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To Study the Health Behaviour Practices for Neonates in Tribal Blocks of Rayagada District of Odisha, India

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CERTIFICATE

This is to certify that Dr.Atul B. Rairker has undergone his summer training in NATIONAL HEALTH MISSION, ODISHA from 1st April 2014 to 31st May 2014. The candidate himself carried out all the studies related to his summer training his approach to his studies has been scientific and analytical .the summer training is partial fulfillment of course requirement is recommended for the award of post graduate diploma in hospital & health management .

I wish his success in all his future endeavors.

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PREFACE

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

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

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

During my training period I had an overview of various programmes undertaken in National Health Mission,Odisha including the current status of the programmes. I also carried out a small project -

"To study the Health Behaviour practices for neonates in tribal community of various blocks in Rayagada District of Odisha "

Abbreviations

ADMO	Assistant District Medical Officer
AIDS	Acquired Immuno Deficiency Syndrome
ANC	Ante Natal Care
ANM	Auxiliary Nurse Midwifery
ASHA	Accredited Social Health Activist
AWW	Angan Wadi Worker
AYUSH	Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy
BPM	Block Programme Manager
CBR	Crude Birth Rate
CDMO	Chief District Medical Officer
CDR	Crude Death Rate
CHC	Commuity Health Center
CLMIS	Contraceptive Logistic Management Information System
CME	Continued Medical Education
CUG	Closed User Group
DPM	District Programme Manager
DHH	District Headquarter Hospital
DLHS	District Level Household Survey
EDD	Expected Date of Delivery
FRU	First Referral Unit
GIS	Global Information System
GODMAN	Government Doctor's Information Management
HBPNC	Home Based Post Natal Care
HBNC	Home Based New Born Care
HMIS	Health Management Information System
HRMIS	Human Resource Management Information System

IFA	Iron Folic Acid
IMR	Infant Mortality Rate
IPHS	Indian Public Health Standard
IT	Information Technology
ITEMS	Integrated Training & Evaluation Management System
JSSK	Janani Shishu Surakhsha Karyakram
MCH	Maternal Child Health
MCTS	Mother and Child Tracking System
MDG	Millenium Development Goals
MHU	Mobile Health Unit
MMR	Maternal Mortality Ratio
MoHFW	Ministry of Health and Family Welfare
NGO	Non Governmental Organization
NHSRC	National Health Systems Resource Centre
NHM	National Health Mission
NRHM	National Rural Health Mission
OSMIS	Odisha State Malaria Information System
OVLMS	Odisha Vaccine Logistic Management System
PHC	Primary Health Center
PPP	Public–Private partnership
PRI	Panchayati Raj Institutions
RCH	Reproductive and Child Health
RKS	Rogi Kalyan Samiti
RMNCH+A	Reproductive Maternal Neonatal Child Health & Adolescent
RTI	Reproductive Tract Infection
SC	Sub Center
SHSRC	State Health Systems Resource Center
SIHFW	State Institute of Health and Family Welfare
STI	Sexually Transmitted Infection
TB	Tuberculosis

TFR	Total Fertility Rate
TT	Tetanus Toxoid
UGPHC	Up Graded Primary Health Center
VH&SC	Village Health &Sanitation Committee
VHND	Village Health & Nutrition Day

Introduction

National Health Mission ,Odhisa

The Hon'ble Prime Minister of India Dr.Manmohan Singh launched NRHM(National Rural Health Mission) on 12 April 2005 in the country, with special focus on 18 states including Odisha. It is the *Biggest ever health project in the health sector in the last 50 years. It recognizes the importance of health care in the process of economic and social development and improving the quality of lives of our citizens. It provides effective health care to rural population throughout the country with focus on 18 states, which have weak public health indicators and weak infrastructures.*

The Hon'ble Chief Minister of Odisha Shri Naveen Patnaik in presence of the Union Minister Health & Family Welfare, Shri Anbumani Ramadoss launched the NRHM programme throughout the state on 17th June 2005 with goal of "Healthcare to All"

The first phase of NRHM was from 2007-2012. This is the second phase of NRHM (2013-2017). In 2013 it was named National Health Mission. National Health Mission (NHM) encompasses two Sub-Missions, National Rural Health Mission (NRHM) and National Urban Health Mission (NUHM). It is both flexible and dynamic and is intended to guide States towards ensuring the achievement of universal access to health care through strengthening of health systems, institutions and capabilities.

Goals of NHM

Outcomes for NHM in the 12th Plan are synonymous with those of the 12th Plan, and are part of the overall vision. The endeavor would be to ensure achievement of those indicators given below. Specific goals for the states will be based on existing levels, capacity and context. State specific innovations would be encouraged. Process and outcome indicators will be developed to reflect equity, quality, efficiency and responsiveness. Targets for communicable and non-communicable disease will be set at state level based on local epidemiological patterns and taking into account the financing available for each of these conditions.

1. Reduce MMR to 1/1000 live births

2. Reduce IMR to 25/1000 live births

3. Reduce TFR to 2.1

4. Prevention and reduction of anaemia in women aged 15–49 years

5. Prevent and reduce mortality & morbidity from communicable, non- communicable; injuries and emerging diseases

6. Reduce household out-of-pocket expenditure on total health care expenditure

7. Reduce annual incidence and mortality from Tuberculosis by half

8. Reduce prevalence of Leprosy to <1/10000 population and incidence to zero in all districts

9. Annual Malaria Incidence to be <1/1000

10. Less than 1 per cent microfilaria prevalence in all districts

11. Kala-azar Elimination by 2015, <1 case per 10000 population in all blocks

Vision of NHM
"Attainment of Universal Access to Equitable, Affordable and Quality health care services, accountable and responsive to people's needs, with effective inter-sectoral convergent action to address the wider social determinants of health".

Core Values of NHM
. Safeguard the health of the poor, vulnerable and disadvantaged, and move towards a right based approach to health through entitlements and service guarantees.
. Strengthen public health systems as a basis for universal access and social protection against the rising costs of health care.
. Build environment of trust between people and providers of health services.
. Empower community to become active participants in the process of attainment of highest possible levels of health.
. Institutionalize transparency and accountability in all processes and mechanisms.
. Improve efficiency to optimize use of available resources.

The state of Odisha has an area of 155,707 km² and population of 41,947,358. Odisha is the ninth largest state by area in India, and the population. There are 30 districts; each district is subdivided into blocks, the total being 314. Blocks consist of *Panchayats* (village councils) & town municipalities. The state has population density of 270 per square kilometer as against the national average of 382 per square kilometer). The decadal growth rate of the state is +15.94 percent (against 21.54 percent for the country) and the population of the state is growing at a slower rate than the national rate.

In Odisha, more than 85 percent of the population live in rural areas and depends mostly on agriculture. The percentages of SC & STs constitute 16.53 & 22.13 percent respectively of the total state population. Nearly 45 percent of the state area in as many as 13 districts has been declared as Scheduled castes dominant areas.

Considering that good health is an important asset of livelihood and illness a major cause of impoverishment, the health and allied sector in the state has made noticeable improvements in leprosy control, Polio eradication, IMR, MMR, Malaria, CBR, CDR, Life Expectancy at Birth, Nutritional Status, Literacy, drinking water supply and sanitation.

NRHM has an important role in the provision and administration of health services and in order to raise the quality, extend accountability and deliver the services fairly, effectively and courteously.

The NRHM primarily seeks to provide preventive, promotive, curative and rehabilitative health services to the people through primary health care approach that has been accepted as one of the main instruments of action for development of human resources, accelerating the socio-economic development and attaining improved quality of life. Primary health care is essential health care for all citizens, easily accessible and at cost, which citizens and community can afford.

In the rural areas services are provided through a network of integrates health and family welfare delivery system. The primary health care infrastructure has been developed as a three tier system-sub-centers, Primary Health centers and Community Health Centers. Sub-Centers is the most peripheral contact point between the Primary health care system and the community and is manned generally by Multi- Purpose Health Workers(Male & Female), AWW and ASHA. Medical Officer supported by Para-Medical and other staff operates primary Health center. Some of the PHCs are running under PPP model.

NRHM working on five main Approaches:

1) **COMMUNITIZE**
    - HMC/RKS / PRIs at all levels
    - Untied grants to community/PRI Bodies
    - Funds, functions & functionaries to local community organizations
    - Decentralized planning, VH&S Committees
2) **MONITOR,PROGRESS AGAINST STANDARDS**
    - Setting IPHS Standards

- Facility Surveys
- Independent Monitoring Committees at Block, District & State levels

3) **FLEXIBLE FINANCING**
   - Untied grants to institutions
   - NGO sector for public Health goals
   - NGOs as implementers
   - Risk Pooling – money follows patient
   - More resources for more reform
4) **IMPROVED MANAGEMENT THROUGH CAPACITY**
   - Block & District Health Office with management skills
   - NGOs in capacity building
   - NHSRC / SHSRC / DRG / BRG
   - Continuous skill development
5) **INNOVATION IN HUMAN RESOURCE MANAGEMENT**
   - More Nurses – local Resident criteria
   - 24 X 7 emergencies by Nurses at PHC. AYUSH
   - 24 x 7 medical emergency at CHC

Objectives of NRHM Odisha

RCH Objectives

- To reduce Total Fertility Rate from 2.47 to 2.1 by 2010 in the State of Orissa
- To reduce Infant Mortality Rate from the present level of 71 /1000 live births to 50/1000 live births by 2010 in the State of Orissa
- To reduce Maternal Mortality Rate from the present level of 358/100,000 to 250/100, 000 by 2010 in the State of Orissa.

NRHM Initiatives General Objectives

- Reduction in child and maternal mortality.
- Universal access to public services for food and nutrition, sanitation and hygiene with emphasis on services addressing women's and children's health and universal immunization.

- Prevention and control of communicable, non-communicable, and locally endemic diseases.
- Access to integrated comprehensive primary health care.
- Population stabilization, gender and demographic balance.
- Revitalization of local health traditions and mainstream AYUSH.
- Promotion of healthy life styles.

Objectives of ASHA scheme are-

- Create awareness on health and its social determinants.
- Mobilize the community towards local health planning.
- Increase utilization and accountability of the existing health services.
- Promote good health practices.
- Provide a minimum package of curative care as appropriate and feasible for that level.
- Undertaking timely referrals.

Objective of Mainstreaming of AYUSH:

- Mainstreaming of AYUSH in the health care service delivery system to strengthen the existing public health system.

Objectives of United Fund for Sub Centers

- To increase functional, administrative and financial resources and autonomy to the field units.
- To develop the physical infrastructure and centre specific activities for PHCs.

Objectives of RKS

- Ensure compliance to minimal standard for facility and hospital care and protocols of treatment as issued by the Government.
- Ensure accountability of the public health providers to the community.
- Introduce transparency with regard to management of funds.
- Upgrade and modernize the health services provided by the hospital and any associated outreach services.
- Supervise the implementation of National Health Programs at the Hospital and other institutions that may be placed under its administrative jurisdiction.

- Organize outreach services/ health camps at facilities under the jurisdiction of the hospital
- Display a Citizen's Charter in the Health facility.
- Generate resources locally through donations, user fees and other means
- Establish affiliations with private institutions to upgrade services
- Undertake construction and expansion in the hospital building
- Ensure optimal use of hospital land as per govt. guidelines
- Improve participation of the society in the running of the hospitals
- Ensure proper training for doctors and staff
- Ensure subsidized food, medicines and drinking water and cleanliness to the patients and their attendants.
- Ensure proper use, timely maintenance and repair of hospital building equipment and machinery.

Objectives of Mobile health Units:

- Every district will have at least operational mobile medical unit t for delivering health services in terms of preventive, promotive, curative and effective to rural population especially to poor woman, children and old.

Objectives of Strengthening of PHC/CHC/UGPHC to Indian Public Health Standard:

- To provide optimal expert care to the community.
- To achieve and maintain an acceptable standard quality care in terms of Assured Services.
- To make the services more responsive and sensitive to the needs of the community.

Objectives of Immunization

- Districts will provide equitable, efficient and safe immunization services to all infants and pregnant women. Aim is to achieve 100% full immunization status by 2009-2010 and to maintain it for long.
- **2005-06---------50%**
- **2006-07---------60%**
- **2007-08---------75%**
- **2008-09---------95%**
- **2009-10---------100%**
- Contribute global eradication of Polio by 2007.

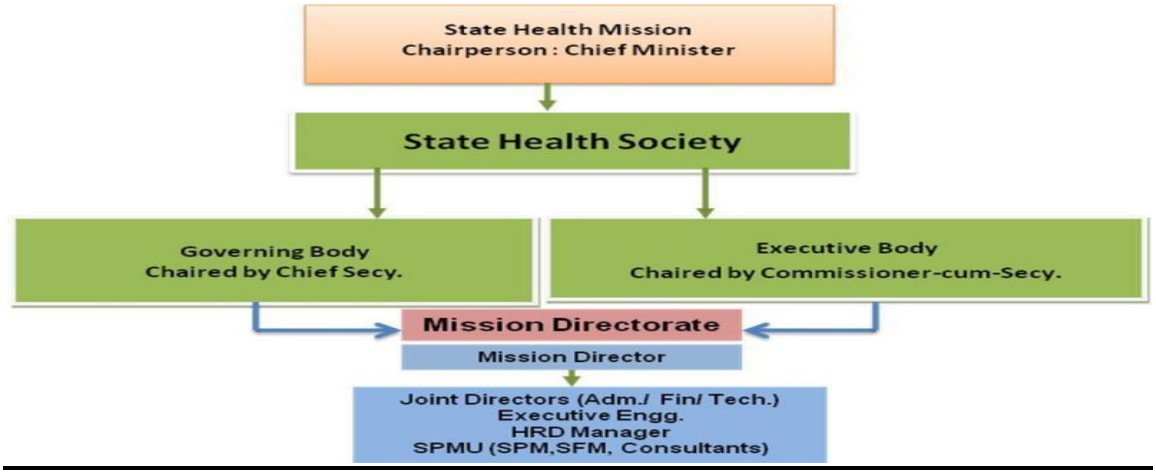
- Elimination of Neonatal Tetanus, Diphtheria and Pertussis by 2009.
- Measles mortality and morbidity reduction to 80% by 2010, compared to 2000 estimates.
- Achieve and maintain vitamin A supplementation coverage >80% under the age of 3 yrs
- Establish sufficient sustainable and accountable fund flow at all levels.
- Ensure there is sustained demand and reduced social barriers to access immunisation services.

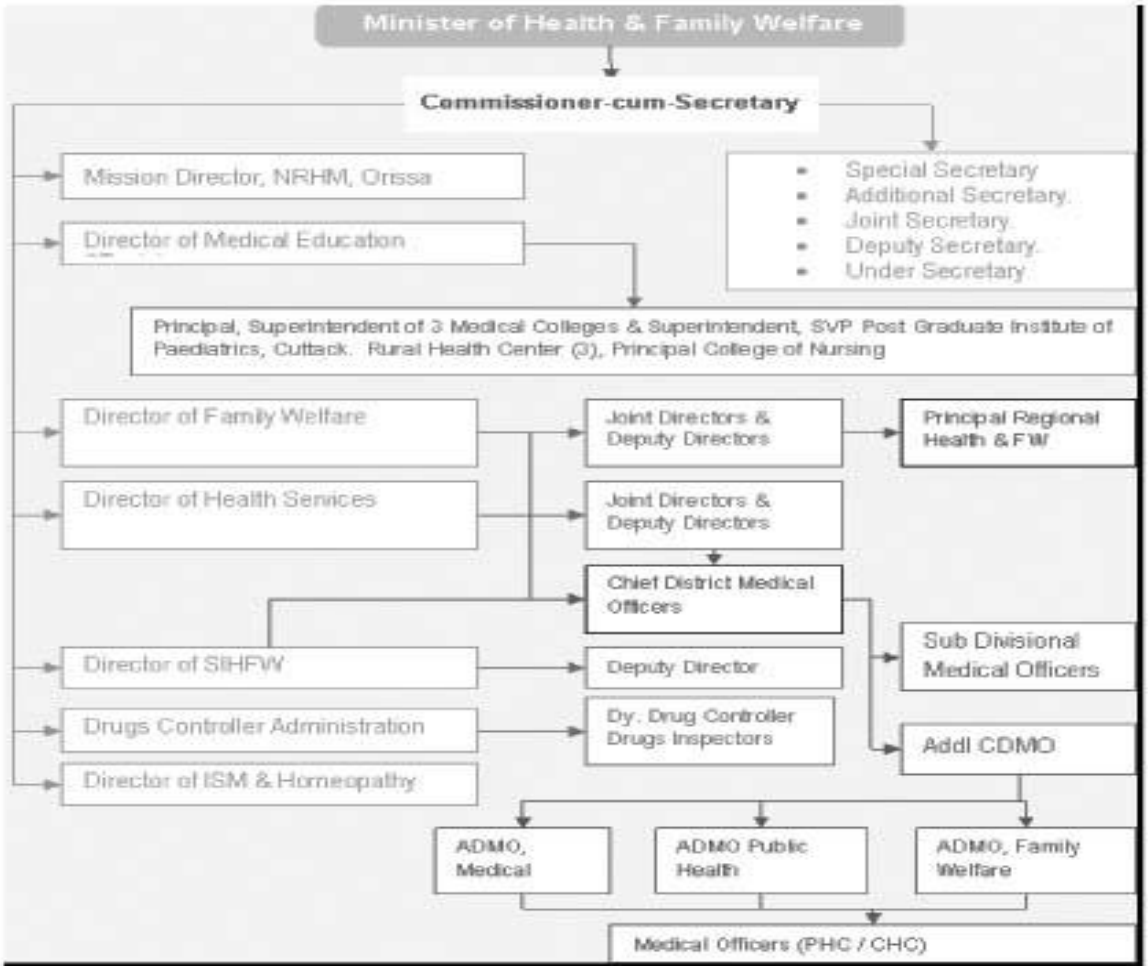
Objectives of the NIDDCP

- Assess the magnitude of IDD by periodic surveys.
- Re-survey after every 5-years to assess the extent of IDD and the impact of Iodized Salt.
- Laboratory Monitoring of Iodized Salt and Urinary Iodine excretion.

ORGANOGRAM OF NRHM ODISHA

Figure No.1





STATE INITIATIVES

- *Swasthya Kantha* Campaign: To provide health related communication information to rural population by writing the information on specific walls meant for the purpose. The walls are located at strategic points in most villages. The major issues tackled are "maternal health, child health, malaria and tuberculosis".
  As a result of the *Swasthya Kantha* campaign, there is increased knowledge on health and sanitation issues of the village with improved health seeking behaviour of the people.

- Innovations in relation to ASHA workers
  - ASHA HBPNC: Home based post natal care for mother and infant by ASHA. ASHAs are being trained for home based post natal care which has increased record keeping of immunization, breast feeding and better reporting of LBW babies.
  - Bicycles to ASHAs: ASHAs have been provided with cycles so that they can deliver better services. Cycles help in easy commuting of the ASHAs to the areas that she covers, even in areas where roads are not available. After provision of cycles, there has been an increase in immunization coverage, ANC and institutional delivery.
  - ASHA fixed day payment: To address the grievances of payment of incentives, the government has come up with the policy of having a fixed day for payments of incentives. There are 32 different incentives for ASHA workers.
    With this innovation there has been an increased motivation of ASHA workers towards their work.
  - ASHA *Gruha* : It is a resting place for ASHAs, who accompanies pregnant women to the hospitals for their delivery.
    The ASHAs feels very secure to accompany pregnant women even at night, as she feels safety for herself during the visit to district hospitals.

- The Government of Odisha has started the 108 Ambulance Service in the year 2013

- *Gramsat* to promote health provisions was put up to disseminate innovations and information of health issues and to review the various programmes in place. It provides an excellent opportunity for discussions with block and district health officials.

- Public- private partnership:

  1. Urban Slum Health Project: Targeted for outreach and vulnerable areas. Provides services for health, hygiene, sanitation and nutrition.
  2. *AROGYA* Plus project: Specially targeted at Naxalite areas for providing health services to these areas. This project functions similarly as mobile health units
  3. PHC New project: 32 PHC (New) in very outreach areas
  4. Vulnerable Group Project : Meant for primitive tribe groups

5. Maternity Waiting Home: Providing PNC support to pregnant women in outreach areas. Providing temporary home for expectant mothers living in hard to reach tribal areas, where they come 5-7 days before EDD and can wait for delivery

- Mobile Health Unit: To provide preventive, promotive & curative health services in the inaccessible areas and difficult terrains which are un-served /underserved under usual circumstances. With the advent of MHU's there has been an increase in the number of cases treated and referred. The MHU's function for 22 days in a month, reaching far of villages to provide quality services to them.

- *Janani* Express: Free referral transport system to promote institutional delivery and reduce out of pocket expenditure by providing nonstop free transport facility and contributing in reduction of infant and maternal mortality. The average patient load has been on a gradual increase.

- Mobile Boat Clinic: To provide basic health services to people of most inaccessible and difficult areas of *Malkanagiri* district (Naxalite area). But after its introduction, giving services to the outreach people has become easier.

- *Tika* Express: An alternate vaccine delivery system for children of difficult and tribal dominated pockets to enhance immunization coverage and strengthen routine immunization programmes. Due to this initiative, percentage of full immunization has been on a constant increase.

- Sick New Born Care Unit: To improve neonatal survival and provide special level- II care to neonates including low birth weight and sick neonates. Special initiatives like "autoclaved cotton dress", "kangaroo care bag" and "oil cloth – with key message" are taken up. It has led to an increase in successful management of a huge number of babies.

- Single Window: *Janani Sewa Kendra* for JSY beneficiaries to reach up to a mark of 100% birth registration and to provide all major MCH related benefits at facility level. With this service in place, there has been an increase in distribution of birth certificates and delivering of other services to the beneficiaries.

- IT initiatives: Various IT applications have been used to achieve the desired objectives.

    - Program monitoring applications
        - *E Swasthya Nirman*
        - Drug Testing and Data Management System
        - *E Sanjog*
        - FRU Montoring System
        - Contraceptive Logistic Management Information System (C LMIS)
        - Odisha Vaccine Logistics Management System (OVLMS)
        - Integrated Training & Evaluation Management System (ITEMS)
    - Human Resource Monitoring & Management

        - E Attendance
        - Human Resource Management Information System (HRMIS)
        - Govt. Doctor's Information Management (GODMAN)
        - Mission Connect (CUG)
    - Citizen Centric Applications
        - E Blood Bank
        - Grievance Redressal System for JSSK Scheme
        - Telemedicine
    - Applications for Planning and Management
        - Odisha State Malaria Information System (OSMIS)
        - GIS in Odisha State Healthcare Planning & Management

List of people interacted during training period

S no.	Name	Designation
1	Smt. Roopa Mishra I.A.S	Mission Director, NHM Odisha
2	Dr. D. K. Panda	Team Leader
3	Dr. Biswajit Modak	Sr. Training Consultant
4	Dr. B.P. Mohapatra	Jt. Director, Nutrition
5	Dr. PKB. Patnaik	Jt. Director, NCD
6	Dr. Bikash Patnaik	Jt. Director, CD
7	Dr. Ranjeeta Patanaik	Jt. Director, Rural Health
8	Dr. Pramila Baral	Deputy Director, IDSP
9	Dr. M.M. Pradhan	Deputy Director, NVBDCP
10	Dr. K.K. Das	Deputy Director, SIHFW, Odisha
11	Dr. Aditya Mohapatra	Consultant Pediatrician
12	Mr. Adait Kumar Pradhan	State Programme Manager
13	Mr. Chandanesh Mishra	Consultant, Adolescent Health
14	Dr. Shridhar Kadam	Associate Professor IIPH, Bhubaneswar
15	Smt. Mithun Karmakar	Senior Consultant, M&E Section
16	Dr. Ananda Kumar Padhi	CDMO, Rayagada
17	Mr. Prashant Mishra	DPM, Rayagada
18	Mr. Vishwaranjan Rout	Deputy Manager(RCH), Rayagada
19	Mr. Kishor Patanaik	BPM, Kolnora Block, Rayagada
21	Smt. Kalpana Mishra	BPM, Jemaidepentho Block, Rayagada
22	Mr. Jitendra Tripathi	BPM, Ramnaguda Block, Rayagada
23	Smt. T. Satyavati	BPM, Bissamcuttak Block, Rayagada

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9	Percentage distribution of neonates received vaccination at birth	32

Research Study:-

To study the Health Behavior practices for neonates in tribal blocks of Rayagada district of Odisha, India

Introduction:-

India is known for its diverse cultures and customs. It is a home to various tribes and these tribes follow various practices right from the birth of a child till the end of a life. Improving health of neonates plays a major role in improving child morbidity and mortality. There are various standard guidelines to be followed for good health of neonates. The tribal people are known to follow certain traditional practices in case of neonates which would not match with standard protocol but might be healthy in some cases.

Standard Protocol to be followed for the care of neonates (birth-28 days):-[1]

- Prevention of infection- 1) Clean cord cutting, 2) Hand washing practices.
- Feeding- 3) Intake of colostrums, 4) Immediate initiation of breast feeding, 5) No complimentary feeding.
- Maintenance of warmth-6) No bath (7days), 7) Kangaroo Mother Care.(if weight less than 2000 gms at birth)
- Vaccination (0-28days) period- 8) BCG, 9) OPV (0), 10) Hepatitis B-1 at birth.

Geographical Facts of study area:

The study covers villages of 4 blocks (Kolnora, Bissamcuttak, Ramnaguda,Jemaidepentho) of Rayagada district of Odisha. Odisha is situated on subcontinent's south-east coast, by the Bay of Bengal. It is surrounded by West Bengal to the north-east and in the east, Jharkhand to the north, Chattisgarh to the west and north-west and Andhra Pradesh to the south. Odhisa comprises of 30 districts. The study was conducted in Rayagada district of Odhisa. Rayagada district is occupying a southern position in the Geo-political map of Odhisa . It is the district which touches the boundary of Kandhamala district in the north , Gajapati district in the east, Koraput district in the south and Kalahandi district in the west .It also touches the boundary of Andhra Pradesh in the south.

Total population : 9,61,959 (2011 Census)
Total Area : 7073 Sq.kms
Blocks : 11

Review of Literature:-

Cultural issues, decision of family members and traditional beliefs still play a crucial role in shaping neonatal care practice in tribal communities. Easy availability of traditional birth attendants and family preferences are common reasons for home births. [2]

The tribal people discard giving colostrums to newborns mostly because of elder's advice and also believed that the milk may not be good for child, and consider it as impure and have strong traditional belief. Because of the late initiation of the breast milk, the newborns were fed with pre-lacteal foods. [3]

Improvement in child care and feeding practices could positively impact nutritional status of children. These interventions need to be at the household level using positive deviance approach and behavioral change communication strategies. [4]

Though breastfeeding is practiced by all tribal mothers, there is need for early initiation of breastfeeding and proper weaning habits. [5]

Due to high illiteracy level, deep routed customs, beliefs and practices, children seem to be deprived of colostrum during infancy, improper supply of nutrients during weaning period also hampers on their growth and development. [6]

Research Question:-

What are the health behavior practices followed for neonates in tribal community of Rayagada district of Odisha?

Objectives:-

To study different traditional Health Behavior practices for neonates in tribal community.

To assess whether these practices are as per the standard protocols

Indicators:-

- % of home deliveries
- % of home deliveries performed by
- % of cord cutting with sterile instrument(home deliveries)
- % of cases with Application to stump (home deliveries)
- % of care givers washing hands before handling baby
- % of cases with immediate Initiation of Breast feeding
- % of newborn given colostrum
- % of newborn given pre-lacteal

- % of neonates given immediate bath
- % of neonates with some application to body before/during bath(if bath before 7 days)
- % of neonates received vaccination at birth

Research Methodology:-

- **Sources of Data:-**
  1) **Secondary Data:** documents offered by National rural health mission, Odhisa, and few research documents were studied in great depth for a better understanding of the projects.
  2) **Primary Data:** primary research is done in form of personal interview of mothers /care givers in the four allotted blocks.
- **Study type:-** Cross sectional.
- **Study duration:-** 2 months.
- **Study Area:-** Villages of Kolnora, Bissamcuttak, Ramnaguda, Jemaidepentho blocks of Rayagada district of Odisha , India.
- **Sampling:-**
  - **Sampling technique:-** Non Probability sampling (purposive sampling).
  - **Selection of respondents:-** Willing Mothers with child under 28 days of age.
  - **Techniques:-** Personal Interview of Mothers / Care givers
  - **Tool:-** Interview Schedule.
  - **Sampling size**:-

Table No 1: Total Sample size collected

Personal Interviews	30 (Mothers/Care givers)
Villages survey	12

Table No 2: Timeline of the study

S No.	Task	Timeline	Duration
1)	Document study and development of study design and tools	2nd April'14 to 23rd April'14	3 weeks
2)	Field testing of tools ,field study and data collection	24th April'14 to 7th May'14	2 weeks
3)	Data analysis	8th May'14 to 15th May'14	1 week
4)	Finalization of Data And presentations	16th May'14 to 23th May'14	1 week
5)	Relieved from NHM, Odisha	24th May'14	

Table No 3: Villages visited during scheduled timeline of study

S no	Block	Village
1	Kolnora	Bhujabal
		Panichatra
2	Jemaidepentho	Boda Raising
		Boda Irkebadi
3	Ramnaguda	Parla
		Karniguda
		Tumbhiguda
		Panikheti
4	Bissamcuttak	Patharguda
		Hat Muniguda
		Dephaguda
		S.Sarithi

Data Analysis Plan:-

The data collected from mothers / care givers and peripheral health workers was entered into MS-Excel and percentages of the commonly followed practices were taken out .These practices were studied with respect to the standard protocol which are to be followed. Conclusions were made.

Limitations of the Survey:-

The following limitations of the survey were identified:

a) Sample sizes were taken was small and the size might not represent the entire universe of the study.
b) There was scope for more in-depth visits of tribal area and probing of various components making the study more interesting.
c) The Language barrier acted as a problem during communication with respondents.
d) Time constraints for various activities of the project.

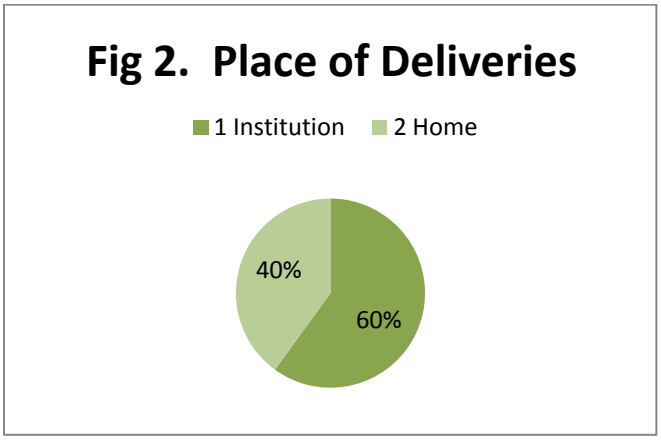
Results :-

The analysis of results mainly covers the percentage of cases practicing health behavior in neonates under the different indicators.

1. % of home deliveries conducted

Table No.4

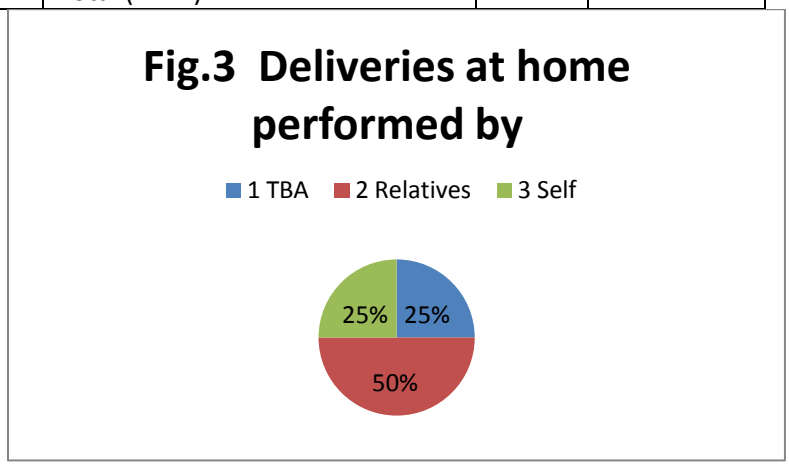
S no	Delivery at	Numbers	Percentage
1	Institution	18	60.00%
2	Home	12	40.00%
	Total (N=30)	30	



2. % of home deliveries performed by

Table No.5

S no	Delivery at home performed by	No	Percentage
1	TBA	3	25.00%
2	Relatives	6	50.00%
3	Self	3	25.00%
	Total (n=12)	12	



3. % of cord cutting with clean instrument in case of home deliveries

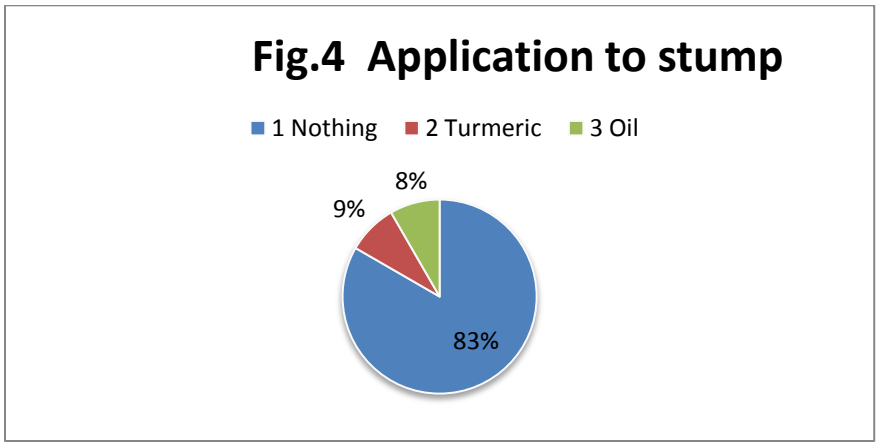
Table No.6

S no	Cord cut (home delivery)	No	Percentage
1	Clean razor/blade	12	100%
2	Other unsterile instrument	0	0%
	Total (n=12)	12	

4. % of cases with Application to stump after cutting of cord in case of home deliveries

Table No.7

S no	Application to stump(home delivery)	No	Percentage
1	Nothing	10	83.33%
2	Turmeric	1	8.33%
3	Oil	1	8.33%
	Total (n=12)	12	



5. % of care givers washing hands before handling baby

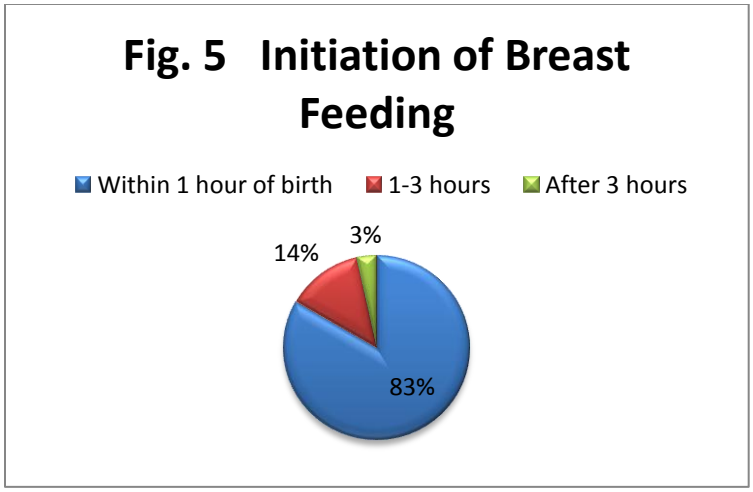
Table No.8

S no	Hand washing	No	Percentage
1	Yes	0	0%
2	No	30	100%
	Total (N=30)	30	

6. % of cases with immediate Initiation of Breast feeding

Table No.9

S no	Initiation of feeding	No	Percentage
1	Within 1 hour of birth	25	83.33%
2	1-3 hours	4	13.33%
3	After 3 hours	1	3.33%
	Total (N=30)	30	



7. % of newborn given colostrum

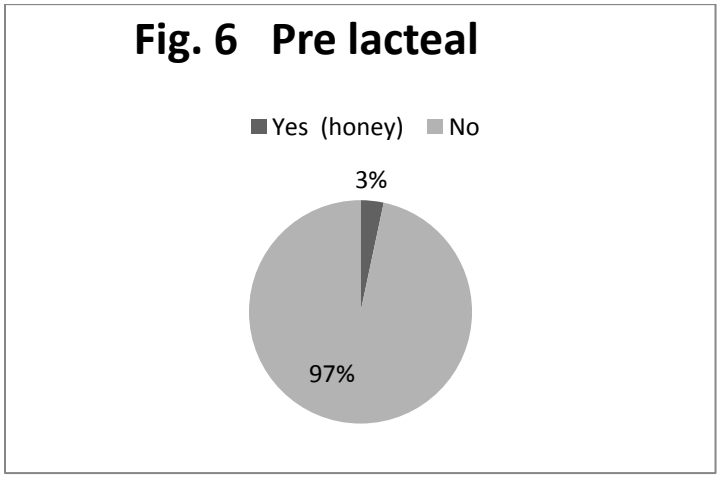
Table No.10

S no	Colostrums	No	Percentage
1	Given	30	100%
2	Not given	0	0%
	Total (N=30)	30	

8. % of newborn given pre-lacteal

Table No.11

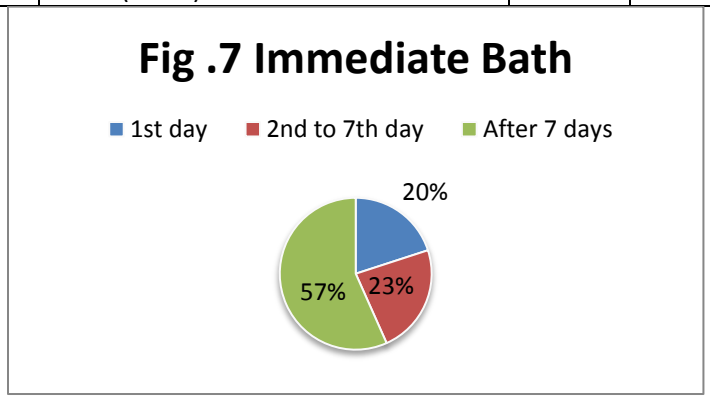
S no	Pre Lacteal given	No	Percentage
1	Yes (honey)	1	3.33%
2	No	29	96.67%
	Total	30	



9. % of neonates given immediate bath

Table No.12

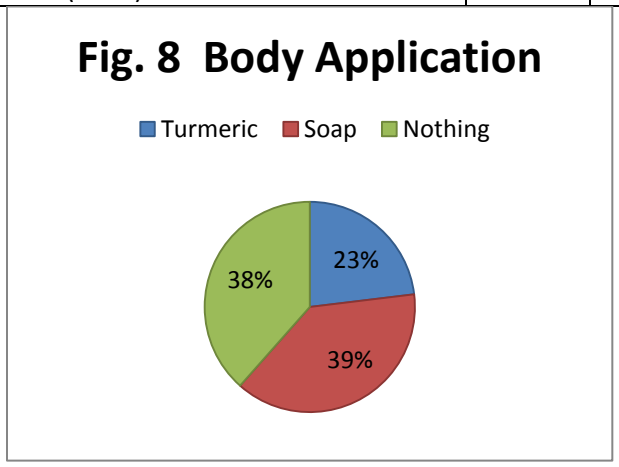
S no	Bath	No	Percentage
1	1st day	6	20.00%
2	2nd to 7th day	7	23.33%
3	After 7 days	17	56.67%
	Total (N=30)	30	



10. % of neonates with some application to body before/during bath(if bath before 7 days)

Table No.13

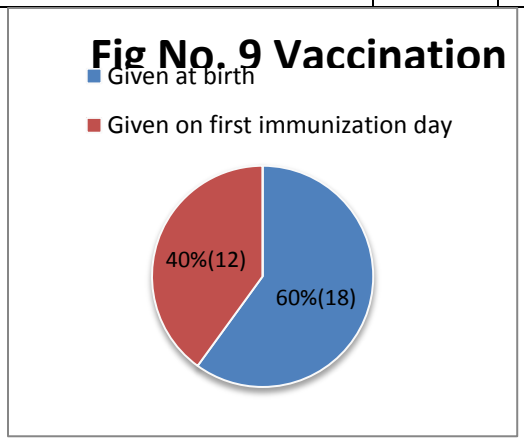
S no	Application before/while bathing(in before 7 days cases)	No	Percentage
1	Turmeric	3	23.08%
2	Soap	5	38.46%
3	Nothing	5	38.46%
	Total (n=13)	13	



11. % of neonates received vaccination at birth

Table No.14

S no	Vaccination	No	Percentage
1	Given at birth	18	60.00%
2	Given on first immunization day	12	40.00%
3	Not given	0	0%
	Total	30	



Some Suggestions:-

- SBA delivery should be ensured in case of home deliveries.
- Capacity building and Incentivisation of ANM to perform home deliveries.
- Creating awareness among mothers and care givers regarding home based newborn care as per the HBNC, IYCF guidelines from time to time.

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Annexure:

Interview Schedule:-

1) Interview Schedule for Mothers/Care givers

Information of Health Behavior Practices for neonates in community

Information- I would like to thank you for taking the time to meet me. My name is Dr. Atul B. Rairker. I would like to ask you about health behavior practices you follow for care of neonates. The responses will be kept confidential. This means that the interview responses will be shared only with the research team and we will ensure that any information that we include in our report does not identify you as the respondent. Remember, you don't have to talk about anything that you don't want to and you can end the interview at any time.

Consent- I_____give my approval for the interview. All the things have been explained to me up to my satisfaction.

Interviewee Signature

Village	
Serial No	
Date of Interview	
Name of Mother/Care giver	

	Practices followed by Mothers/Caregivers		
Q. NO.	**QUESTIONS**		
1.	How many children do you have?		
2.	Was the delivery done at any Govt./Private Hospital?	If Yes then skip to 8	
3.	If at home, who performed delivery?		
4.	How was the cord cut?		
5.	Specify reasons		
6.	Was anything applied to the stump?	If No then skip to 8	1)Yes 2)No 3)Don't know
7.	If yes, what was applied? Specify reasons		

8.	When was the feeding initiated?		
9.	Was the child given first yellow colored thick milk?	If Yes then skip to 11	1)Yes 2)No
10.	If no, why?		
11.	Was any pre lacteal given?	If No then skip to 13	1)Yes 2)No
12.	If yes, What was given? Specify reasons		
13.	Was any additional food along with breast milk given during neonatal period?	If No then skip to 15	1)Yes 2)No
14.	If yes, What was given? Specify reasons		
15.	When was the baby given bath?		
16.	Was anything applied to the body before giving bath? If yes, What ?		
17.	What was the weight of the baby at birth?		
18.	If weight was less than 2500 gms, Were you taught and follow Kangaroo Mother Care?	If Yes then skip to 20	1)Yes 2)No
19.	If no, What measures did you take to provide warmth?		
20.	Was the vaccination at birth given?	If Yes then skip to 22	1)Yes 2)No
21.	If no Why? specify reasons		
22.	Do you wash your hand before handling baby?		1)Yes 2)No
23.	Did the child become ill in (0-28days) of age?		1)Yes 2)No
24.	If yes, When did the child fell ill?		
25.	What was the illness?		