at Patna City, Bihar. In which a three days training is given to the ANM. A setup has been done in Guru Govind Hospital, Patna City. It consists of 38 districts of 38 stations in which every ANM has to spend 5-10 minutes in each center & after the ringing of bell one has to shift from one station to another. It basically trained the ANMs how to take care of the babies and mother after delivery which consists of the equispment's like Radiant Warmer, Infusion pumps, Oxygen concentrator, Digital weighing machines etc.

For this purpose a MBBS doctor has been appointed by the UNICEF in order to provide the training to the ANMs. There is some mobile mini skill lab. Training of the ANM is also done at the PHC with the help of mobile mini skill lab.

- **Technical setups in Bihar:**

There are different equipments which have been set up in Bihar at the different PHCs, District Hospitals, FRUs and the medical colleges.

Hospitals	Services Provided	No of beds
PHC (Primary Health Centre)	NBCC(New Born Care Corner)	1
FRU (First Referral Unit)	NBSU (New Born Stabilization Unit)	6
DH (District Hospital)	SCNU (Special Care New Born Unit)	12
MC (Medical colleges)	NICU (New Born Intensive Care Unit)	22

- **NICU:**

In order to reduce IMR a setup has been done at the PMCH (Patna Medical College Hospital) known as NICU (New Born Intensive Care Unit) having 22 beds. It consists of radiant warmer, oxygen concentrator, etc to take care of the new born babies. In NICU less than one month baby are admitted who are suffering from **Hypothermia, Asphyxia, Jaundice, having low birth weight (LBW)**etc& one month if the baby needs some more care they shifted to the PICU (Pediatrics Intensive Care Unit).

- **SCNU**

A special care new born unit (SCNU) has been set up in the district hospital, Hajipur in Vaishali district which consist of 12 beds. It is having two units,**Inborn unit & Out Born Unit**. In **Inborn unit** those babies are admitted who has taken birth in the same hospital while in **out born unit** those babies are admitted who are referred from other blocks. In this department also babies which are suffering from

Hypothermia, Asphyxia, Jaundice , LBW etc has been admitted &in the SCNU Hajipur majority of cases occur of **Hypothermia.**

SCNU Hajipur is having 5 ANMs, 3 Doctors, 4 Training Doctors, 8 A grade staff nurses and 1sweeper. There is a 2 bedded breast feeding room & 1 doctor's room.

The equipments available there are 12 Radiant warmers, 4 Infusion pumps, 4 oxygen concentrators, 12 oxygen hoods, 4 phototherapy machines, 4 vital monitors, 2 Digital weighing machine, Multipara monitors. A phototherapy treatment is given to babies suffering from jaundice.

- **NBCC**

PHC having 1 bedded new born care corner to take care of the new babies. As PHC at Vaishali was also having one NBCC unit.

Departments of UNICEF

1. **HEALTH**
   It is having four wings which works in the five districts of Bihar i.e. Vaishali, Bhagalpur, Darbhanga, Purnea& Gaya. The wings are as follows:
   I. **Capacity building**
   II. **Routine Immunization (RI)**

It is responsible for the immunization activities in the selected blocks of the districts in which different targets has been set for different months.

III. **Family Friendly Health Initiatives(FFHI)**

It has been given the responsibility to make the make the hospitals family friendly and it takes care of the requirements of the hospitals, number of HR& staff required etc.

For the purpose to show the amount of development occurred in the past in the past in the different blocks and what were the changes that happened, a poster presentation has been done with the people who have been given the responsibility of**Darbhanga district.**

IV. **Quality Assurance**

It takes care of the quality of services provided in the hospital like A/C is working properly or not, registers have been maintained or not etc.

2. **Nutrition.**

Projects under Nutrition

- Supporting VHSND(Village Health Sanitation and Nutrition Day)
- WHO-GS roll out
- Integrated Nutrition Project(NSS)- with NRHM
- Vitamin A Supplementation
- USI/IDD (Universal Salt Indies)-With NRHM
- NRCs-With NRHM
- VHSNDs-With NRHM

3. **Water & Sanitation**

It takes care of the quality of water and sanitation behaviour of the people.

IMNCI(Integrated Management of Neonatal & Childhood illness)

It is a clinical package developed by WHO & UNICEF which has been adapted to include neonatal care at home visits being rolled out in Bihar. This project focuses on the newborn & the under tree child. It promotes home visits, care at birth, counseling, as well as identification, classification and treatment of main illness by providing training to the anganwadi workers (AWW) & community health workers i.e ANMs.

ORS/Zinc Therapy for Diarrhea

In order to benefit of ORS with adjunct zinc therapy for children suffering from diarrhea, Bihar has adopted policy to introduce zinc with ORS in the management of all the cases of childhood diarrhea in line with WHO/UNICEF recommendations. This policy offers vital opportunity for saving the lives of children, but must gain momentum to be quickly & effectively rolled out.

SAVE THE CHILDREN

Ninety years ago one women, EglantyneJeeb , started a worldwide movement. She was driven by the belief that all the children – whoever they are, wherever they are- have the right to be healthy, happy and fulfilling life. And the belief that all change is within reach, if we have courage, determination, imagination and good organization. We know change is possible. Save the children's experience in changing children's lives for the better in the past decades is the foundation for what we do today and tomorrow to build a better future for children.

MISSION STATEMENT:

To inspire breakthroughs in the way the world treats children, and to achieve immediate and lasting change in their lives.

OUR VISION:

A world in which every child attains the rights to survival, protection, development and participations.

Their core workings area:

The four working area of Save the Children:

- Health
- Education
- Disaster and Risk Reduction
- Child protections

1. "Save The Children" is basically working on the Rights of the children and we came to know about what "Rights" exactly means.
2. "Save The Children" is framing the Strategies, polices, interventions and also gives technical supports to local NGO's.
3. "Save The Children" is working on its vision and mission and the 5 values:
    - Accountability
    - Ambitions
    - Creativity
    - Collaborations
    - integrity
4. We came to know about the Strengthening Materials, Newborn child health and Nutrition Services in two district of Bihar State Sitamadhi and Gaya(Riga and Mohanpur blocks).
5. "Save the children" is not only working independently but also within collaborations along with local partners like Agragami India, Charm.
6. "Save The Children" have two priority programs contributing to MGD4.
    - Ensuring Neonatal survival.
    - Controlling under Nutrition and ensuring the child health.

JANANI

A non-profit organization that provides family planning and comprehensive abortion care services in the states of Bihar, Jharkhand and Madhya Pradesh.

Janani is situated at Kidwaipuri, Patna, Bihar. For the family planning purpose it has set up surya clinic. Janani is affiliated to DKT- International, a non-profit organization based in Washington D.C. With 17 programs across 16 countries, DKT is one of the largest and most cost-efficient social marketing organizations in the world.

Mission

To provide the cost effective services to the poor peoples and safe options for family planning, health and reproductive health care through cost effective intervention.

Vision

To improve the reproductive health through innovative social marketing of the family planning products.

Janani has different channel of delivery

Janani also provides training in Family Planning and Comprehensive Abortion Care at our government approved training centre. The on-the-job training program is offered to doctors and nursing personnel, lab assistants, OT assistants and is held at the state-of- the-art Surya Clinic and Training Centre in Patna.

The course offers Training and Certifcation in:

Family Planning

- Insertion and removal of IUDs
- Female sterilization with and without anesthesia
- Male sterilization by the no-scalpel method
- Contraceptive counseling

Comprehensive abortion care

- Surgical abortion by the manual vacuum aspiration technique without anesthesia
- Medical abortion
- Post abortion care

Facilities

The three-month long training program is open to both Indian as well International candidates. Some of the features of our training program include:

- Monthly stipend
- Lodging and food at our hostel
- 24 hour free access to the Internet
- Access to a well-stocked library
- Use of a study center and gymnasium

SURYA CLINIC

Surya clinic set up for the safe and comprehensive care services through a network of doctors began in 2000. The main emphasis is on the enhancing the doctors skills and paramedical routine procedure. It is accredited by the government and provides related to the family planning. Currently there are 35 surya clinics in Bihar and Jharkhand in patna there are 2 clinics

By 1972 Act abortion has been legalized up to 20 weeks.

CHAGES AND OTHER SERVICES

Registration –95

Test-100(cooper-t +MTV in which 50 is return to the patient)

OPD daily patient flow 40 in which 20 is new.

Test -10

Bed -15

OT-3

Nursing area for nurse -1

Lab tech-2

Doctor-4(permanent 1, OTCM-3)

Front desk manager -1

Councelar-1(Do not maintain privacy)

Drinking water facility

NO delivery till now

In case of male sterilization Rs. 1000 is paid as motivational amount Rs. 400 is given to the person(ASHA/ANM) who brings the person for sterilization.

MTV+Sterilization is being charged 2500 each patient.

PATIENT FLOW IN SURYA CLINIC

Patient entry to clinic(Motivators', self, quacks)

Counseling(what is want and given chance to choose)

Test

Doctor visit.

Doctor visit and counseling

Counter (paper work)

Nursing station (BP. Injection etc)

OT

Ward(1/2 for rest)

Discharge (if patient is normal)

Service at SURYA clinic

Women tubectomy	1500	Free
Man vasectomy	-1500	Free
Copper t cu 380A	150	Free
Copper t cu 375	200	
Copper t (after delivery& abortion)	50	
Copper t (after delivery& abortion)	100	
Garbhnirodh inj.(1^{st}, 2^{nd})	120	
Garbhnirodhinj(3^{rd})	65	
Abortion (12 week)	800	free
D&E	1100	
Abortion(20 week)	2500	
Family planning advice	95	
After delivery check up	10	
Pregnancy test	25	
Clinical test	90	

FUNDING

Janani relies on several sources for funding.

- Ministry of Health and Family Welfare
- Revenue generated from the clients
- Revenue generated from sale of products

Current Donors

- David and Lucile Packard Foundation

DKT International

PRODUCTS

Mithun	condoms with reservoir tip.
Apsara	Oral Contraceptive pills
Urvashi	(IUD) Cu375
Pari	Contraceptive injection
Postpil	Emergency Contraceptive Pills
Safe-t-kit	Medicinal Abortion Kit

The **"Standar Operating Procedures (SOPs), Support Services"** developed by the technical team at the Surya Clinics is aimed at improving the functioning of the clinics, standardisation of procedures across all clinics as well as documenting these processes for future reference.

Janani also do a field work in which they promote family planning among villagers. They are having a van in which all the needs equipments, manpower, copper T are available to perform family planning. During the field visit generally do not charge in rural area.

Janani also does campaigning to advertise its products and spread awareness among the people and for this it has to take permission from the **State Health Society**.

OBSERVATION

Janani is having good space, Manpower. Infrastructure.

Janani is having different section for different activities.

Patient inflow is good and also satisfactory among patient.

Employees are devoted to work and having good relationship with patient.

Recommendations:

The quality of family planning services more attention should be focused on certain critical aspects.

Waste management protocols need to be monitored.

There should be separate counseling room to maintain privacy.

SIHFW

State institute of health and family welfare is an apex training institute. It provides the need based training. In Patna it has been established under the department of health, medical education and family welfare, GOB wide state cabinet decision 14- 07-94. It has been registered under SHSB by 1999. SIHFWis collaborative training institute of the national institute of health and family welfare (NIHFW), New Delhi for the state. Main objective of this institute is to promote health and family welfare program in the state through education, training services, research and monitoring in health sector.

- SIHFW helps in the preparation of the pip for the training and then sends it to the GOI.

-It provides training to the peoples of unicef,UNFPA,social welfare and all the developing partners.

Before providing the training it takes the pre test of the person who has to be given training to know the level of the knowledge and after completion of the training a post test has been conducted to know the level of improvement which has occurred.

-The trainers in SIHFW has been first trained by the NIHFW and then these trained trainers provide training to the district level.

- There regional training centers are at Patna, Muzaffpur,and Bhagalpur under health and family welfare and there are 21 ANM training centres.

Governing body of SIHFW

Chairman	Developmental commissioner
Vice chairman	Principal secretary, department of health and family welfare

Member secretary	Director SIHFW

- Number of faculties = 4
  Assistant professor = 3

  INFRASTRUCTURE OF SIHFW FOR TRAINING
  - One auditorium with audio visual facility with seating capacity of 126 people.
  - One lecture theatre with the seating capacity of 60 persons and four lecture theatres with the seating capacity of 30 persons.
  - One modern MCH lab with seating capacity of 16 persons.
  - One committee room with seating capacity of 16 persons.
  - Library is equipped with the books on the computer sciences , management health sciences statistics and other allied subjects, training modules and reports. It is also having a reading room for 30 persons at a time.
  - SIHFW is also equipped with the computer room which is having different types of printers.

    TRAININGS PROVIDED BY SIHFW
    - Skilled attendance at birth(SBA)
    - IMNCI for aganwadi workers
    - IMNCI supervisor training
    - MAMTA TOT
    - Professional Development course for moi (pdc)
    - TOT IUD Insertion
    - AYUSH(medical officers TOT)
    - AYUSH(MEDICAL officers YOGA foundation course)
    - Pc-pndt act 1994
    - Immunization training (MOI/C)
    - ARSH
    - Mini lap
    - Vitamin-a
    - Pedagogy
    - Disaster management
    - Measles sis tot training
    - Child health supervisor training
    - Ri tot training
    - Orientation of monitors for training programs under NRHM
    - The institute has collaborated and conducted training
      Workshop on homeopathy (national campaign)
      - TOT for food andnutrition extension unit goi
      - Cd 10 training for regional office of mohfwgoi
      - ASHA tot for pranjal

- IMNCI review meeting
- FRU s

DFID (Department of international development),UK

DFID was set up in 1997 for the purpose of fighting world poverty as major priority. It has been marked as turning point for British aid program, which until then had mainly involved economic development. DFID was headed by the cabinet minister. Previously this program was managed by the overseas Development Administration (OPA), which is a wing of Foreign and commonwealth office. The main objective of DFID is to make global development a national priority and promote it to UK and overseas, and to establishing a new relationship with the government for developing countries.

-Bihar is the 5th state where DFID has been came in action. First was Andhra Pradesh followed by West Bangal, Madhya Pradesh, and Orissa.

-partnership of DFID with GoB occurred in 2007 and accepted by GoI IN 2008 along with preliminary project report(PPR). And proposed DFID to prepare detailed program.

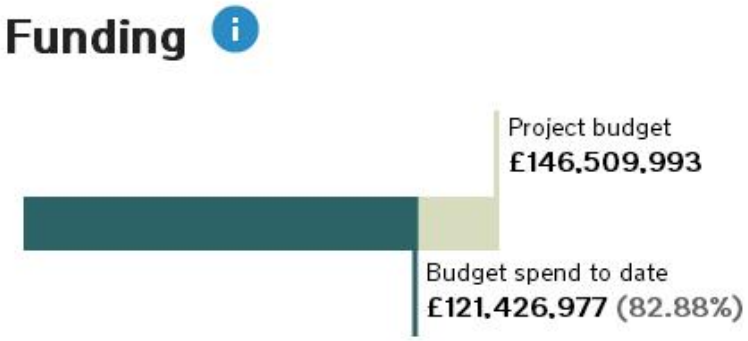
-Govt. of Bihar is working on program Bihar Health Sector Reform Program. (SWASTH)(2009-10 TO 2014-15) with goal to improve the health and nutritional statues of people in the state. The purpose of the program is to increase access to better quality health, S

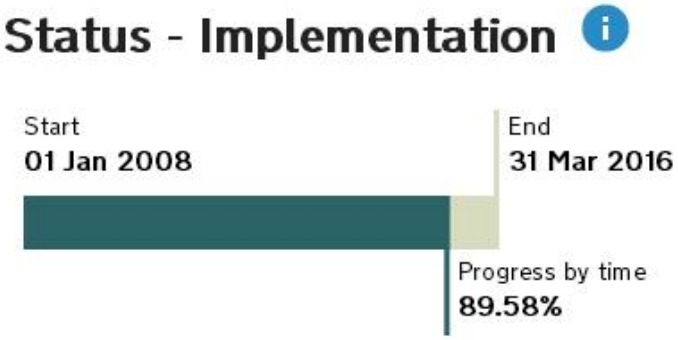
SWASTH(swath wide approach to strengthen health)

Given the scale and nature of interventions envisages under SWASTH it is imperative that a unit be set up within the department to manage and oversee the health related interventions on a day-to-day basis. To be truly effective, this unit would need to e properly managed and functionally empowered to take critical operational and financial decisions. The unit will e headed by the Director Program Management unit.

this program is based on wide consultation with UNICEF and water Aid. It also takes account of NRHM, ICDS, and the accelerated rural water supply program. The duration is 6 year and is divided into three phases of two years each. The FA will end in December 2015.

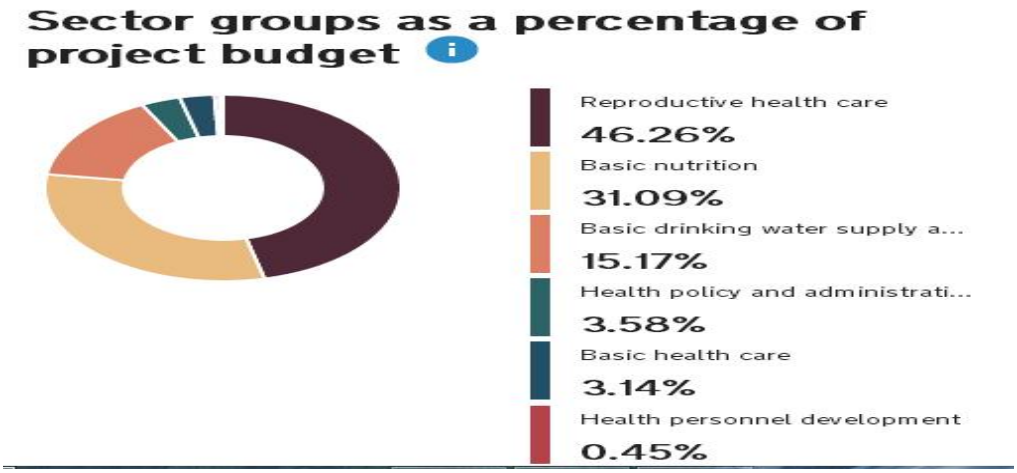
Current status of SWASTH in BIHAR





Implementing organization

- Donor country-based NGO
- NON-GOVERNMENTAL ORGANISATIONS (NGOs) AND CIVIL SOCIETY
- Other.
- Recipient Government
- University, college or other teaching institution, research institute or think-tank



In order to support SWASTH program DFID has appointed B-TAST (Bihar Technical Associate Support Team) in Bihar.

As the Team Leader will be accountable for all aspects of planning, implementation, monitoring, budgeting, reporting and coordinating technical assistance provisions of the project. As well as leading the team and providing direction for addressing programmatic gaps through effective monitoring, you will also be required to engage in advocacy efforts with the implementing departments particularly on policy level interventions on health, nutrition and water and sanitation sectors. Maintaining regular liaison with both the government and the donor will be amongst the core responsibilities of the position. You will also be responsible for coordinating with the other members of the consortium to ensure that objectives are met.

DEPARTMENTS UNDER STATE HEALTH SOCIETY

(A) INFRASTRUCTURE:-

Mr R B P Yadav (Retired IAS) Consultant Infrastructure

- Funding for the infrastructure done by NRHM.
- As per the demand from the district this department mentions the requirement and amount of fund in PIP.
- It take care of the district wise funding as needed for hospital construction, infrastructure.
- There are 76 FRUs, 534 PHCs are working in Bihar.

Procedure for the proposal

MOIC or Superintendent sends the proposal to the DHS & DHS further sends proposals to the infrastructure department at SHSB & then this department forwards this proposal to the ED of SHSB & then after accepting the proposals ED allots the work to the Building Co-operate Bihar Medical Services &Infrastructure Co-operation which does the development & construction work.

(B) Nursing department

Dr Y N Pathak (SPO Nursing)

Objectives

The main objective of this department is to open more & more nursing school in Bihar to increase the number of ANMs, GNMs & to strengthening the school to come over the poor health indicators in Bihar.

As the main motive of this NRHM is to achieve the target in the limited period of time & GOI is welfare so every state has equal right to get equal opportunity.

Types of Nurses & their work

- There is 85% funding is done by the NHM & 15% funding is done by the state government.
    - Among 26 schools, 20 are ANMs school and rest are from the GNMs school.
    - It has been planned to open 10 ANM & 10 GNM school in the upcoming years.
    - In order to train the ANMs 4 mini skill labs each in 8 districts by the support of care,UNICEF,MELINDA GATES,SHSB etc.

- **102 & 108 services**

  102 and 108 are toll free numbers given by the government of India to the Ambulances needed for transfer of emergency medical cases. These calls are diverted to a central call centre. The ambulances are well equipped with GPS and the drivers and emergency medical Technicians (EMT)have mobile phones. These ambulances are run on a PPP mode.

  The following sections of society receive services free of cost :

  - Pregnant women from home to nearest health facility and then back home.
  - Newborns from home to health facility and back home.
  - Accident cases.
  - Senior citizens.
  - BPL paitents.

For other beneficiaries 9 rupees/km are charged from the point of pickup to point of drop.

In Bihar there are 504,102 ambulances with Basic Life Support (BLS) which run within the districts. 50 is the number for 108 ambulances of which 45 are BLS and 5 have Advanced Life Support(ALS), which is basically for cardiac emergencies. These 108 run between the districts.

(C) HR DEPARTMENT:-

It take care of 3 departments

1. **Requirement & HR issues**

- It take care of recruitment in the State Health Society.
- Deal with the HR issues like Salary problem, CL& DL.
- Salary has been funded directly by NRHM.
- At DHS establishment cell is responsible for the recruitment.

2. **Radiology & Pathology**

- Also see the radiology & pathology department in the hospital & make the timely payment of the radiology & pathology which works on PPP mode.
- In pathology department test is free in Bihar at Government hospitals & the expenses have been bore by NRHM.
- There are 350 hospitals and PHC equipped with X-rays.

3. **Legal issues**

This department resolves the legal problems like cancellation of the contract, challenges against the requirement which is applied by the applicants who has not been selected, payment not on time, patient not satisfied with the medication, outsource organisation which works on PPP mode.

(D)RKS (RogiKalyanSamiti):-

Dr. R.N Dwivedi (SPO)

It is a committee which has been set up at the hospital level to manage, regulate & supervise the hospital facilities & fulfill the requirements. These committees arepresent at PHC (Primary health Centre), FRU(First referral unit), Sub divisionalhospital & DHS(District hospital) levels in Bihar.

- The concept RKS came from Madhya Pradesh.
- Committee has of 9-11 members.
- It's almost an autonomous committee & maintains hospitals.
- There are 19500 RKS in Bihar.

- Firstly RKS has to register under Society Act then the power has been given to the RKS committee & works like NGO.
- RKS has the power to take decision but under the government guidelines**.**

Committee consists of

- Government Officials.
- People from NGOs.
- Public representatives.
- Beneficiaries.

Funding RKS:

- Seed money of Rs100000 has been given to PHC for RKS annually & at the district level seed money of Rs.500000 has been given annually from NRHM.
- United fund goes to RKS of Rs25000 & for annual maintenance grant of Rs50000 is given to the RKS.

(E)MONITORING & EVALUATION

MsJyotiVerma - Deputy Director, Monitoring & Quality Monitoring.

This department emphasizes on the proper working behaviour of the government hospitals & dose the regular monitoring to know the status of the task which has been provided to the hospitals.

- . It also provides the ISO certificates to the organizations for the 46 facilities. District hospital Ara is one of the ISO certified hospital. This year a proposal for laboratory certification has been planned.
- CBPM (Community based planning & monitoring) has been established in the 5 districts of Bihar & the selected districts are Bhagalpur, Darbhanga, Nawada, Gaya, &Nalanda.

- Village planning monitoring committee is present at the village level. & Block planning monitoring committee is present at the block level.
- Nigranisamiti has been formed for the purpose of monitoring at the PRI level.
- Two nodal officers have been allocated for each district
- VHC is at the Panchayat level which is a combination of PHED, PRI & IDSP.

(F) FINANCE CELL

Mr K L Das- FinanceManager

This department takes care of the distribution of the funds to the different districts on timely basis & does the regular monitoring of the utilization of fund.

- 85% funding is from NRHM & 15% funding is from the state government.
- 90% of the fund is given to the districts.
- At district level fund has been given to the DHS & then it transfers the required fund to the block.
- FMR is send by the districts to the state on the regular basis in 19A from.
- This cell also generates financial rules.

(G) IDSP (Integrated Disease Surveillance Program)

Dr. Ragini Mishra– State Epidemiologist, IDSP

This department does the micro planning for different diseases &funds have been released to the different wings of the IDSP according to micro plan requirements.

- There are 41 diseases under IDSP cell to come over the outbreak& mainly 22 focused diseases. There some of the diseases are AFP, Measles, Chicken Pox, Diarrhea, Food Poisoning etc.
- Reporting is on weekly basis by the districts.

- There are three forms which has been filled by the block these are

1. P-form (Presumptive form)

2. L-form (Lab form)

3. S-form (Synchronized form)

- P- form, L-for & S- form respectively has been filled up by the sANMs at PHC which send the report to the District surveillance & then it further send to the State surveillance.
- EWS are mentioned in the every form.
- There is a target level has been decided for every disease

(H) RI (Routine Immunization)

Mr. Ram Ratan- SPO,RI& Polio

- It takes care of the immunization program running in the state.

Immunization chain

Government of India

- Policy
- Funding
- TOT of state
- reeview

- SIO
- SPO
- Cold chain officer

State — RI Cell

District — DIO

PHC,RH,DH

HSC

AWC — Main Immunization site

- Government of India leads to the policy making, funding, training of trainers (TOT) of state & does the review meeting.
- At state level SIO,SPO& Cold chain officer leads the RI cell and its monitored has by the DIO, NPSP,& the developing partners like UNICEF, Care, Nipi.

Procedure of sending the required thing for immunization.

- From PHC logistics like Vaccines, Syringes, White & Red bags, Hub cutter etc through courier reach to the AWC from PHC.
- the courier person gets Rs 50 for per session & for hard to reach area Rs 100 per session.

WORKFORCE

ANM, ASHA, AWW, Courier are the workforce for the immunization.

- ANMs head the session & do vaccination activity.
- ASHAs do the mobilization as per the due list& also promote IEC &BCC.
- AWW take care of arrangement & cleanliness of thae RI session site or AWC.

HMIS ENTRY SYSTEM FOR RI

At session site — **FORM I** — Filled by ANM

TALLY SHEET

At PHC — HSC & session site wise complication. — Filled by cold chain handler &data operator

At PHC — **MIS FORMAT** — Cold chain handler & data operator (last day of month)

At PHS — HMIS/ DHIS 2 WEB PORTAL

At District level DIOs & M&E officer need regular analysis

- HSC wise monthly MIS report will be prepared & on the basis of tally sheet & verified by MOIC
- They have started a program known as **MUSKAN EK ABHIYAN** in 2007 for the routine immunization in which around **17616 ANMS & 83000 ASHAs** are working for this program & there is a requirement of **5633 ANMs.**
- There has been 68%immunization has been achieved the target is to reach 85% by 2012 .**Year 2012** has been announced as **YEAR OF IMMUNIZATION** in Bihar.

INCENTIVES GIVEN FOR RI

Number of beneficiary	Incentives for ASHA
5-10	Rs 150
11-15	Rs 100
16-20	Rs 150
>20	Rs 200

Number of beneficiary	Incentives for ANM
0-15	Rs 50
>16	Rs 100

SUPPLY CHAIN OF VACCINE

- GOI sends vaccines & logistics to the PHI at Patna, Bihar where it has been stored in WIC (Walk in cooler) & (Walk in Freezer).
- From WIC Vaccines goes to the District cold chain storage point.
- Then it goes to the PHC & from there it goes to the RI sites or AWC.

- There are nine regional storage points in Bihar, these are **Bhagalpur, Darbhanga, Muzzaffarpur, Purnea, East Champaran , Saharsa, Aurangabad, Nalanda& Saran.**

- The vaccines which is expire after 4 hours after open the vital are BCG & Measles, & after 2 hours are **JE(Japanese Encephalitis)** and if the time is more than that it results to **AEFI (Adverse event following immunization).**

- On the vital of the vaccines a **VVM** indicator is present i.e. Vaccine Vial Monitor which changes the colour slowly and gradually it indicate the vaccines expiry.

POLIO

Path of the Vaccines to reach the ground level.

- Polio vaccines comes to the state where the NPSP cell & WHO unit are present from there it goes to the district level where micro plan has been made in which UNICEF also helps to make the micro plan. Then it comes to the Block level and then to the PHCs.
- There are more than 99% of polio immunization coverage.

- For polio there is **SNID(State National Immunization Day) & NID (National Immunization Day)** were made

(I) MCH DEPARTMENT

MR. Gauravkumar, Deputy Director ,MCH

MCH components

- Ante natal care
- Intra natal care
- Post natal care and newborn care
- Safe Abortion Services as per MTP Act
- Management of RTI/STIs
- Family Planning Services as per the FP Guidelines

- **Ante natal care**

In ante natal care minimum 4 ANCs check up including registration. Physical examination + weight+ BP + abdominal examination, Essential lab investigations (HB%, urine for albumin/sugar. pregnancy test).180 IFA tablet before pregnancy after pregnancy.TT immunization.

- **Intra natal care**

At the SBA level Normal delivery with use of photograph Infection prevention, Pre-referral management for obstetric emergencies, e.g. eclampsia, PPH, shock services are being given to the pregnant women. At the institution level (PHC, CHCs,) Stabilization of patients with obstetric emergencies, e.g. Eclampsia, PPH, sepsis, shock, Episiotomy and suturing cervical tear shock services

are being given to the pregnant women. Institutional (Comprehensive Level) (DH, SDH, RH, CEmONC, selected CHCs.) All services including SBA LEVEL,INSTITUATION LEVEL and Management of obstructed labour ,Surgical interventions like Caesarean section Comprehensive management of all obstetric emergencies, e.g. PIH/Eclampsia, Sepsis, PPH retained placenta, shock etc.

Post natal care and newborn care

At the SBA level Home visits on 3rd, 7th and 42nd day, both for mother and baby, are needed. Additional visits are needed for the newborn on day 14, 21 and 28. Further visits may be necessary for LBW and sick newborns.

- Minimum 6 hrs stay post delivery Counseling for Feeding, Nutrition, Family Planning, Hygiene,
- Immunization and PN check-up

At the institutional level (24X7 PHCs, CHCs other than FRUs) 48 hours stay post delivery and all the postnatal services for zero and third day to mother and baby Referral linkages with higher facilities . Institutional (Comprehensive Level (DH, SDH,RH, selected CHCs) . All at SBA level, institutional level and Clinical management of all maternal emergencies such as PPH, Puerperal Sepsis, Eclampsia, Breast Abscess, post surgical complication, shock and any other postnatal complications such as RH incompatibility etc.

- **Safe abortion as per MTP**

SBA Level - Counseling and facilitation for safe abortion services Institutional (Basic Level) PHC-Basic Obstetric and Neonatal Care (24X7 PHCs, CHCs other than FRUs) same as SBA level Essential – MVA up to 8 weeks Post abortion contraceptive counseling Referral linkages with higher centre for cases beyond 8 weeks of pregnancy up to 20 weeks.

Institutional (Comprehensive Level) FRU-Comprehensive Obstetric and Neonatal Care (DH, SDH, RH, CEmONC, selected CHCs) same at SBA level and institutional level Second trimester MTP as per MTP Act and Guidelines Management of all post abortion complications.

- **Management of RTI/STIs**

At he SBA and institutional level Counseling, prevention and referral, Identification and management of RTI/STIs these services are being given.

- **Family Planning Services as per the FP Guidelines**

Emergency contraception pills ,Counseling, motivation for small family norm, distribution of condom, oral contraceptive pills, IUD insertion.Follow-up services for contraceptive acceptors, including post sterilization acceptors.

Desirable - Male Sterilization including Non-Scalpel Vasectomy + Tubectomy. Male Sterilisation including Non-Scalpel Vasectomy.Female Sterilization (Mini-Lap and Laparoscopic Tubectomy) Management of all Complications

Some of the initiative has taken by NHM BIHAR to reduce Maternal Mortality Rate.

JananiShishuSurakshaKaryakaram (JSSK)

Government of India has launched JananiShishuSurakshaKaryakaram (JSSK) on 1st June, 2011, which entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery including Caesarean section. The initiative stipulates free drugs, diagnostics, blood and diet, besides free transport from home to institution, between facilities in case of a referral and drop back home. Similar entitlements have been put in place for all sick newborns accessing public health institutions for treatment till 30 days after birth. In 2013 this has been expanded to Sick infants and antenatal and postnatal complications

Maternal Death Review

The process of maternal death review (MDR) has been implemented & institutionalized by all the States as a policy since 2010. Guidelines and tools for conducting community based MDR and Facility based MDR have been provided to the States. The States are reporting deaths along with its analysis for causes of death.

Web Enabled Mother and Child Tracking System

Name Based Tracking of Pregnant Women and Children has been initiated by Government of India as a policy decision to track every pregnant woman , infant & child upto 3 yrs, by name for provision of timely ANC, Institutional Delivery, and PNC along-with immunization & other related services.

A Joint MCP Card

Ministry of Health & Family Welfare and Ministry of Women and Child Development (MOWCD) has been launched as a tool for documenting and monitoring services for antenatal, intranatal and postnatal care to pregnant women, immunization and growth monitoring of infants.

Technical Guidelines & Service Delivery Posters:

GoI has developed & disseminated standard technical guidelines & service delivery posters for standardizing the quality of service delivery during ANC, INC, PNC, etc from tertiary to primary level of institutions.

Comparative statement on MMR as per SRS and AHS

Comparative analysis of MMR, SRS (2011-13) and AHS(2012-13) Data		
State	**MMR-SRS(2011-13)**	**MMR-AHS(2012-13)**
INDIA TOTAL	167	
Assam	300	301
Bihar	208	274
Jharkhand	208	245
Madhya Pradesh	221	227
Chhattisgarh	221	244
Orissa	221	230
Rajasthan	244	208
Uttar Pradesh	285	258
Uttarakhand	285	165

(J) COLD CHAIN

Cold chain is a technique by which vaccines are kept from the point of manufacturing to the point of use at recommended temperature i.e, +2 to +8° C.

STATE
HEADQUARTER

Equipments needed for cold chain

WALIK-IN COOLER(+2 TO +8^{O}C)

1. Vaccine storage room.
2. Walk-in cooler.

WALK-IN FREEZER (-20^{O}C)

3. Walk-in freezer.
4. Deep freezer.
5. Ice-line refrigerator.
6. Refrigerated vaccine van.
7. Cold box.
8. Vaccine carrier.
9. Ice packs.

Light sensitive vaccines.

Highly sensitive

BCG

POLIO VACCINE

MEASLES

DPT VACCINE

BCG

TT

HEPATITIS-B

Low sensitive

Maintenance of cold chain

DISTRICT STORAGE POINTS (10) ICE LINED REFRIGERATOR (ILR) DEEP FREEZER	PHC-LAST STORAGE POINT1 ILR, 1 DEEP FREEZERAND VACCINE CARRIER.

(K)VHSND DEPARTMENT

MrRanjeet

Focuses on the community health process

Purpose of nrhm

- To change the approach from bottom to top before nrhm the approach was top to bottom.
- ASHA component has been introduced along with the flexibility hr availability infrastructure funds administration planning monitoring convergence priimplemention.
- About 2-3% of total gdp has been given for the fund for nrhm.

HEALTH

There are four components of health:

- Preventive
- Promotive
- Curative

- Rehabilitative

These all are interlinked with each other.

- Community health

For community health NRHM works for the 3A principle i.e affordability accessibility availability.
ASHA is a community mobilizer.

Vhsnd (village health sanitation and nutrition day)

VHSND has been introduced to improve the community health of the peoples.

It has been divided into four sectors

Category	Concerned department and the person
Sanitation	PHED
Nutrition	ICDS AWW
Village	PRI COMMUNITY
Health	ANM ASHA

- In VHSND ANC PNC and aodolesent health supplymentary medicine temporary sterilization method (condoms ecp) etc has been taken care o

(L)FAMILY PLANNING

MrSajjad Ahmed, SPO, family planning.

- TFR is 3.5 in Bihar.
- Hindi spoken places like UP, Bihar ,Jharkhand, Rajasthan, MP are considered as the red
- Hearted region of India as major contribution in population has been given by these states.
- Only 1 % sterilization of population in Bihar can achieve a level of 2.1 of TFR.
- There are 68.2% child marriages in Bihar.
- 58 % have a child after first year of marriage.
- A new technique PPIUCD has been introduced in the six medical colleges from the last year which has been planted after the delivery to maintain the gap between 2 children for 2-3 years. It has been done by the gynaecologist& has been done within 48 hours of delivery.

JHAPAIGO works for the PPIUCD

- On population day a world population fortnight has been organized.
- It has been planned to introduced family planning counselor at FRUs of which 80% counselor will be ladies.
- There is a scheme known as jananisurakshakosh (JSK).
- Under these two programs has been done.
  (a) Prerana award: in this if a BPL couple having first child after 2 years of marriage has been rewarded with an amount of Rs 5000.

  (b) Santhusthi: under this a family planning campaigning has been done during the winter season.

Delivery of the family planning products by the gol:

Contraceptive social marketing program is supported by the central government.

Social marketing organization (SMO) is

- **PSI**
- **DKT**
- **Janani**

Social marketing organizations purchase the family planning products from the government on subsidy.

Private manufacture like HLL, fany car, TTK etc supplies the product to the gol on a reasonable price, gol store the products to the GSMD (government medical store depot) & from there GSMD supply the product to the agreement SMO like janani, PSI, DKT.

Packaging of the product purchased from the gol is done by the SMO.

- Janani having 30 customized vans in which promotion & selling of the family planning product is done. It consist of one driver who does IPE (inter personal communication) and one sales person.
- As janani also does campaigning to advertise its products and spread awareness among the peoples and for this it has to take permission from the state health society.

  Observation:

- Janani having the different section for different activities.

- Records of the different states have been maintained through MIS system.
- Have a clinic for performing the family planning activities.
- Also does counseling during admission of the patient.

STUDY ON KNOWLEDGE ASSESSMENT OF ANMs IN ANTENATAL CARE

KNOWLEDGE ASSESSMENT OF ANM's IN ANTENATAL CARE

Introduction:

Antenatal care is the systematic supervision of women during pregnancy to monitor the progress of foetal growth and to ascertain the well-beings of the mother and the foetus. A proper antenatal check-up provides necessary care to the mother and helps identity any complications of pregnancy such as anemia, pre-eclampsia and hypertension etc. in the mother and slow/inadequate growth of the foetus. Antenatal care allows for the timely management of complications through referral to an appropriate facility for further treatment. It also provides opportunity to prepare a birth plan and identity the facility for delivery and referral in case of complications. As providers of antenatal care, you are involved in ensuring a healthy outcome both for mother and her baby.

However, one must realize that even with the most effective screening tools, one cannot predict which women will develop pregnancy-related complications during and immediately after child birth. You must therefore:

- Recognize that 'Every pregnancy is special and every pregnant woman must receive special care'.
- Complications being unpredictable may happen in any pregnancy/child birth and we should be ready to deal with them if and whenever they happen.
- Ensure that ANC is used as an opportunity to detect and treat existing problems, e.g. essential hypertension.
- Prepare the women and her family for the eventuality of an emergency.
- Make sure that services to manage obstetric emergencies are available on time.

Quality ANC has several components, which are described below:

A. A few primary steps:

- Ensure early registration and see to it that the first check-up is conducted within 12 weeks (first three months of pregnancy).

- Track every pregnancy for conducting at least four antenatal check-up (including the first visit for registrations), keeping in mind all the essential components listed under section B.
- Administer two doses of TT injection.
- Provide at least 100tablets of IFA.

B. Essential components of every antenatal check-up:

- Take the patient's history.
- Conduct a physical examination-measure the weight, blood pressure and respiratory rate and check for pollar and oedema.
- Conduct abdominal palpation for foetal growth, foetal lie and auscultation of Foetal Heart Sound (FHS) according to the stage of pregnancy.
- Carry out laboratory investigations, such as hemoglobin estimation and urine tests for sugar and proteins).

C. Desirable components:

- Determine the blood group, including the Rh factors.
- Conduct the Venereal Disease Research Laboratory (VDRL)/Rapid Plasma Reagin (RPR) test to rule out syphilis.
- Test the women for Human Immuno deficiency Virus (HIV).
- Check the blood sugar.
- Carry out the Hepatitis B surface Antigen (HBsAg) test.

D. Counseling:

- Help the women to plan and prepare for birth (birth preparedness/micro birth plan).this should include deciding on the place of delivery and the presence of an attendant at the time of the delivery.
- Advantages of institutional deliveries and risks involved in home deliveries.
- Advise the women on where to go if an emergency arises, and how to arrange for transportation, money and blood donors in case of emergency.
- Educate the women and her family members on signs of labor and danger signs of obstetric complications.
- Emphasize the importance of seeking ANC and PNC.
- Advise on diet (nutrition) and rest.
- Inform the women about breastfeeding, including exclusive breastfeeding.
- Warm against domestic violence (explain the consequences of violence on a pregnant women and her foetus).
- Promote family planning.

- Inform the women about the JananiSurakshaYojana (JSY)/ any other incentives offered by the state.

Early detection of pregnancy is important for the following reasons:

- It facilitates proper planning and allows for adequate care to be provided during pregnancy for both the mother and the foetus.
- Record the date of the Last Menstrual Period (LMP), and calculate the expected date of Delivery (EDD).
- The health status of the mother can be assessed and any medical illness that she might be suffering from can be detected and also to obtain/record baseline information (on blood pressure, weight, hemoglobin, etc.)
- Helps in timely detection of complications at an early stage and manage them appropriately by referral as and where required

Number and timing of visits:

Ensure that every pregnant woman makes at least four visits for ANC, including the first visit/registration. It should be emphasized that this is only a minimum requirement and That more visits may be necessary, depending on the woman's condition and needs.

Suggested schedule for antenatal visits-

- **1st visit:** Within first 12 weeks of pregnancy
- **2nd visit:** Between 14 and 26 weeks
- **3rd visit:** Between 28 and 34 weeks
- **4th visit:** Between 36 weeks and term

Seek help for early registration and antenatal check-up:

Registering every pregnancy within 12 weeks is primarily the responsibility of the ANM. Opportunities such as the Village Health And Nutrition Day (VHND) should be optimally utilized for ensuring registration and antenatal check-ups.

You can take the help of various people who are likely to be aware of the pregnant women in the village and will help in updating your list. These includes ASHAs, Anganwadi workers (AWWs) as well as various community- based functionaries, such as members of MahilaMandals, Self-help Groups (SHGs),NGOs, panchayat and village health committees.

Symptoms during pregnancy:

- Nausea and vomiting
- Heartburn
- Constipation
- Increased frequency of urination
- Fever
- Persistent vomiting
- Abnormal vaginal discharge/itching
- Palpitations, easy fatigability
- Breathlessness at rest/on mind exertion
- Generalized swelling of the body, puffiness of the face
- Severe headache and blurring of vision
- Passing smaller amounts of urine and burning sensation during micturition
- Vaginal bleeding
- Decreased or absent foetal movement
- Leaking of watery fluid per vaginum (P/V)

Main causes of MMR:

- Recurrent early abortion
- Post-abortion complications
- Hypertension, pre-edampsia or eclampsia
- Ante-partum Hemorrhage (APH)
- Obstructed labor,
- Perineal injuries/tears
- Excessive bleeding after delivery
- Puerperal sepsis.

OBJECTIVE:

- To assess the knowledge of ANMs in antenatal care services.

RESEARCH QUESTION:

What is the level of knowledge of ANM's, regarding Antenatal care?

METHODOLOGY:

The study was done to analyze the knowledge of ANM's in antenatal care.

- **Study Type:** Descriptive
- **Sampling Design:** systematic sampling
- **Study Area:** VHND sites of block Phulwarisariff, (Patna)
- **Study Population**: ANM,s at VHND site
- **Sampling Size**: 30 ANM's
- **Study Tool**: semi structured questionnaire
- **Study Period**: 1st May to 30th May 2015

TOOL FOR DATA COLLECTION:

The data was collected through questionnaire consisting of 13 questions from the VHND site.

Data collection Technique:

The method adapted was systamatic sampling of ANM's based on convenience and then a random selection of ANM's in the selected VHND. The sampling unit was VHND site.

Technique: Face to face interview was conducted.

Statistical analysis:

The data was analyzed statically and graphically. We used Microsoft excel 2007 for the analysis. The study involved analysis of categorical variables.

Results

Table1: Times of ANC visit

1 times	**0**
2 times	**1**
3 times	**10**
4 times	**19**

Graph:- times of ANC visits

Table 2: knowledge regarding doses of TT injections including booster doses

Yes	**27**
No	**3**

Graph: knowledge regarding doses of TT injections including booster doses

Table 3: Registration time of pregnancy

Registration time	No. of ANM's
Within 12 weeks	18
After 18 weeks	8
Don't know	4

Graph: Registration of pregnancy for ANC check up

Table 4: knowledge about basic check-up under ANC

	Yes	No
Pallor	21	9
Oedema	26	4
Hb.estimation	27	3

Graph: knowledge about basic check-up under ANC

Table 5: Knowledge regarding urine test

a.urine test for protein (albumin)

Yes	26
No	4

b.urine test for sugar

Yes	**25**
No	**5**

Graph:Knowledge regarding urine test

Table 6: knowledge about the degree of anemia

	Yes	**No**
Absence (>11g/dl)	**25**	**5**
Moderate (7-11g/dl)	**23**	**7**
Severe <7g/dl)	**26**	**4**

Graph: knowledge about the degree of anemia

Table 7: knowledge about Hypertension

Yes	**25**

No	**5**

Graph: knowledge about Hypertension

Table 8: knowledge about normal range of parameters:

	Yes	No
BP	27	3
Respiratory Rate	26	4
Pulse Rate	27	3

Graph: knowledge about normal range of parameters

Table:9 Knowledge regarding abdominal checkup

Yes	**26**
No	**4**

Graph: 9 Knowledge regarding abdominal checkup

Table 10:- Training regarding ANC

Yes	**No**
21	**9**

Graph: Training regarding ANC

Limitations of study:

- The time during which study was conducted was limited.
- Hard to reach at section site.
- Lack of proper response by respondents especially permanent ANMs.

Findings:

sixty percent of ANMs were aware regarding registration time of pregnancy.Almost all respondents are well aware regarding doses of TT injection.Eighty percent of respondents are well known regarding basic services under antenatal care.
Eighty five percent of ANMs were aware regarding normal value of basic parameters .
Seventy percent of respondents were got training regarding ANC services.

.

Conclusion:

The study was planned to the knowledge assessment of ANM's regarding Antenatal care services.

After my findings, except few respondents , almost all respondents were aware and have basic knowledge about Antenatal Care services, to identity the possible complications and early detection of danger signs, related to pregnancy.

As a result, it contributes in early identification of complications related to pregnancy like Anemia, Pre eclampsia, or Hypertension which is the major cause of maternal death.

ANM's have knowledge in proper referral management in case of complications related to pregnancy.

They were aware about the councelling component which comes under ANC like IFA supplementation , promote instituitional delivery through JSSK, JBSY and regarding breast feeding including initiation within one hour of delivery and exclusive breast feeding for last six months.

They were aware regarding nutrition and rest during pregnancy.

I came to know that proper ANC check-up done by the ANM has contributed a lot in reducing the MMR of Bihar . But still there are some points due to which Bihar is lagging behind, so there should be more affort to be made to reduce the MMR of Bihar. For this Government is taking initiative such as providing periodic training to ANM's, proper monitoring and tracking system to make the MMR, reach a sustainable extent.

Finally,

- MMR of Bihar is 208 (according to SRS 2014).
- The IMR of Bihar is 42 (according to SRS 2014).

Rcommendations:

- 1. To plan timely monitoring and proper follow up of MCP register and ANM's .
- 2. Capacity building of ANM's through proper training at regular intervals.
- 3. Technological advancement in equipment for ANC checkup.
- 4. Motivation of ANM's and ASHA .
- 5. Proper infrastructure should be there for improving quality of ANC services.
- 6. To take regular follow up of pregnant women .

Ethical Considerations

- Confidentiality of the respondents was maintained during the study.
- Respect and dignity of the respondents were taken care during the study.
- Information received by the respondents will not be misused in any form.

REFERENCES

- www.who.int/pmnch/media/publications/aonsection.
- www.health.gov.au/antenatal
- www.health.gov.au/internet/main/...

THE FORMAT OF QUESTIONNIARE:

QUESTIONNAIRE ON KNOWLEDGE ASSESMENT OF ANM'S IN ANTENATAL CARE SERVICES:

Name of ANM's: VHSND name:

Name of AWW center: VHSND code:

Block:

Q: 1:-Do you heard about ANC?

a. yes b .No

Q: 2:-To whom ANC should be done?

a. Pregnant women b. child(more than 5 year) c .women

Q: 2.1:-Do you know when registration should be done for pregnant women?

a. within 12 weeks b. after 18 weeks c. don't know

Q: 3:-Do you know at least how many times ANC should be done?

a.1 b.4 c.3 d.2

Q: 5:-Are you aware about the instruments and materials used in ANC?

a. Stethoscope ( ) b. B.P apparatus ( ) c. Weighing scale ( ) d. Inch tape ( )
e. Foetoscope ( ) f. Thermometer ( ) g. MCP Card and register ( ) h .Syringes and Needles ( ) i. Hub cutter ( ) j. IFA tablets ( ) k. Equipment for testing hemoglobin ( ) l. Equipment for urine test ( ).

Q: 6:-Do you know, what are the services should be provided in ANC?

a. Registration with MCP card ( )
b. Taking previous history of pregnancy ( )
c. Measure blood pressure ( )
d. Check for pallor ( )
e. Check for oedema ( )
f. Blood test for hemoglobin ( )
g. Urine test for protein and sugar ( )
h. Measure weight ( )

i. Pulse rate checkup ( )

j. Respiratory rate checkup ( )

k. TT injection doses ( )

l. Malaria detection test ( )

m. Pregnancy detection test ( )

n.Blood group testing ( )

o.VDRL/RPR testing ( )

Q: 7:-Do you know the normal value of each parameter in ANC?

a. Blood pressure 140/90mmofHg ( )

b. Respiratory rate 18-20 breathes /min. ( )

c. pulse rate 60-90 beats/min

Q: 8:-Do you know about abdominal examination under ANC?

a. yes b. no

If yes then

Q: 8.1:-Do you know, what check up should be done in abdominal examination?

a. Check for foetal movement ( )

b. Manual checkup of womb ( )

c. Measurement of fundal height ( )

d. Measurement of FHS& FHR ( )

e. Inspection of scars ( )

Q: 9:-Do you know about the complications related to pregnancy?

a. Fever ( ) b. Preistant vomiting ( ) c. Abnormal vaginal discharge ( ) d. Palpitations ( ) e. Breathlessness ( ) f. Generalized swelling of the body ( )
g. Severe headache ( ) h. Vaginal bleeding ( )i.hypertension( )

Q: 10:-Do you agree or disagree with the following degree of anemia?

a.if Hb. Level >11g/dl called absence of anemia.
b.if Hb. Level between 7-11g/dl called moderate anemia.
c.if Hb level <7g/dl called severe anemia.

Q: 11:- How did you refer during complications?

a. Ambulance
b. Private vehicle
c. Others

Q: 12:-Do you know about the counseling, and suggestions which should be given during ANC?

a. IFA supplementation ( )

b. Promote institutional delivery through JSSK & JBSY ( )
c. Regarding breast feeding ( )
d. Regarding diet and rest ( )

Q:13:- Have you got training regarding ANC ?

a.yes b.no