Summer Training at UNICEF RAJASTHAN

1ST April - 31st May

"ASSESMENT OF SPECIAL NEWBORN CARE UNIT FOLLOW UP PROGRAM AND CARE OF BABIES WITHIN FOLLOW UP PERIOD"

REPORT

Guided by

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CERTIFICATE

This is certify that Mr. Banoj Kumar Mahanta student of Master of Business Administration Hospital and Health Management from IIHMR University, Jaipur has successfully undergone summer training in UNICEF, Rajasthan from 1st April to 31st May 2015.

The candidate has successfully carried out the study "Assessment of Special New-Born Care Unit Follow Up Program and Care of new-born within the follow up period in Jalore, Rajasthan".

I wish him all the success in future endeavors.

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Dated: 30 June 2015:

To Whom so Ever It May Concern

This is to certify that Mr. Mr. Banoj Kumar Mahanta, S/O Mr.Tarun Kumar Mahanta , a student of IIHMR, University, Jaipur, Rajasthan has successfully completed 2 Months (1 April – 31 March, 2015) summer training at UNICEF Rajasthan. During his summer training he has worked on Health situation of Jalore. **Titled "ASSESSMENT OF SPECIAL NEW BORN CARE UNIT FOLLOW UP PROGRAM & CARE OF NEWBORNS IN JALORE DISTRICT".** He has successfully completed the project assigned to him during summer training and his contribution to the study has been sincere, scientific and analytical.

He was also engaged in Assisting Training of **E-jan Swasthaya** Program for ANMs.

I wish his success in all his future endeavours.

30/6/15

Dr Apurva Chaturvedi
Health Officer
UNICEF, Rajasthan

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A.1 LIST OF ACRONYMS

S.NO	ACRONYM	FULL FORM
1	ANM	AUXILIERY NURSE MIDWIFERY
2	AWW	ANGANWADI WORKER
3	ASHA	ACCREDITED SOCIAL HEALTH ACTIVIST
4	CCE	CONTINUOUS AND COMPREHENSIVE EVALUATION
5	C4D	COMMUNICATION FOR DEVELOPMENT
6	ECE	EARLY CHILD EDUCATION
7	ICPS	INTEGRATED CHILD PROTECTION SCHEME
8	MIS	MANAGEMENT INFORMATION SYSTEM
9	NRHM	NATIONAL RURAL HEALTH MISSION
10	RMNCH+A	REPRODUCTIVE MATERNAL NEWBORN CHILD AND ADOLESCENT HEALTH
11	SAM	SEVERE ACUTE MALNUTRITION
12	SNCU	SPECIAL NEW BORN CARE UNIT
13	SPSS	STATISTICAL PACKAGE FOR SOCIAL SCIENCE
14	UN	UNITED NATIONS
15	UNICEF	UNITED NATIONS CHILDREN'S FUND
16	WASH	WATER, SANITATION AND HYGIENE
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ACKNOWLEDGEMENT

The success of any task would be incomplete without the expression of gratitude to the people who made it possible. I express sincere gratitude towards everyone who helped directly or indirectly incompletion of my Summer Training from UNICEF Rajasthan.

At the onset of my report, I would like to acknowledge my sincere thanks to our institute, Institute of Health Management and Research, Jaipur for providing us platform to gain enough knowledge and skills in different aspects of health management.

I express my gratitude and regards to my mentor Prof. Gautam Sadhu for his able guidance and useful suggestions which helped me in completing the project work.

Special thanks to our project coordinator Dr. Anil Agrawal ,Dr.Apurva Chaturvedi, and Dr.Kapil Aggarwal for the faith shown upon me and guidance given without which the assignment would not have been possible.

I would like to thank Mr. Inderpal Arora (FDC-JALORE) and staff of District Hospital, Jalore for their help at various stages of my project.

I would also like to thank my faculty members without whom this project would have been a distant reality. My seniors and colleagues also hold a special mention here for believing in me and supporting me throughout summer training.

Finally, and most importantly, I would like to thank God for allowing me to complete my project, my beloved parents for their blessings and my friends for their help and wishes for the successful completion of this training.

Banoj Kumar Mahanta

IIHMR Jaipur

ABOUT THE ORAGANISATION

UNICEF (UNITED NATIONS CHILDREN'S FUND):

- **UNICEF has been working in India since 1949. The largest UN organization in the country,** UNICEF is fully committed to working with the Government of India to ensure that each child born in this vast and complex country gets the best start in life, thrives and develops to his or her full potential.

- The challenge is enormous but UNICEF is well placed to meet it. The organization uses quality research and data to understand issues, implements new and innovative interventions that address the situation of children, and works with partners to bring those innovations to fruition.

- UNICEF uses its community-level knowledge to develop innovative interventions to ensure that women and children are able to access basic services such as clean water, health visitors and educational facilities, and that these services are of high quality. At the same time, UNICEF reaches out directly to families to help them to understand what they must do to ensure their children thrive.

- UNICEF also wants them to feel a sense of ownership of these services. That same knowledge and interface with communities enables the organization to tackle issues that would otherwise be difficult to address: the complex factors that result in children working, or the growing threat that HIV/AIDS poses to children.

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.

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 Jalore, 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 New-born Care Units, with a focus on real time monitoring and quality of services.
- Supporting 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.
- Demonstrating 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 s upplementation, 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

- Enhancing learning 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.
- Providing technical support to monitor learning outcomes in real time.
- Offering a school leadership programme to complement the 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 Vikash Yojana.
- 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, out-of-school 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.
- Building the capacities of frontline service-providers from government flagship programmes so they can effectively engage with families and communities to promote social and behaviour 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.

TOPIC OF REAEARCH

“ASSESMENT OF SPECIAL NEWBORN CARE UNIT FOLLOW UP PROGRAM AND CARE OF BABIES WITHIN FOLLOW UP PERIOD”

Executive Summary

Special New-born Care Unit and the Follow up program for the new-borns discharged from SNCU are recognized as vital component for neonatal care. Throughout country all state governments are making efforts to reduce mortality of neonates and to do so they rely heavily on the SNCUs and the Follow up Program. In my summer training with UNICEF Rajasthan, I got an opportunity to understand the functioning of Follow up Program for the New-born discharged from Special New Born Care Unit of District Hospital Jalore, Rajasthan.

I assessed the Follow up Program for new-borns discharged from SNCU of District Hospital Jalore according to the guidelines laid down by National Neonatology Forum (NNF). The criteria for its assessment were condition of baby, Visits made to hospital and Visits of ASHA/ANM/AWW to baby. Apart from assessing the follow up program, an attempt was made to understand the postnatal care of babies by the parents discharged from SNCU.

Assessment of the Program highlights the major gaps in the neo natal care of babies discharged from SNCU of District Hospital, Jalore both by Parents and Frontline health workers .Though SNCU is working efficiently in saving lives of new-borns, many more deaths could be averted by taking simple steps towards providing proper care to the new-born.

Following are the key findings:

- Most of the parents of the new-borns did not give their personal numbers to the hospital, which created problem in making contact with parents regarding their visits to be made to hospital for the baby.
- Data Operator was not filling the SNCU Card completely like filling of date of visit to be made to hospital for the baby.
- Frontline health workers were not regular in follow up period to check or visit the new-borns.
- Many of the mothers were not feeding their babies properly

Based on these following are some of the recommendations:

- The Hospital Staff should ask for the personal contact number of the parents of the admitted new-borns to SNCU.
- The Data Operator should fill up all the fields present in the SNCU Card before giving it to the parents.
- The parents should be informed about scheduled days of visit to be made to the Hospital.
- The ASHA/ANM should counsel the parents about all the parameters for proper care of the new born.
- The ASHA/ANM should visit the new born on the scheduled days of visit
- The mothers should be properly advised about the feeding of new-born babies.
- There should be proper monitoring of SNCU Follow Up program of the new-borns.

Introduction

India accounts for 30 per cent of the neonatal deaths globally. In India, the neonatal mortality rate is 31/1,000 live births. Most of these deaths occur within the first month of life. NMR contributes to about two-thirds of infant deaths & nearly half of all under-5 deaths.

The NMR of Rajasthan is 40 and Jalore has the maximum NMR i.e 58 among all the districts of Rajasthan.

Thus, there is an increasing need to focus on new-born care & survival for significant reduction in IMR & U5MR and strengthen the care of sick, premature, low birth weight new-borns at the various levels of facilities right from f birth through the neonatal period.

While simple, known, preventive and promoted interventions within the home environment – such as exclusive breastfeeding or keeping the baby warm – remain the corner-stone in tackling new-born mortality, an effective link between healthcare facilities and community based new-born care is needed. Provision and delivery of services for both essential new-born care and the care of sick new-borns in the existing health facilities at the district and sub-district levels is lacking.

Special New-born Care Units (SNCUs) are being set up under NRHM at District level across the state to address the issue of high neonatal mortality and to ensure the provision specialized care to increasing load of new-born in line with rise in institutional delivery as well as referrals from community.

First set up by Government of M.P with technical support of UNICEF, these units are now being set up in other states as well. These units are helping to reduce the mortality of sick new-born particularly among the low birth weight babies.

Special New-born Care Units (SNCUs) is a neonatal unit in the vicinity of Labour room which provides level 2/3 care for sick new-borns. All District Hospitals and Sub-District Hospitals with more than 3000 deliveries per year should have a SNCU.

Many of the new-borns saved with intensive resources at the SNCUs succumb to death or continue to remain vulnerable within in few weeks o their treatment at these intensive units because either they are not fully cured with the existing ailment or suffer from new ailments or need repeated follow up visits. This makes it essential for a health worker to visit the discharged new-born within the first 45 days.

SNCU Follow Up Program involves ensuring compliance with discharge instructions, promoting early child development and promoting Kangaroo Mother Care (which includes skin to skin contact , warmth and exclusive breastfeeding).If danger signs are detected , then they are referred back to the concerned facility. The purpose of this intervention is to reduce mortality among such vulnerable new-borns who have received intensive care and treatment from these SNCUs. The follow up care mainly provided by the ANM/ASHA since these sick new-borns need more special care and counselling, This will be achieved through appropriate training and provision of guidelines to ANM/ASHA and by establishing a monitoring and supervision system and review mechanism to efficiently track and follow up with the discharged sick new-borns. The ultimate aim of SNCU Follow Up Program is to reduce mortality among discharged new-borns.

OBJECTIVES

- To assess the follow up program for the new-borns discharged from Special New Born Care Unit of Disrict Hospital Jalore, Rajasthan.
- To assess the postnatal care given to new-borns who got discharged SNCU of District Hospital Jalore , Rajasthan.
- To find out survival status of admitted new-borns into the SNCU with in follow up period.

Research Methodology

- Study design –

  Descriptive Study of different parameters of SNCU follow up program was done.

- Study Area –

  The study area was Jalore District of Rajasthan.

- Study Period –

  The study was carried out during 2 months from 1st April -31st May2015.

- Sampling design and sample -

  Purposive sampling- All the parents of new-borns whosoever admitted into the SNCU of District Hospital , Jalore were selected for the study. At the start of study sample of 218 parents was selected as they have given their contact numbers to hospital. Out of above sample 33 contact numbers were not in use at that time , They either have changed their contact numbers or had given wrong contact numbers to the hospital.

  So the study sample was 184 parents of new-borns admitted to SNCU of District Hospital Jalore.

- Data Collection –

  Telephone interview – All the parents of new-borns whosoever admitted into SNCU between 1 Jan – 31 April were interviewed through the phone calls and questions from a semi structured questionnaire were asked to get specific and relevant information from parent regarding the follow up program and care of the new-borns.

  Relevant Primary data was collected by interviewing the respondent with above mentioned questionnaire on different variables/parameters.

Relevant Secondary data of contact numbers of the parents whose babies were admitted into the SNCU were taken from District Hospital Jalore.

- Data Preparation

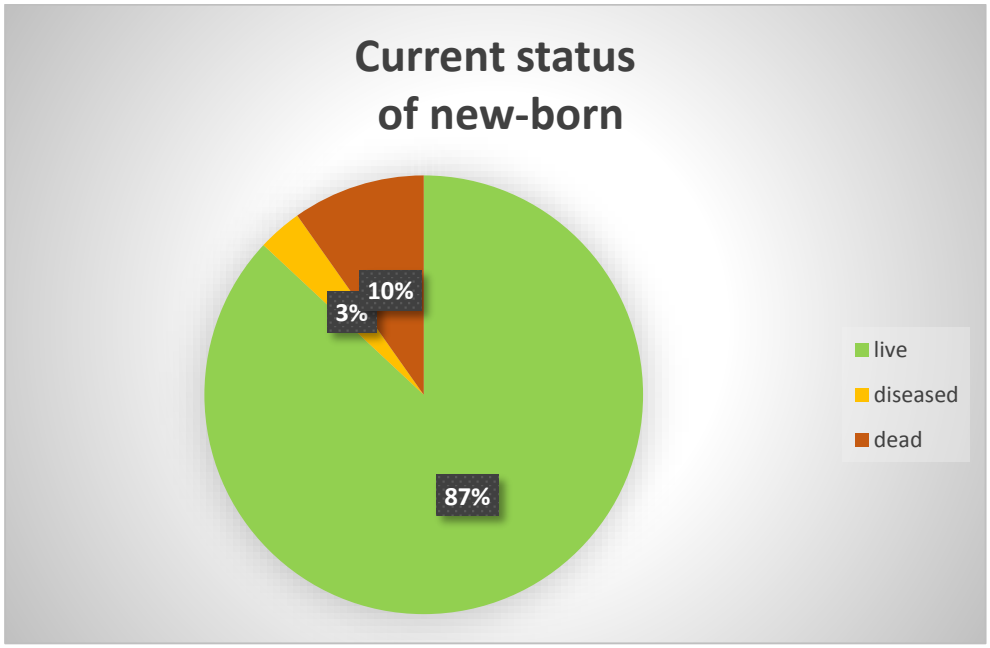
All the responses were entered into SPSS software .Different responses from the respondent were coded numerically for the closed ended questions and entered in SPSS software. All the missing values were removed from the data set .

- Data Analysis

The Level of measurement were nominal and ordinal and the univariate analysis was done on the collected data such as frequencies and percentages of different parameters of SNCU Follow up Program were found out using SPSS software and graphical representation of the asme were done using Ms Excel Software.

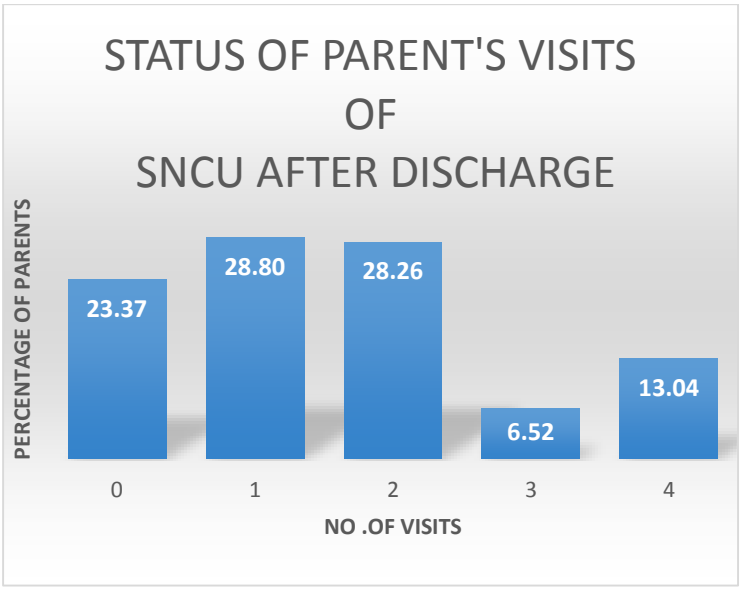
• Findings and Analysis

Chart 1:Current Status of new-borns discharged from Special New Born Unit of District hospital , Jalore



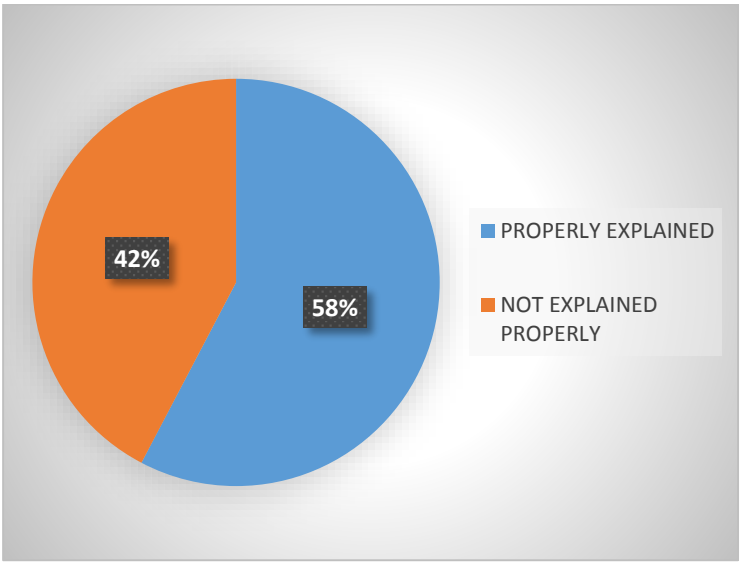
Out of 184 new-borns admitted to the SNCU of District Hospital Jalore, 165 new-borns were alive and 18 new-borns have died.

Chart2:Number of visits by the parents of New-borns discharged from SNCU



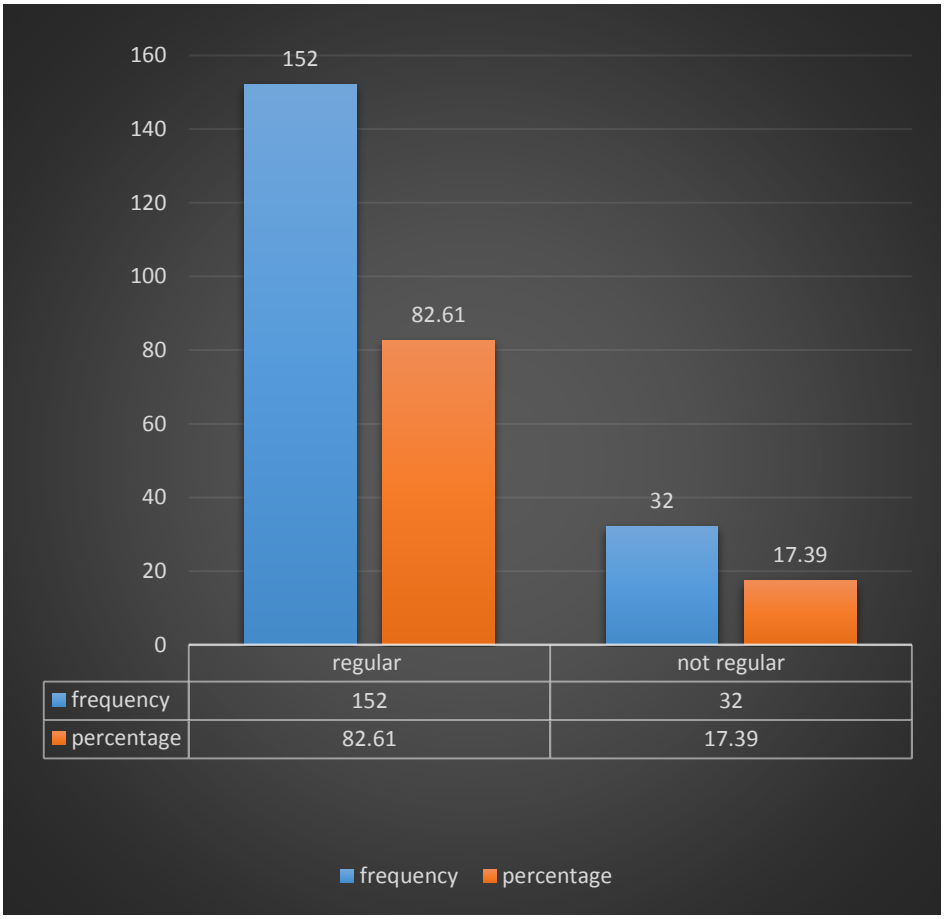
The above graph shows that only 13% of parents have visited the District Hospital for 4 times according to schedule of the follow up for the new-born. Its appalling to find that approx. 24% of parents had not visited the District Hospital for a single time according to schedule of follow up. About 29% of parents have followed follow up schedule for 2 times.

Chart2: Status of explanation by Data Operator to the parents



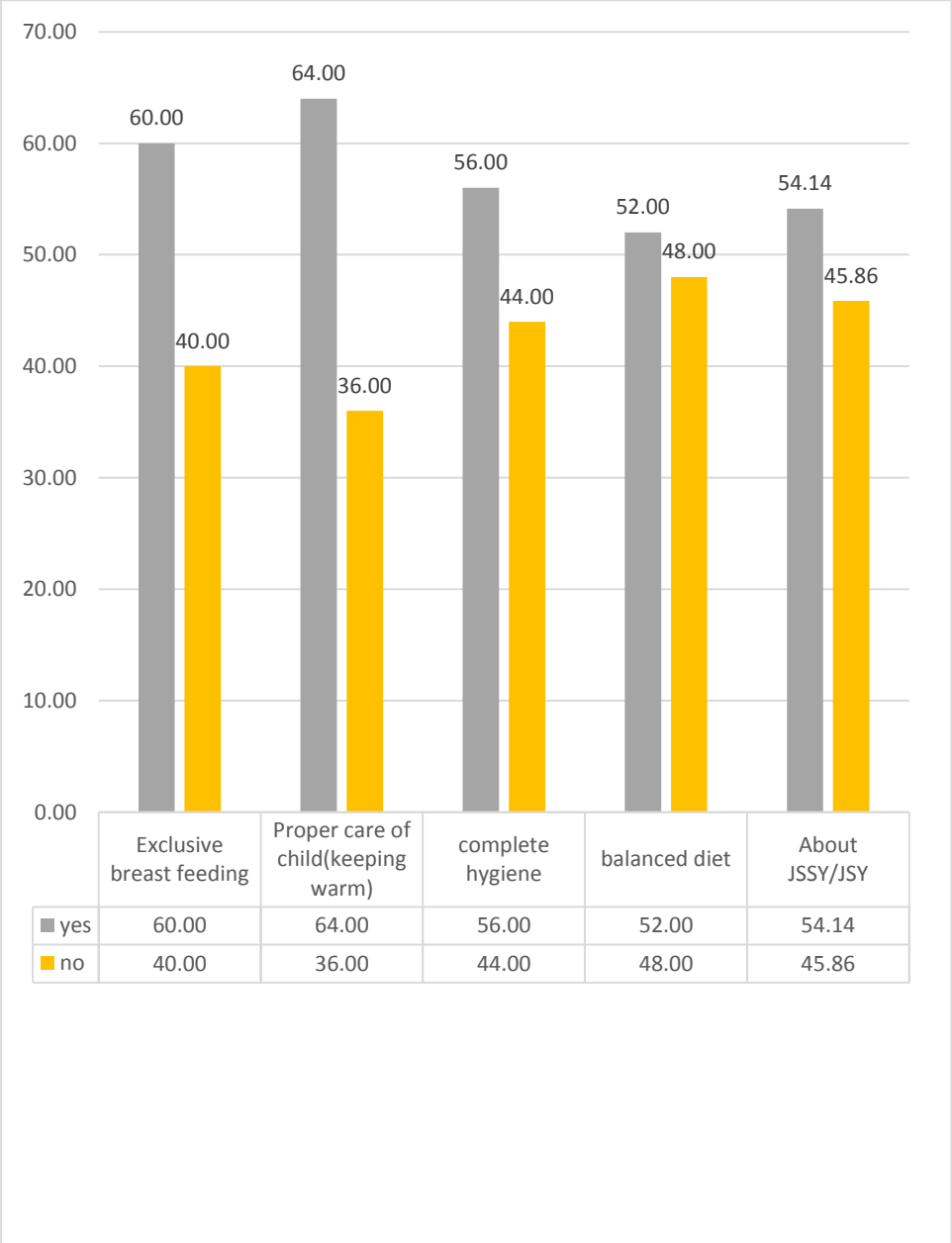
Among 184 parents 58% had said that the Data Operator of District Hospital had properly explained the complete follow up procedure to them at the time of discharge from SNCU of District Hospital

Chart 3: Regularity of ASHA/ANM in village



Out of 184 parents 152 parents perceived that the ASHA/ANM of their village are regular and 32 of them perceived that the ASHA/ANM of their villages are not regular. As 40% of posts for ASHA are vacant in Jalore district, these 32 parents might belong to those villages.

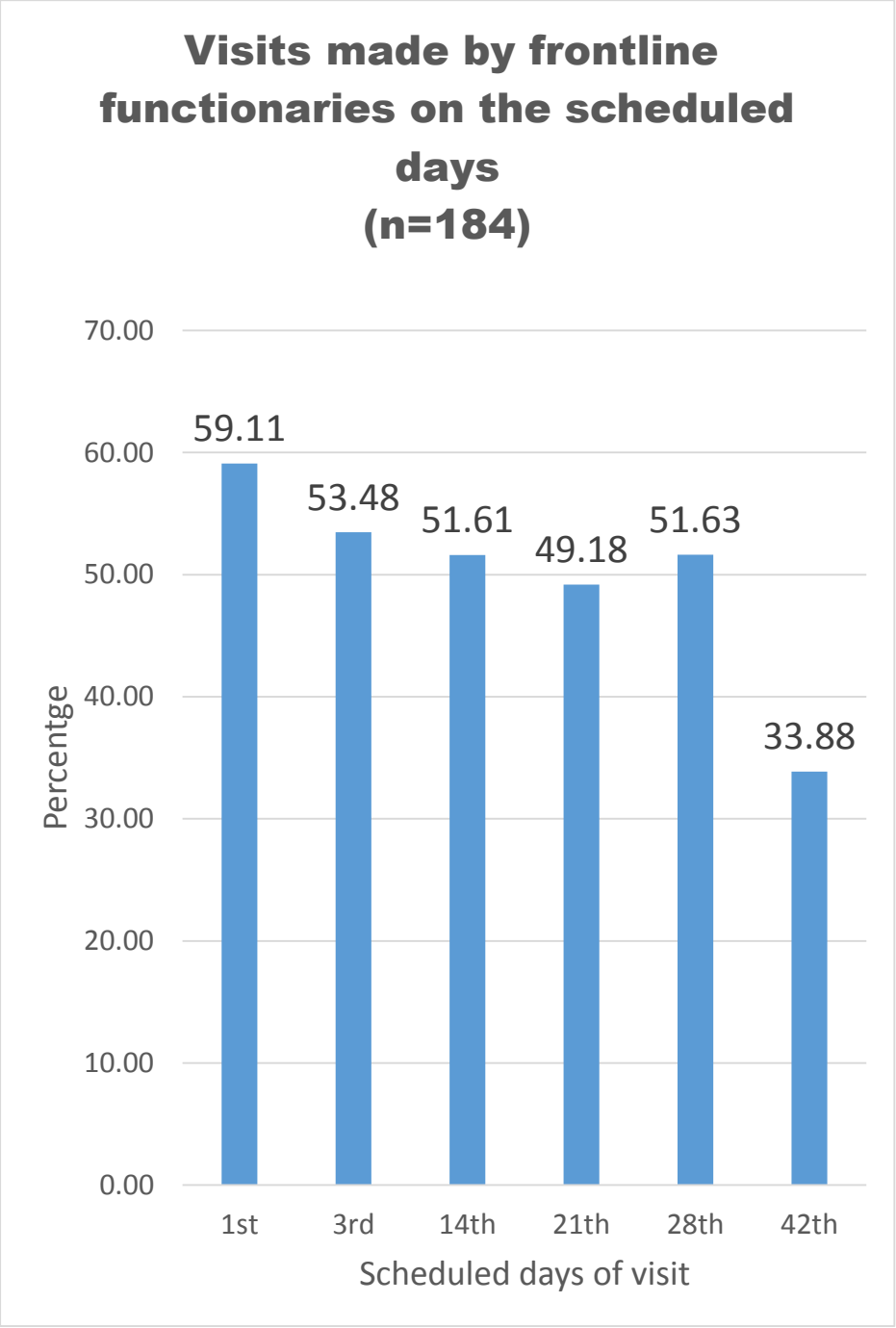
Chart 4:Status of different counsellings given by the frontline functionaries



	Exclusive breast feeding	Proper care of child(keeping warm)	complete hygiene	balanced diet	About JSSY/JSY
yes	60.00	64.00	56.00	52.00	54.14
no	40.00	36.00	44.00	48.00	45.86

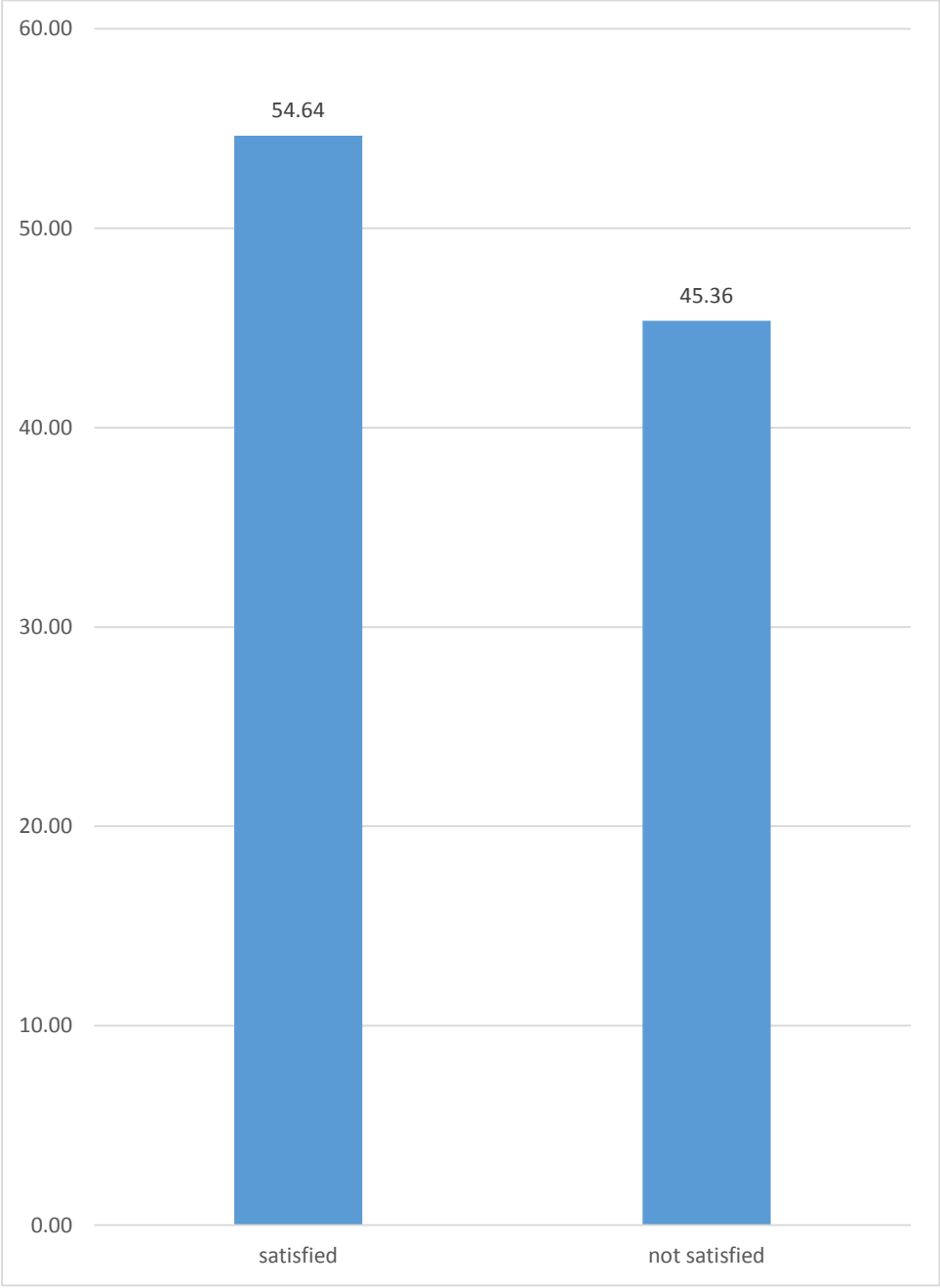
Above graph shows that on an average 56% of frontline functionaries were giving all the essential counselling which are needed to be given to the parents of new-borns who have discharged from the SNCU. Majority of counselling is done for the proper care of child and least is done about the balance diet. The balance diet for mother is very much needed for the proper care of new-born.

Chart5:Visits made by ASHA/ANM/AWW on the scheduled days to the new-borns.



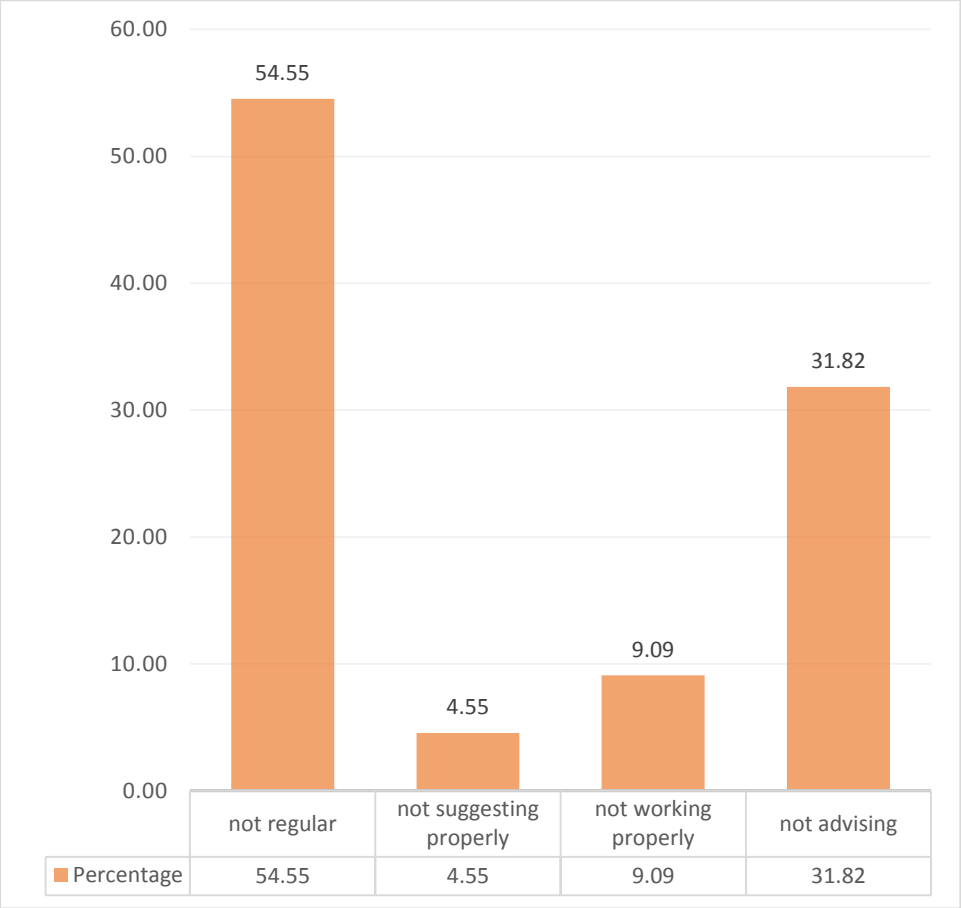
Above graph shows that only approx.. 34% of frontline functionaries are completing the follow up procedure for new-borns discharged from the SNCU of district hospital Jalore. However 54% of frontline functionaries are visiting the new-borns for 5 times i.e upto 28 days.60% of frontline functionaries visited the new-born on the first day as it got discharged from SNCU.

Chart6: Satisfaction Status of parents from work of ASHA/ANM



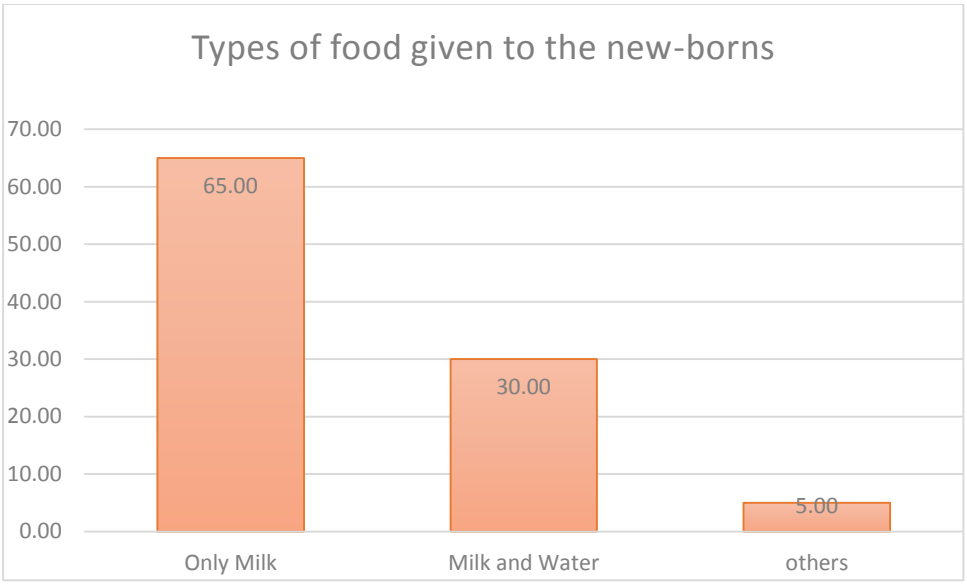
According to above graph ,It is evident that 55% of parents are satisfied with the work of frontline functionaries working in their villages and 45% who are not satisfied with their work might be living in those villages where the posts of ASHAs were vacant.

Chart7:Reasons for not satisfaction from the work of ASHA/ANM



55% of the parents were not satisfied with the work of ASHA/ANM because they are not regular which meant that they were not visiting new-borns on the scheduled days. It might be possible that these parents were living in those villages where the posts for ASHAs are vacant .

Chart 8: Feeding Status of New born babies



The conducted study showed that 65% of parents used to feed their babies with only milk and remaining 35% used to give water and other things like powdered milk along with the mother's milk.

Chart9: Breast Feeding status of the Mother

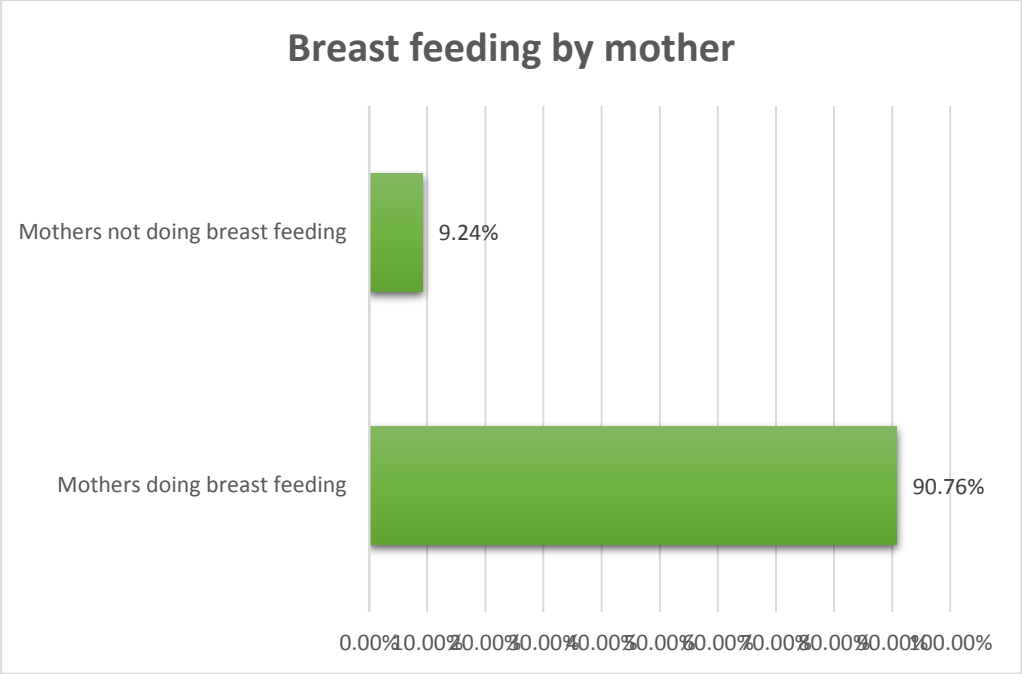
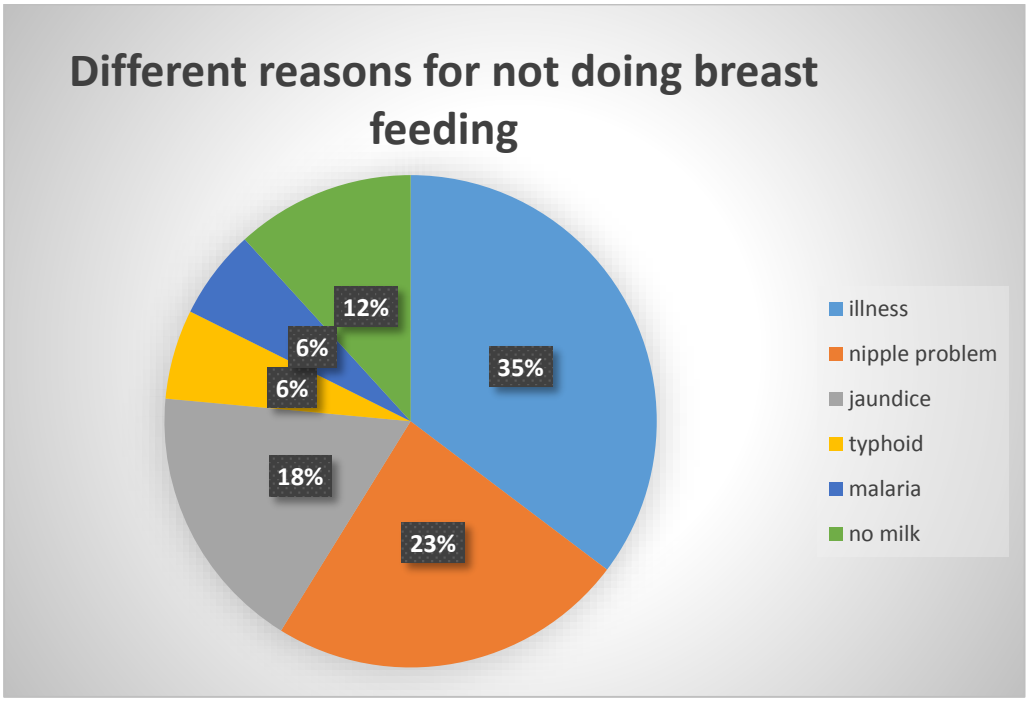
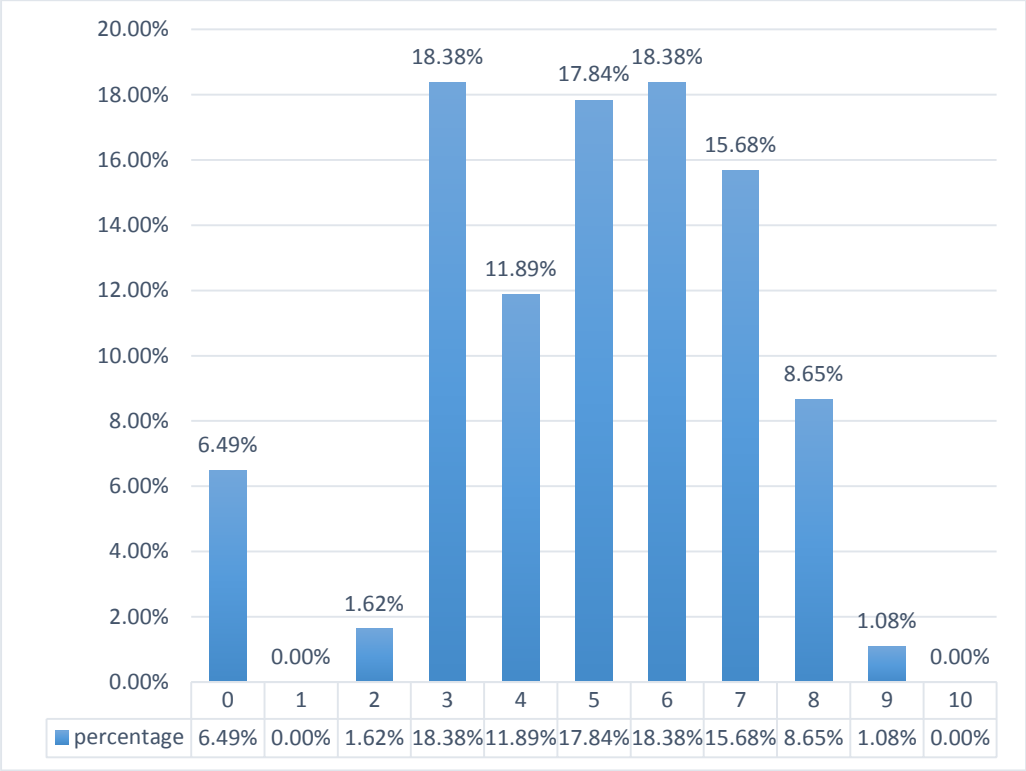


Chart10: Different reasons for not doing breast feeding



9% of mother were not feeding their babies with their own milk. The major reasons for this were that they were suffering from some diseases like jaundice, typhoid, malaria and some of them had nipple problem and 12% of mothers were not able to produce milk.

Chart11: Frequency status of number of times breast feeding done in a day



The study showed that 26% of mothers were feeding their babies for less than 3 times a day and 61% of mothers were feeding their babies for more than 5 times a day. Out of which 18% of mothers were feeding their babies for 6 times a day.

Findings

- 61% of mother are feeding for more than 5 times a day.
- Majority of mothers who are not doing breast feeding to their babies are suffering from some kind of illness/disease.
- 30% of mothers are feeding with both milk and water.
- 45% of parents are not satisfied with the present working of frontline health workers.
- 60% of frontline health workers are visiting the new born on the scheduled days.
- 65% of mothers did know about the proper home care of the new-born.
- Only 27% of parents have completely filled SNCU card.
- The data operators of SNCU are not explaining the schedule of hospital visits for discharged new-borns to their parents.
- 90% of new born babies discharged from SNCU Jalore were alive .
- 40% of ASHA's post were vacant.

Conclusion

The study provided an overview of the situation of the Follow up Program for the new-born discharged from Special New-born Care Unit in the district hospital of Jalore. Assessment of the program gave an insight into the challenges and the reasons behind low survival status of new-borns. It has been proved that with simple and preventive interventions, a large number of new-born deaths can be avoided. Unless the challenges towards providing quality new-born care are solved, the dream of reducing neonatal mortality for which Special New-born Care Unit were being set-up would not be achieved.

Assessment of the Follow up program highlights the major gaps in the knowledge of parents for new-born care , regularity of frontline health worker for visiting the new born on the scheduled days ,vacant positions of ASHA worker and the feeding practices followed by the mother. Though SNCU is working efficiently in saving lives of new-borns, many more deaths could be averted by taking simple steps towards providing quality care through the planned follow up for new-borns.

Limitations

As the primary data of follow-up was collected by telephonic conversation, it was difficult to contact persons with invalid phone no. and conversing in local language was an issue.

Recommendations

- The Hospital Staff should ask for the personal contact number of the parents of the admitted new-borns to SNCU.
- The Data Operator should fill up all the fields present in the SNCU Card before giving it to the parents.
- The parents should be informed about scheduled days of visit to be made to the Hospital.
- The ASHA/ANM should counsel the parents about all the parameters for proper care of the new born.
- The ASHA/ANM should visit the new born on the scheduled days of visit
- The mothers should be properly advised about the feeding of new-born babies.
- There should be proper monitoring of SNCU Follow Up program of the new-borns.

Annexures

1. Assessment of SNCU FOLLOW UP Questionnaire
2. Map of Jalore District ,Rajasthan

A.1 Questionnaire for SNCU Follow Up Program

माता का नाम :

पिता का नाम :

माता कि आयु :

बच्चे का लिन्ग :

जन्म कि तारिख :

भर्ति होने का कारण :

ग्राम का नाम :

सब सेंटर का नाम :

आशा का नाम :

प्रस्न १) आपके बच्चे कि वर्तमान स्थिति क्या है ?

उत्तर) क)स्वस्थ ख) बिमार ग) मृत

प्रस्न २) जन्म के समय बच्चे का वजन क्या था ?

उत्तर)

प्रस्न ३) अस्पताल से जाने के समय बच्चे का वजन क्या था ?

उत्तर)

प्रस्न ४) क्या बच्चे को कांच वाले कक्ष में रखा गया था ?

उत्तर) हां / नहीं

प्रस्न ५) बच्चे को कांच कक्ष में कितने दिनो तक रखा गया था?

उत्तर)

प्रस्न ६) क्या डाटा ओपेरेटर ने आपको कोइ कार्ड दिया है ?

उत्तर) हां / नहीं

प्रस्न ७)क्या डाटा ओपेरेटर ने वो कार्ड भरा था ?

उत्तर) हां / नहीं

प्रस्न ८) क्या कार्ड के बारे में विस्तार से बताया गया था ?

उत्तर) हां / नहीं

प्रस्न ९) क्या आपने अपने अपने बच्चे को निम्नलिखित टीके दिल वाए है ?

उत्तर)

दिनांक	----/----/------	----/----/------	----/----/------
जन्म के समय	११/२ महिने बाद	२१/२ महिने बाद	३१/२ महिने बाद
बी सी जी ( )	पोलिओ ( )	पोलिओ ( )	पोलिओ ( )
पोलिओ ( )	पेंटावेलेंट ( )	पेंटावेलेंट ( )	पेंटावेलेंट ( )
हेपेटाईटिस ( )			

प्रस्न १०) बच्चे के जन्म के बाद कितनी बार आप अस्पताल में बच्चे को दिखाने के लिये लाए ?

उत्तर)

प्रस्न ११) क्या अस्पताल से जाने के बाद बच्चे को और कोई परेशानि हुई ?

उत्तर) हां / नहीं

प्रस्न १२) यदि हा , तो क्या परेशानि थी ?

उत्तर)

प्रस्न १३) आपने उसका क्या उपचार किया ?

उत्तर)

प्रस्न १४) क्या आपके ग्राम में आशा उपलब्ध है?

उत्तर) हां/ नही

प्रस्न १५) क्या आशा नियमित रूप से आपके घर आती है?

उत्तर) हां / नहीं

प्रस्न १६) क्या आशा ने आपको निम्म्लिखित बातो के बारे मे बताया ?

(क) 6 महीने के लिए केवल विशेष स्तनपान हां/ नहीं

(ख) बच्चे कि उचित देखभाल(गर्म रखना) हां/ नहीं

(ग) पूर्ण स्वच्छता हां/ नहीं

(घ) संतुलित आहार कि जानकारि हां/ नहीं

(ड) JSSY के बारे मे हां/ नहीं

प्रस्न १७)क्या जन्म के बाद आशा ने निम्नलिखित दिनो मे आपके घर का दौरा किया है?

पहला दिन ( )

तीसरे दिन ( )

सातवां दिन ( )

चौदहवें दिन ( )

इक्कीसवे दिन ( )

अठाईसवे दिन ( )

बयालीसवे दिन ( )

प्रस्न १८) क्या आशा ने आपके बच्चे का वजन देखा था ?

उत्तर) हां / नहीं

प्रस्न १९) बच्चे का वर्तमान वजन क्या है ?

उत्तर)

प्रस्न २०) क्या आप आशा के कार्य से संतुस्ट है ?

उत्तर) हां / नहीं

प्रस्न २१) अगर आप संतुस्ट नहि है तो किन कारनो से संतुस्ट नहि है ?

उत्तर)

प्रस्न २२) आप अपने बच्चे को क्या खिलाति है ?

उत्तर) क) सिर्फ दुध ख) दुध और पानि ग) कुछ और

प्रस्न २३) क्या आप बच्चे को स्तनपान कराति है ?

उत्तर) हां / नहीं

प्रस्न २४) यदि नहि तो क्यो ?

उत्तर)

प्रस्न २५) आप आपने बच्चे को दिन मे कितनि बार स्तनपान कराति है ?

उत्तर)

प्रस्न २६) क्या बच्चे को स्तनपान करने मे कोई परेशानि हो रहि है ?

उत्तर)

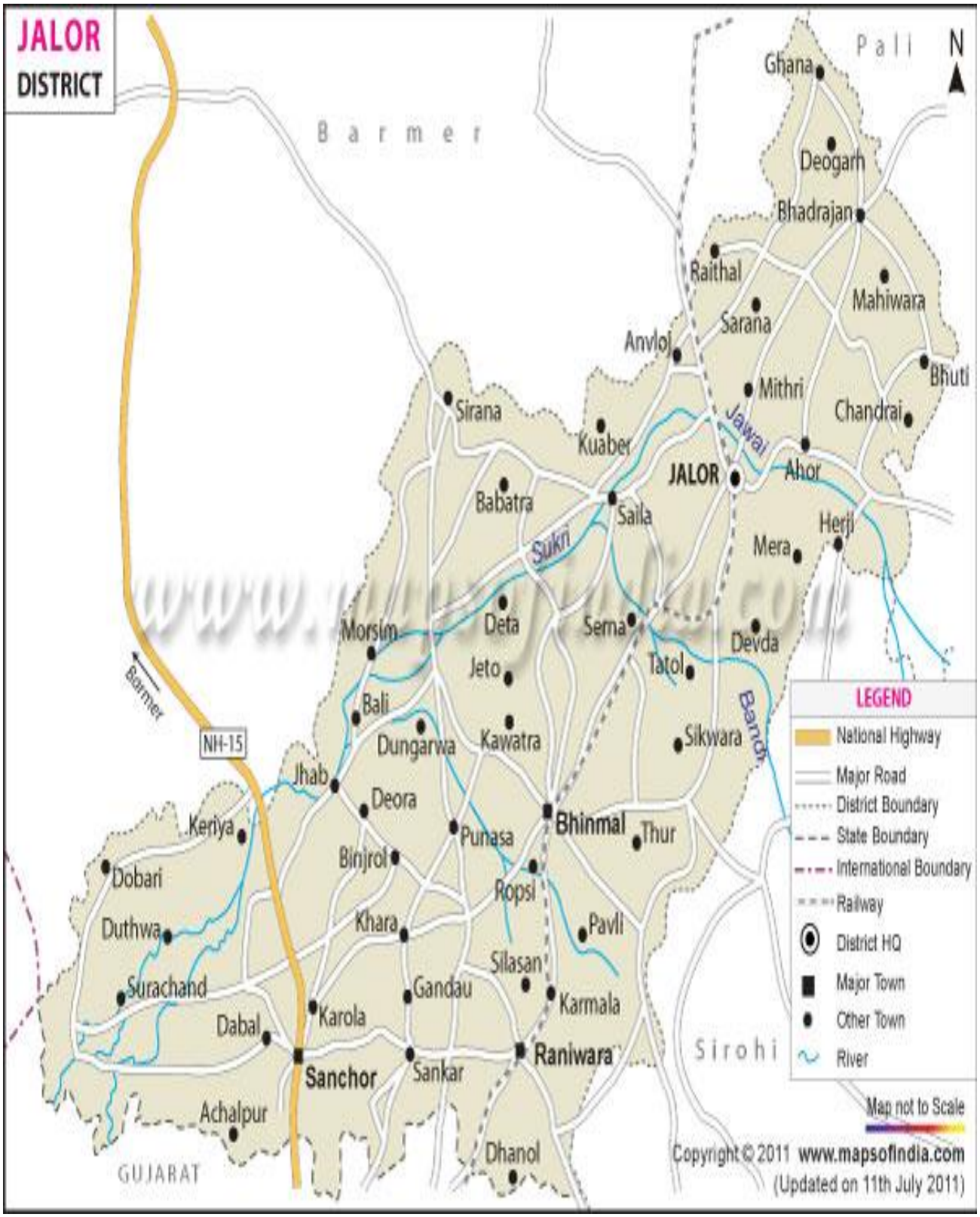
प्रस्न २७) यदि हा , तो क्या परेशानि है ?

उत्तर)

प्रस्न २८) आपने उसको दुर करने के लिये क्या उपचार किए है ?

उत्तर)

A.2 Map of Jalore District of Rajasthan



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