Internship Training at National Health Mission, Haryana

By

Dr. Nidhi Danwar

PGDHM

2012-2014

International Institute of Health Management Research

New Delhi

Internship Training

At

National Health Mission, Haryana

"Knowledge Assessment of the ASHAs for providing HBPNC to neonates in District Jhajjar, Haryana "

By

Dr. Nidhi Danwar

Under the guidance of

Dr. Preetha G S

Post Graduate Diploma in Hospital and Health Management

Year 2012-2014

International Institute of Health Management Research

New Delhi

CERTIFICATE OF DISSERTATION COMPLETION

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Nidhi Danwar** has successfully completed her dissertation in our organization from **February 5, 2014 to April 30, 2014**. During this dissertation she has worked on the project titled "**KNOWLEDGE ASSESSMENT OF THE ASHAS FOR PROVIDING HBPNC TO NEONATES IN DISTRICT JHAJJAR, HARYANA"** & has also co-ordinated for all child health Programs like ENBCR, IMNCI and Routine immunization under the guidance of me and my team at National Health Mission, Haryana . Her work was satisfactory.

We wish her good luck for her future assignments.

Signature:

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TO WHOMSOEVER IT MAY CONCERN

This is to certify that _**Dr. Nidhi Danwar**__ student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from International Institute of Health Management Research, New Delhi has undergone internship training at **Child Division, NHM Haryana**_ from **5th Feb 2014 to 30th April 2014**_.

The Candidate has successfully carried out the study designated to her during internship training and her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfilment of the course requirements. I wish her all success in all her future endeavours.

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Certificate of Approval

To Who So Ever it May Concern

The following dissertation titled "Knowledge assessment of the ASHAs to provide HBPNC to newborns in District Jhajjar, Haryana" is hereby approved as a certified study in the management carried out and presented in a manner satisfactory to warrant its acceptance as a prerequisite for the award of Post Graduate Diploma in Health and Hospital Management for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve an statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for the evaluation of dissertation.

Name and signatures

Dr. S.V. Adhish

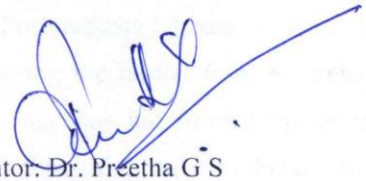
Dr. Radhika

Dr. Vinay Tripathi :

Certificate from Dissertation Advisory Committee

This is to certify that **Dr. Nidhi Danwar,** a graduate student of the **Post- Graduate Diploma in Health and Hospital Management** has worked under our guidance and supervision. She is submitting this dissertation titled "**Knowledge Assessment of the ASHAs to provide HBPNC to newborns in District Jhajjar, Haryana"** at "**Child division, NHM Haryana**" in partial fulfilment of the requirements for the award of the **Post- Graduate Diploma in Health and Hospital Management.**

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.



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Name of the Student: Dr. NIDHI DANIWAR

Dissertation Organisation: NHM, HARYANA

Area of Dissertation: Home based post neonate care (HBPNC)

Attendance: 99%

Objectives achieved: 1). Knowledge about different facility of community based child health related progeams like IMNCI, HBPNC, RBNCF RI.
2). Various managerial aspects of organising supervisory visits.

Deliverables: → A project report "knowledge assessment of the ASHA's to provide HBPNC to newborns in District Jhajjar, Haryana".

Strengths: Good interpersonal skills of hard working.

Suggestions for Improvement: Need to understand working in Government Setup.

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Date: 1/05/2014
Place: NHM, Haryana

INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH, NEW DELHI

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled "**Knowledge Assessment of the ASHAs for providing HBPNC to newborns in District Jhajjar, Haryana"** and submitted by **Dr. Nidhi Danwar** Enrollment No.PG/12/054 under the supervision of **Dr. Preetha G S** for award of Postgraduate Diploma in Hospital and Health Management of the Institute carried out during the period from **5th February** to **30th April 2014** embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

Signature

Dr. Nidhi Danwar

Abstract

With reference to Millennium Development Goal 4, substantial progress has been made globally because of the different interventions adopted. Under 5 mortality (U5M) has declined from 12.6 million in 1990 to 6.6 million in 2012. This implies that 18000 children under 5 years of age still die per day. About half of these deaths occur in only 5 countries: India, Nigeria, Democratic Republic of the Congo, Pakistan and China. Of these under 5 deaths nearly 44% are because of neonatal mortality which is reducing at a slow pace.

Similar trend is visible in India and Haryana as well. Despite of introducing various schemes like JSY and JSSK to promote institutional deliveries and skilled birth attendance; strengthening facilities with SNCU, NBSU and NBCC; IMNCI to manage newborn and child hood diseases neonatal mortality is still high at 28/1000 and 33/1000 live births in Haryana and India respectively.

According to an ICMR study, roughly 75% deaths occur in 1st week in which maximum deaths occur on 1st day (39.3%) and 3rd day (10.2%). To address these issues, Government of Haryana's launched Home Based Post Neonatal Program (HBPNC). It is a package of health services for every newborn and mother to be delivered at home by ASHA. Under HBPNC ASHAs are trained to examine the new born and mother for any danger signs besides educating mother and family members regarding good healthy practices. Under the programme, ASHAs are also provided with a drug kit, some equipments and booklets.

This study was conducted to assess the knowledge of ASHAs required for providing HBPNC services to the newborns on the premises that a satisfactory knowledge level would ensure good practices. A small sample of 65 ASHAs from all the blocks of Jhajjar district were interviewed. According to the study results, almost all the ASHAs interviewed were trained in HBPNC. However despite of receiving HBPNC training within last 6 months, only 6.2% could mention 5 or more key activities under HBPNC; 18.2% could narrate 7 or more newborn danger signs and 27% mentioned all the four signs of good breast feeding attachment.

As HBPNC is a pivot intervention, it efforts are necessary to ensure good knowledge and skills of the ASHAs. Supportive supervisions are required to strengthen the Program for delivery of high quality postnatal careto both mother and new born besides advocacy of important messages concerning family planning, child health and other key health areas.

Acknowledgement

I would like to express my sincere thanks to **Dr. Rakesh Gupta** (Mission Director, NHM, Haryana) and **Dr. Suresh Dalpath** (Deputy Director Child Health, NHM Haryana) for giving me opportunity to work in NHM, Haryana.

I would like to express my sincere thanks to **Prof. (Dr) Ashok K Agarwal** (Dean, Academics and Students affairs, IIHMR, New Delhi) and **Dr. Rajesh Bhalla** (Ex Dean, Academics and Student affairs, IIHMR, New Delhi) who made efforts to ensure that we are in the right hands.

I am grateful to my mentors, **Dr. Preetha G S** (Assistant Dean, Research, IIHMR New Delhi) and **Dr. Krishan kumar** (Medical officer, Child Health, NHM Haryana) for their feedbacks and support despite of their work load.

I am also thankful to **Mr. Vinod** (Consultant, Child Health) and **Dr. Vishal Dhiman** (Consultant, Child Health) for their technical and administrative help. I would also take this as an opportunity to express my thanks to the entire child health division NHM, Haryana for welcoming me and providing all the necessary resources required for accomplishing the dissertation project

I would also like to express my gratitude to **Dr. Ramesh Dhankar** (Civil Surgeon, Jhajjar District, Haryana) and **Dr. Ashok Sharma** (Deputy civil Surgeon, Jhajjar District, Haryana) for assisting and cooperating me in conducting interviews of the ASHAs throughout the district.

Lastly, I am thankful to my family and friends also for supporting and encouraging me with their best wishes.

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List of Abbreviations

1. ANM - Auxilliary Nurse Midwifery
2. ASHA -Accerited Social Health Activist
3. CHC - Community Health Centre
4. HBPNC -Home based post natal care
5. IMR - Infant Mortality Rate
6. LBW - Low Birth Weight
7. MCH -Maternal and Child Health
8. NFHS -National Family Health Survey
9. NMR - Neonatal mortality rate
10. NRHM -National Rural Health Mission
11. PHC - Primary Health Centre
12. RCH -Reproductive and Child Health
13. SBA - Skilled Birth Attendant

INTERNSHIP REPORT

***Organization*:** National Health Mission, Haryana

***Designation*:** Coordinator Child Health

During the dissertation I along with other team members were given induction training for 5 days. During the training, we were acquainted with various facility and community based government programs ongoing in the child health division, NHM Haryana.

Under facility based programs, Essential New Born Care and Resuscitation (ENBCR) and Routine Immunization were discussed. Besides class lectures, demonstrations on the mannequins were also given. Knowledge was also given regarding the Special Newborn Care Units (SNCU), New Born Stabilizing Units (NBSU) and New Born Care Corners (NBCC). Under community based process, Home based Post Neonate Care (HBPNC) and Micro Nutrient Supplementation Program (MSP) was discussed.

Training on IMNCI was also organized by NHM Haryana for our batch in collaboration with PGI Chandigarh. Besides class room lectures, we were also made to visit district hospital, Panchkula for hands on training.

During our dissertation, we had visited for supportive supervision on ENBCR, IMNCI, RI, SNCU and HBPNC to Narnaul, Sirsa, Yamuna Nagar and Jhajjar districts of Haryana along with the state consultants.

We also got an opportunity to attend a workshop on Data Quality Assessment (DQA) organized in collaboration with PHFI at Yamuna Nagar and an overview of JHPEIGO tool used in maternal department.

My Key learning's

1. Gained knowledge about different facility and community based programmes related to child health

2. Gained practical exposure of monitoring and evaluation during various supervisory visits.

3. Learnt about working procedures of government, ministry of health, NHM Haryana

Knowledge Assessment of the ASHAs for providing HBPNC to newborns in District Jhajjar, Haryana

CHAPTER 1

1.1. INTRODUCTION

In reference to Millennium Development Goal 4 i.e. to reduce child mortality, substantial progress has been made worldwide. Globally, Under 5 Mortality Rate (U5MR) has slid down from 90 in 1990 to 48 in 2012 with still nearly 6.6 million under 5 children dying every year(1). Amongst them, over 70 % are from WHO Africa and South East Asia regions with nearly 50% of them from 5 countries namely: China, India, Pakistan, Nigeria and Democratic Republic of the Congo. Also, nearly 3 million new born die every year during first month of their birth constituting about 40% of U5MR each year (1).

To improve the reproductive and child health universally, various measures like improvement in full antenatal care coverage, increase in institutional deliveries and skilled birth attendance, home visits by trained health workers within 48 hrs to 1 week of delivery, early initiation of breast feeding within one hour of delivery and exclusive breast feeding for initial 6 months and prevention of teenage pregnancies, unwanted pregnancies and proper spacing between successive pregnancies by adoption of modern family planning methods have been advocated by WHO and other international organisations.

Over the period of time, adoption and modification of these programs by Government of India according to the Indian context has brought many positive changes in the maternal and child health of India. India has also witnessed declining trend in U5M mortality as a result of comparative increase in institutional deliveries and skilled birth attendance, promotion of early and exclusive breastfeeding till 6 months of age, increased adoption of family planning methods etc. However with U5MR at 52 (SRS 2012) India would fall short of the target of achieving MDG 4, by 2015. Each year, of all the 27 million infants born, nearly 1 million die before their first birthday and about 0.88 million die before the completion of the first month of birth.

Fig.1. Causes of Neonatal and child mortality in India

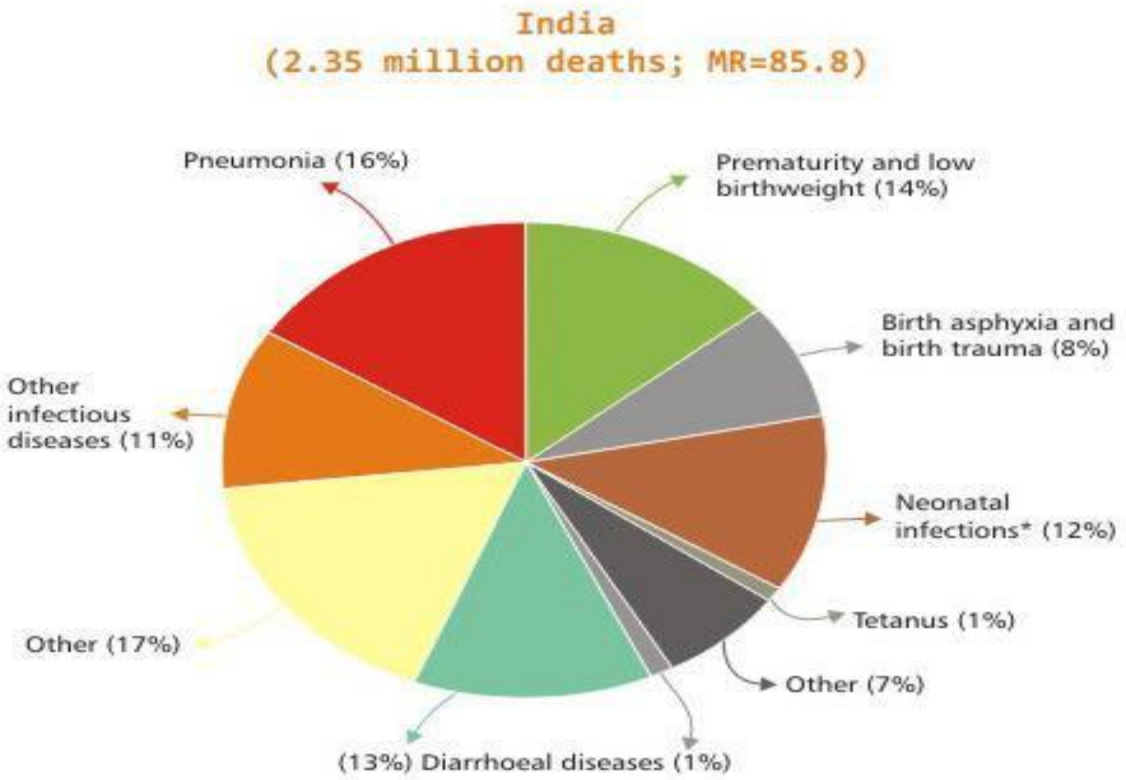


Figure 4: Causes of Neonatal and Child Mortality in India-

Cource: Causes of Neonatal and Child Mortality in India: a nationally representative mortality survey – Lancet November 12,2010 DO1:10.1016/S0140-6736(10)614614

Above figure based on a recent Lancet Million Death Study highlights that preterm and low birth weights, neonatal infections and birth asphyxia as major causes of child mortality (2) in India. An ICMR study also highlights that the most vulnerable period of a newborns life is the period during birth and first week of life. Nearly three quarters of all neonates death occur during first week of life (2) while remaining 25% occurs during 2-4 week of life. According to a study by Dr. Ajay Bhang, despite of schemes like JSY and JSSK to promote institutional deliveries, nearly 30-40 % of neonates (3) are still born at homes. And amongst those newborns who are delivered in the hospitals, many are discharged early even before 24 hours of birth due to various reasons.

Haryana presently stands at a crossroads where though visible progress has been made in reducing these health indicators there is still scope for improvement. In Haryana the IMR is 42 per 1000 live births (SRS 2012) while Neonatal mortality Rate (NMR) is 28 per 1000 live births. The Government of Haryana is determined to achieve the MDG 4 target of reduction of IMR<25 by 2015 by focusing on reduction of the Neonatal mortality Rate.

As a strategy to address the slowly decline NMR and to improve the health and survival of mother and new born, Haryana government along with strengthening facility based care in the form of SNCU, stabilising units and newborn care corners, had also launched a new home based post neonate care programme (HBPNC) in 2010.

Introduction to HBPNC

HBPNC is a package of health services delivered at home by community link workers aimed at reducing neonatal mortality. Under this program, ASHAs who are resident and available in the village have been trained in providing home based post natal care to newborns and mothers under supportive supervision with the backup of referral facilities and transport.

This HBPNC Package consists of three parts:-

4. A special training to ASHA (2+5 days, Round-I & II) for home based postnatal care of mother & newborn.

5. An incentive to ASHA (Rs. 250/-) for completing PNC routine checkups of newborn and mother by way of conducting 01+06 home visits*.

6. Linkages with existing free Referral Transport System.

Skills Imparted to ASHA under HBPNC

- Identification of danger signs among pregnant women during pregnancy
- Identification of danger signs among mother/newborn during/after delivery
- Weighing the newborn through the Salter Scale
- Temperature taking through the Digital Thermometer
- Proper wrapping the newborn to avoid hypothermia
- Hand Washing to avoid infections

An ICMR study highlights that nearly 40% of newborns dye within first 24 hours of life with next vulnerable period being around 3rd day which amounts 10% of total deaths.

Fig.2. Distribution of Neonatal Deaths- Day 1 to 7

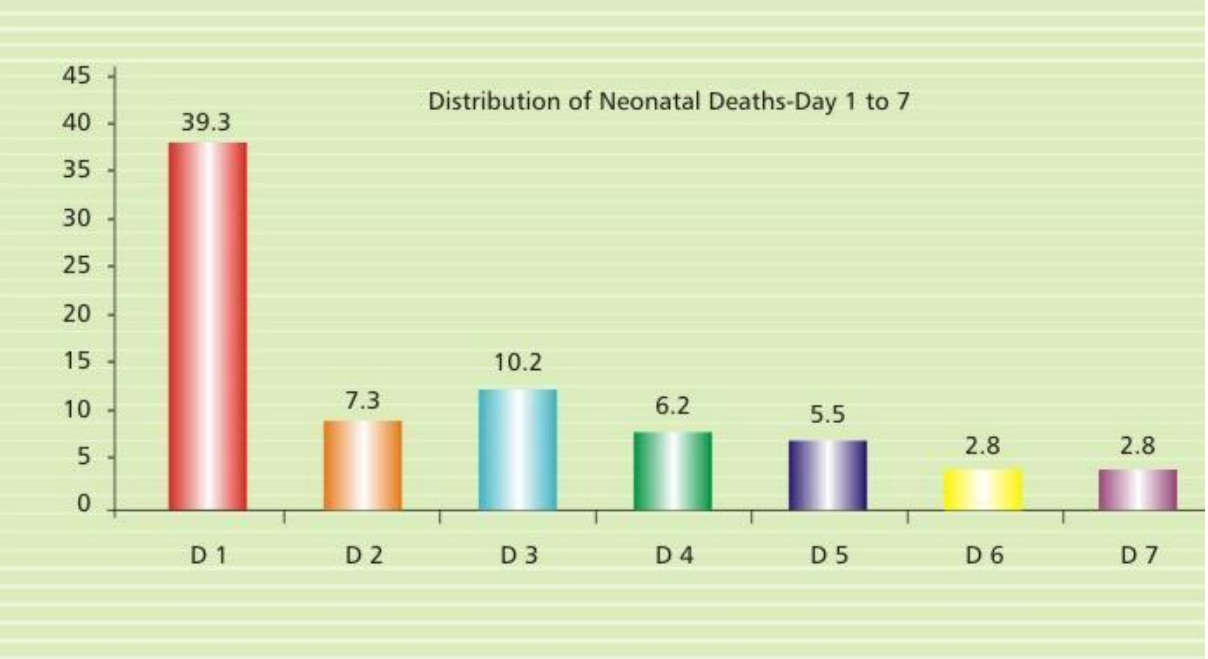


Figure 5b: Distribution of Newborn deaths in the first week of life

Hence HBPNC visits are scheduled in such a manner that community worker tends to visit the newborn on these days. Incase of home delivery, visits are scheduled on 1st, 3rd, 7th, 14th, 21st,28th and 42nd day of birth while on 3rd, 7th , 14th, 21st, 28th and 42nd day of birth in case of institutional delivery.

Key activities performed by ASHA during the visits

- Care for every newborn and mother through a series of home visits by ASHA in the first six weeks of life.
- Information and skills to the mother and family of every newborn to ensure better health outcomes.
- Examine the baby for Alertness, Activity, Breathing, Color, Temperature, Jaundice, Skin and Umbilical Sepsis, weight etc.
- Early identification of illness in the newborn and provision of appropriate care at home or referral, if needed.
- Examine every newborn for prematurity and low birth weight. Referral for appropriate care, if needed.

- Counsel pregnant woman/mother/family member/caregiver(s) on early and proper breastfeeding, keeping baby warm, cord care, hygiene, delayed bathing, nutrition, and spacing.
- Counsel the pregnant woman/mother/family member/caregiver(s) about the importance of BCG, OPV, DPT, Hep-B or Pentavalent to be given to the newborn.
- Follow up for sick newborns after they are discharged from facilities.
- Examine the pregnant women/mother for bleeding/excessive vaginal bleeding, foul smelling, fever, pain and any other problem during pregnancy/after delivery and enabling referral, if needed.
- Counselling the mother for adoption of an appropriate family planning method.
- In case of those deliveries that occur on the way to the health institutions or at home out of choice, despite motivation for institutional delivery, the ASHA must be equipped with the skills and competencies required to provide appropriate newborn care.
- Look for danger signs in mother and baby and decide and counsel on referral.

During each of the visits, she records her findings in the postnatal cards.

<u>Material & Booklets that should be available with ASHA for HBPNC</u>-

1. HBPNC cards

2. Referral cards

3. ASHA Drug kit (should be replenished regularly)

4. Functional Digital Thermometer, Salter weighing scale (and the equipment should be reviewed and refurbished as required)

5. Booklets (Flip Chart, Bal Poshan Pustika, Prasavotter Gharelu Sampark)

<u>HBPNC Supervisors at every level are mentioned below</u>

1. Director MCH, Deputy director CH, State NGO coordinator at State level under the mentoring of Mission Director
2. District Asha Coordinator & District Program Manager at district level under the mentoring of Civil Surgeon, DIO, Dy CS (NRHM)

3. Public Health Nurse, Block Asha Coordinator & Block Extension Educator at CHC level under the mentoring of SMO
4. LHV, ASHA facilitator at PHC level under the mentoring of MO
5. ANMs at sub centre level

Work flow under HBPNC

1. ASHA performs the home visit, fills in the HBPNC card and get it signed by the mother or other family members on every visit.
2. ASHA submits the completely filled form to ANM for verification and Medical Officer (MO) counter signature. She keeps the counterfoils
3. MO submits the cards to Information assistant for entry in the software.
4. ASHA also submits the self appraisal form (SAF) to ANM mentioning the number of beneficiaries visited for her payment.

Payment to ASHA under HBPNC

The SAF submitted to the ANM are countersigned by the MO incharge. These forms are then sent to the accounts department for release of the payment according to the number of beneficiaries visited.

1.2. REVIEW OF LITERATURE

Effect of knowledge of community health workers on essential newborn health care: a study from rural India (2012) by Agarwal PK et al.(5) This study highlighted that coverage of antenatal home visits and newborn care practices were positively correlated with the knowledge level of AWWs and ANMs. After adjusting for socio-demographic, knowledge level of the AWW emerged as the most important factor in adherence to essential newborn care practices such as initiation of breastfeeding, cord care and thermal care AWWs or ANMs who had better knowledge compared with those with poor knowledge.

Effect of community based newborn care intervention package implemented through two service delivery strategies in Sylhet district, Bangladesh: a randomized controlled trial. (2008) by Baqui AH, Arifeen SE et al.(6) Showed 34% reduction in neonatal mortality. In this study, female health workers were trained in HBPNC according to an adapted version of WHO integrated management of childhood

illness.

In study "Effect of participatory intervention with women groups on birth outcomes in Nepal: cluster randomized controlled trial" by Manandhar D et al. (7)

Tried to evaluate a community based participatory intervention to improve the essential new born care. Mothers' groups were indentified in the villages and were trained to identify perinatal health problems. Common goals of the action plan included community surveillance of the births and birth outcomes, recognition of danger signs, proper care seeking, improved knowledge and skills of the health workers, increased rate of early breast feeding and improved referral patterns. IMR was found to be reduced by 30%while maternal mortality reduced by 78%.

Effect of home based newborn care and management of sepsis on neonatal mortality: field trial in rural India (1999) by Bang AT(8) showed nearly 50% reductions in neonatal mortality with the help of trained community health volunteers thereby raising hopes that this model can be beneficial in other rural areas where there is shortage of qualified physicians or infrastructure.

Neonatal and early postneonatal morbidity and mortality in a rural Guatemalan community: the importance of infectious diseases and their management (1991) by Bartlett AV et al.(9) showed reduction in mortality rate by 85% in first 3 months of life. In this community based health care package, every newborn was seen at home weekly in first month and biweekly in 2^{nd} and 3^{rd} month. Sick newborns were treated by the physician if there was any problem.

1.3. SCOPE OF THE STUDY

For ensuring the achievement of HBPNC program objectives and to remove the programmatic roadblocks, it is imperative to ensure that ASHAs have proper knowledge and skills for early identification of sickness among newborns and post partum mothers along with the availability of logistics and regular supportive supervision from the health system. Limited research studies on the knowledge assessment of ASHAs to provide HBPNC in Haryana also signifies the conduction of this study.

1.4. OBJECTIVES:

General objectives

To assess the knowledge of ASHAs for providing HBPNC to newborns in Jhajjar district of Haryana.

Specific objectives:

1. To assess knowledge of ASHAs regarding key activities and danger signs in newborns to recognise illness in the latter.
2. To estimate the % of ASHAs fully conversant with good breast feeding practices
3. To assess ASHAs awareness about referral mechanism for the sick newborns

CHAPTER 2

2.1. METHODOLOGY

1. STUDY DESIGN

It is a cross sectional study. A structured questionnaire was administered to the study participants in face to face interview after explaining them the purpose of the study and taking their consent.

2. DURATION OF THE STUDY

The study was conducted from 1st to 30th April 2014. Data collection was done from 6th to 12th April 2014.

3. STUDY AREA

Jhajjar district of Haryana was selected for the study.

4. STUDY POPULATION

ASHAs of the Jhajjar district, Haryana

5. SAMPLE SIZE

65 ASHAs from different blocks of the district were selected using convenient sampling method. ASHAs were contacted in the monthly review meetings at PHCs.

6. DATA COLLECTION TOOLS AND TECHNIQUES

Primary data was collected from the ASHAs using a structured questionnaire which was administered through interview technique.

7. DATA ANALYSIS**: D**ata was analysed using SPSS 16 software and MS Excel 2007

8. ETHICAL CONSIDERATIONS:

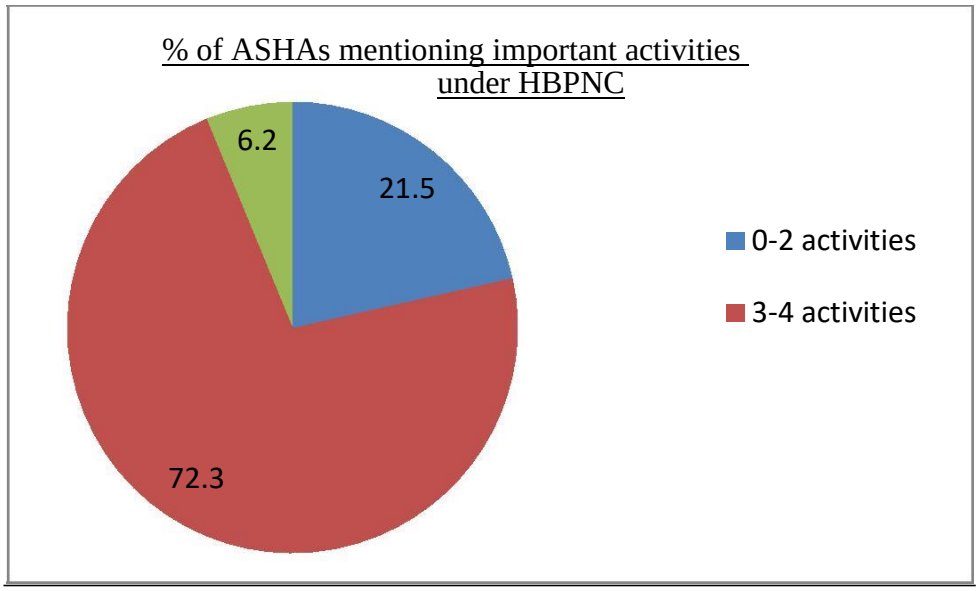
Informed consents were taken from all the participants after explaining them the purpose of the study. Their confidentiality shall be maintained even after the study.

CHAPTER 3

3.1. RESULTS

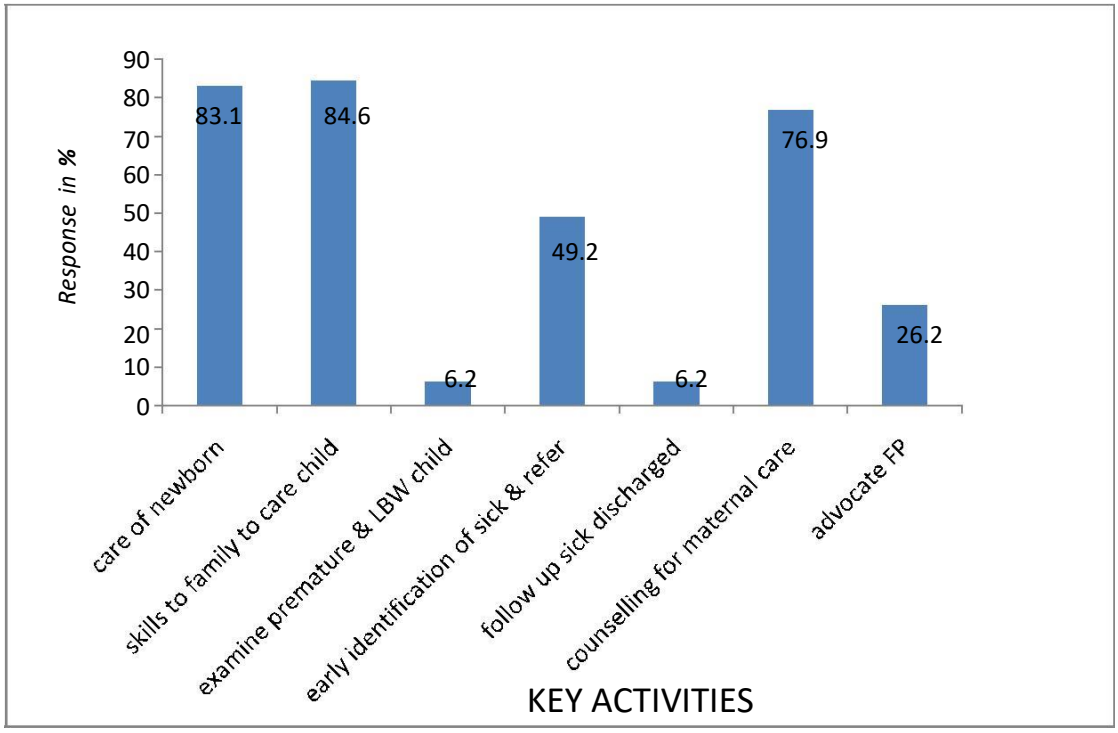
Analysis of the data reveals that amongst 65 ASHAs who were interviewed, 64 were HBPNC trained. About 41.5 % had received their last training on HBPNC within last 1 month while 56.9 % had received within past 1-6 months.

Fig.3 % of ASHAs mentioning important activities under HBPNC



As shown in fig. 3, when ASHAs were enquired about the key activities to be performed during the HBPNC visits, about **6.2** % were able to mention 5 or more key activities to be performed during the HBPNC visits**.** 72.3 % could mention 3-4 activities while 21.5 % mentioned less than three.

Fig.4. % Distribution of key activities mentioned by ASHAs w.r.t. HBPNC



When frequency of individual activities to be performed under HBPNC were analysed as shown in fig 4, 84.6 % ASHAs mentioned that they inform and impart skills to the mother and other family members of the new born to ensure the better health outcomes. 83.1% mentioned care of the newborn and mother through a series of home visits within 42 days of life as the second key activity. About 49.2 % mentioned about early identification of sick newborn and their referral while family planning was talked about by only 26.2%. Only 6.2 % ASHAs mentioned follow up of sick new born discharged from the facility and examination of premature or Low birth weight baby as other key activities.

Fig.5. logistics carried by ASHAs during HBPNC visits in %

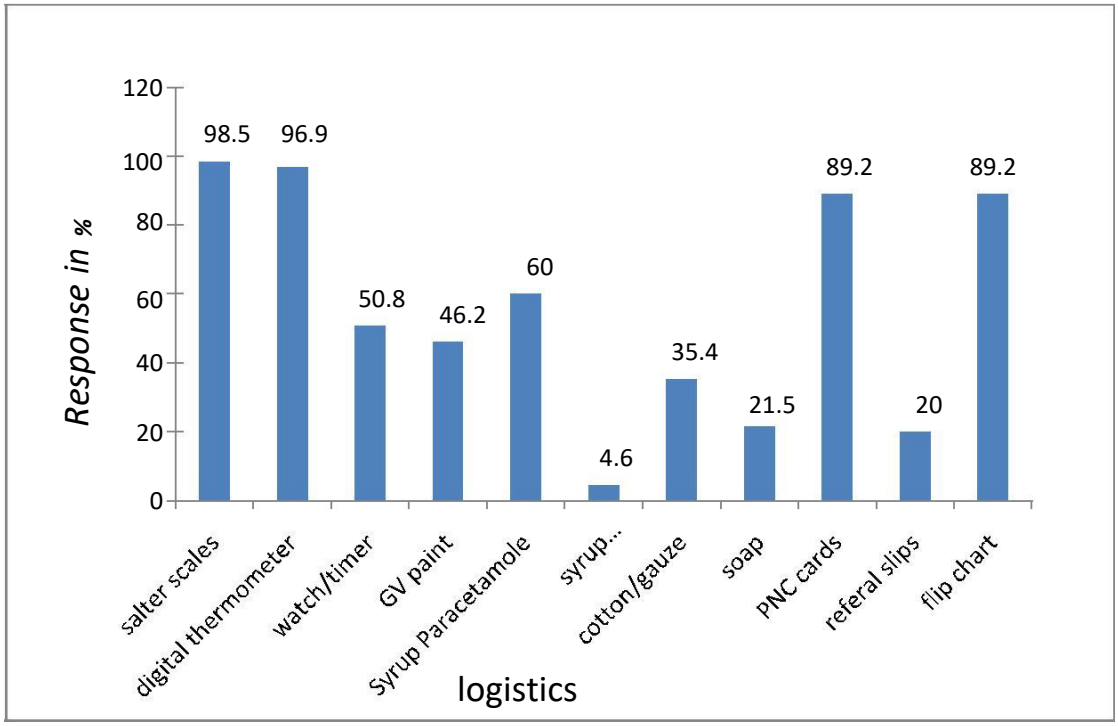
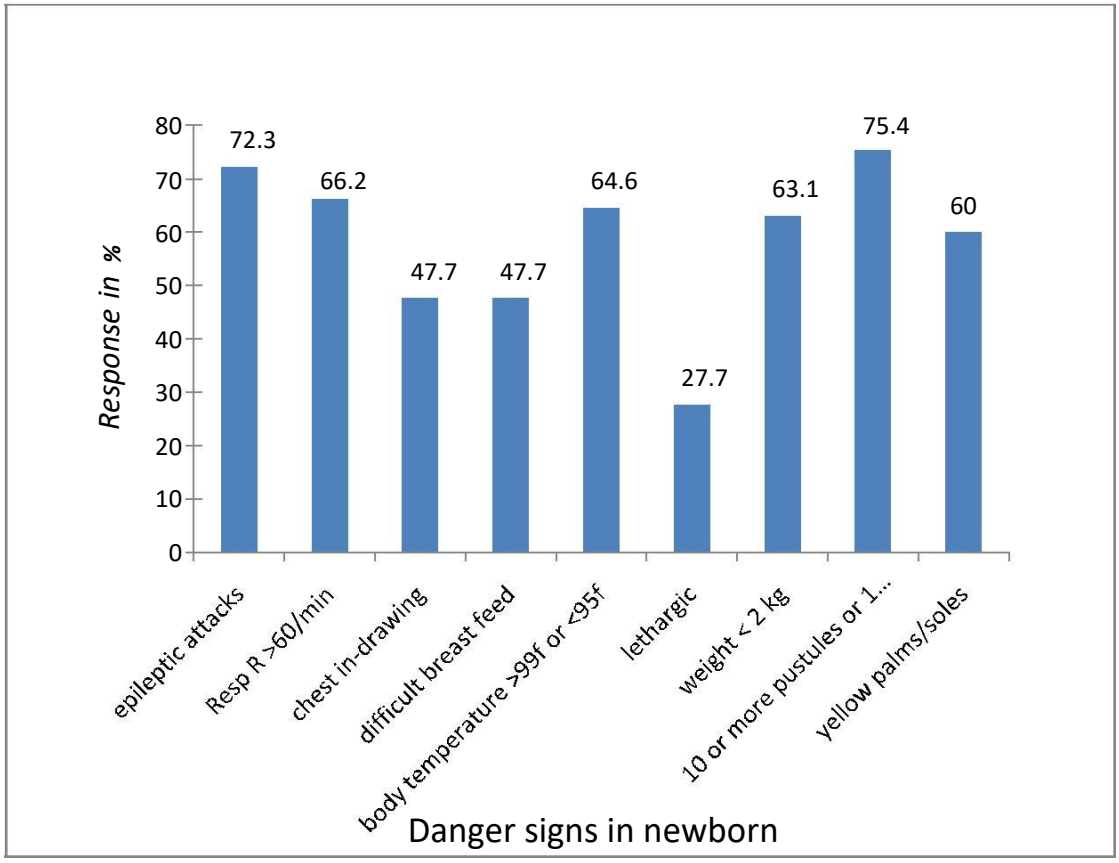


Figure 5 highlights the percentage of ASHAs mentioning about different logistics which they carry during the HBPNC visits. Salter scales for measuring the newborns weight, digital thermometer, PNC cards and flip chart were mentioned repeatedly by 98.5%, 96.9%, 89.2% and 89.2% of ASHAs respectively.

To save the newborn from dying, early identification of the sickness and prompt referral to the nearest facility is one of the important aspects in HBPNC. On being asked about the various danger signs, about 72.3 % ASHAs could report between 4—6 signs while 9.2 % told only about 1 to 3 signs. Only 18.5 % ASHAs could mention 7 or more signs out of total 9danger signs.

Fig. 6. % of ASHAs mentioning various danger signs in newborn w.r.t HBPNC



Above figure shows that nearly 75.4 % and 72.3 % ASHAs mentioned about presence of 10 or more pustules or one big boil and epileptic attacks respectively as danger signs in newborns. Respiratory rate of more than 60 / min, body temperature of > 99f or < 95f, low birth weight of less than <2000gms and presence of yellow palms/ soles had almost similar repetition.

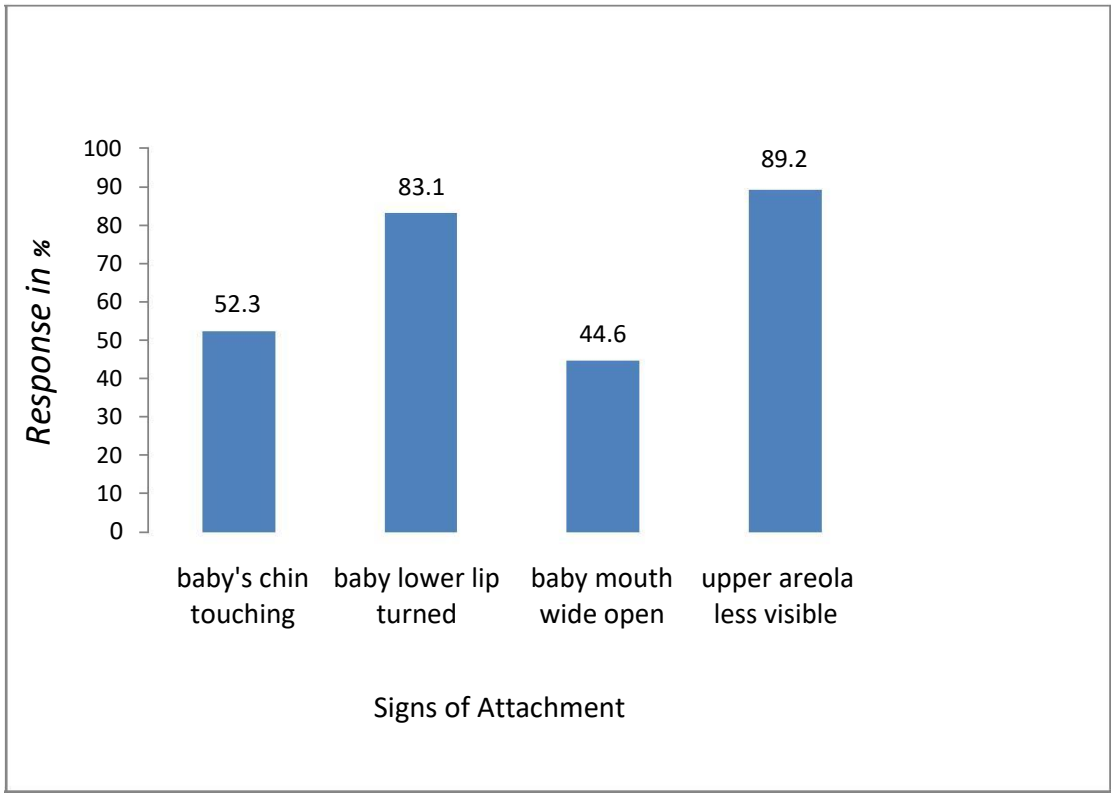
87.7% and 81.5 % of ASHAs mentioned about wrapping the baby in cloths and kangaroo mother care as measures to prevent development of hypothermia in the newborns, .

For assessing the knowledge of ASHAs about breast feeding practices, they were asked questions related to the exclusive breast feeding , benefits of breast feeding for the newborn, and the signs of good attachment between baby and the mother while breast feeding.

Almost all the ASHAs mentioned that newborn should be fed exclusively on mother's milk till 6 months of age. Nearly 90.8 % of the ASHAs mentioned that breast feeding protects newborn from infections while 69.2% mentioned that it keeps newborn healthy. 24.6 % of the ASHAs also mentioned that breast feeding helps in preventing hypothermia in the new born.

As shown in figure 7, while answering to the question of good signs of attachment between mother and newborn during breast feeding, only 27.7 % could mention all the four signs. Of all the four signs of attachment, less visible upper areola, outward turned lower lip of the baby, baby's chin touching the mother's breast and wide open mouth of the baby were repeated by 89.2%, 83.1%, 52.3% and 44.6% respectively.

Fig. 7. % of ASHAs mentioning signs of good attachment between mother and newborn during breast feeding



mother's breast outward

Once the newborns were identified as sick, nearly all the ASHAs were referring them to the government facilities because of the provision of free treatment and other services made available as per the guidelines of JSSK.

CHAPTER 4

4.1. DISCUSSION

Data of the study shows that nearly all the ASHAs who were more than a year old in the service were HBPNC trained highlighting the commitment of the high authorities towards the improvement of child and mothers health. However, despite of receiving training in HBPNC within last 6 months only 6.2% of the ASHAs were able to report five or more key activities related to it. Since,, follow-up of the discharged sick individuals from the facilities, the examination of premature and low birth weight baby and advocacy about the adoption of family planning method to the new parents to prevent unwanted pregnancies and while ensuring healthy sexual life are some of the important activities, their less frequent mention by the ASHAs should serve as a caution for the success of the HBPNC.

Low percentage of ASHAs mentioning seven or more of 9 danger signs can serve as a roadblock in early identification of the illness among newborns and the prompt initiation of the life saving efforts. The 9 danger signs enlisted in the PNC forms were meticulously selected to ensure early identification of signs of four common causes of newborn deaths namely: hypothermia, hypoglycaemia, asphyxia and neonatal sepsis and to ensure timely referral for the treatment and their regular reinforcement is essential.

Exclusive Breastfeeding for newborns upto 6 months has been proclaimed beneficial worldwide. Various studies highlighting the benefits of breast feeding in reducing the newborn mortality besides encouraging the holistic development of the baby have been published. A study done in Srilanka (10), also highlighted the involvement of community health worker in improving the breast feeding practices. Under HBPNC trainings also, ASHAs are guided about its benefits and the correct ways of holding the child to facilitate good suckling. Results of the study reveal that almost all the ASHAs were aware about the concept and benefits of exclusive breastfeed for new born. Majority of them knew that breast feeding protects the child from infections. However poor number of ASHAs mentioning all the four signs of good breast attachment needs special focus. Efforts needs to be made to ensure that all the ASHAs know and guide mothers about good practices related to breast feeding since improper attachment of the child to the mother's breast during feeding can lead to hungry child besides nipple cracks or breast abcess.

Knowledge about the referral mechanism of sick newborns to government facilities and free treatment, diet and consumables, blood, transportation and diagnostics etc was good amongst ASHAs. This will helps ASHAs in convincing people to go for government hospital treatments and timely medical care.

4.2. Limitation of the Study

Since only less number of ASHAs of a single district were interviewed in the study due to time and logistics constraints, the results of the study cannot be generalised for the complete state. Also as the ASHAs were asked questions verbally, chances of recall bias cannot be ruled out for questions under section C based on knowledge (Annexure).

CHAPTER 5

5.1. CONCLUSION

Since HBPNC is one the community based crucial intervention to save the lives of newborns, regular assessment of the knowledge and skills of the service provider/ ASHA is inevitable. With nearly all ASHAs receiving training in HBPNC in the district, efforts should also be made to ensure retention of imparted knowledge and skills. Although majority of the ASHAs were able to recall and mention 3-4 major HBPNC related activities and 6-7 newborn related danger signs, measures are required to improve their awareness and understanding. Further study can be undertaken in near future to assess the attitude and practices of the ASHAs regarding HBPNC within the community.

5.2. RECOMENDATIONS

1. Regular refresher trainings can help in upgrading the skills and Knowledge of ASHAs.

2. Encouragement of peer learning among ASHAs will help in facilitating discussions besides acquainting new ASHAs with the HBPNC related services till they receive proper training.

3. Supportive supervision visits by the higher authorities will facilitate in assessing and ensuring the correct implementation of HBPNC practices by the ASHAs.

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PART 3

Annexure

3.1 Consent Form

We, Dr Aarti Soni and Dr Nidhi Danwar, are students of IIHMR Delhi and currently working as CHILD HEALTH COORDINATOR at NHM Haryana. We are undertaking this study titled "TO ASSESS THE KNOWLEDGE OF ASHA TO PROVIDE HOME BASED NEONATAL CARE IN HARYANA". This interview will approximately take 20 minutes to complete. All the information provided by you will be kept confidential.

Your participation in this study is voluntary and you can choose not to answer any question or all the questions. You can also withdraw from the interview schedule at any time. However, we hope that you will participate in this study since your participation is important.

3.2 Questionnaire

ASHAs knowledge and competency for new born care as required in HBPNC questionnaire

Section A (personal information)

1) Reference Number:

2) Date of Interview:

3) Village:

4) Block:

5) District:

6) Name of ASHA:

7) Age:

1. Less than 30
2. 30-40yrs
3. 40-50yrs
4. 50yrs and above

8) Marital status:

1. Unmarried
2. Married
3. Widowed
4. Divorced
5. Separated

9) Education:

1. Illiterate
2. Primary upto 5^{th} class
3. Middle upto 8^{th} class
4. up to 10^{th} class
5. More than 10^{th} class

10) What is your religion?

1. Hindu

2. Muslim

3. Sikh

4. Christian

5. Others

11) What is your caste?

1. General

2. SC

3. ST

4. OBC

5. Others

12) What is your occupation beside asha ?

1. Homemaker

2. Agriculture

3. Daily wager

4. Private Job

5. Self employed

15) What is your family income?

16) How much population you are serving?

1. less than 1000
2. 1000-1500
3. More than 1500

Section B (Trainings)

17) Where do you reside?

1. Same village 2. Neighbouring village

18) Since how long you are serving community as ASHA worker? 1. 1 year

2. 1-3 years

3. More than 3 years

19) Did you receive HBPNC training?

1. Yes 2. No

20) How many training rounds/modules have you attended?

1. Up to 5
2. 1st round of 6 & 7)
3. 2nd round of 6 & 7)
4. Not attended any training

21) Did you receive Training materials?

1. Yes 2. No

22) When did you attend your last training?

1. <1 month back
2. 1-6 months back
3. 6-12 months back
4. > 1 year back

23) Does anyone provide you training during your work schedule?

1. ANM
2. NGO
3. Other
4. None

SectionC (knowledge and SKILLS)

24) How many HBPNC forms have you submitted in January and February?

25) Whom do you visit under HBPNC?

1. Neonates
2. Post partum mothers
3. Neonates and post partum mothers
4. Others

25) When do you visit under HBPNC for Home delivered babies: 1/3/7/14/21/28/42 day

26) When do you visit Institutional delivered babies: 3/7/14/21/28/42 day

27) What are the activities to be carried during HBPNC VISITS?

1. Care of new born through series of home visits in first 6 weeks of life
2. Information and skills to mothers and family regarding newborn to ensure better health outcomes
3. Examination of every new born for prematurity and low birth weight
4. Early identification of illness in new born and referral as per the protocols
5. Follow up of sick newborns after they have been discharged from facilities
6. Counselling mother on post partum care, complication and referral
7. Counselling mother for adoption of family planning methods

28) What all things do you carry during your home visits?

1. Salter scales
2. Digital thermometer
3. Digital watch/ timer device
4. GV paint
5. Syrup paracetamol
6. Syrup cotrimoaxazole
7. Cotton/ Gauze
8. Soap
9. PNC cards
10. Referral slips

11. Flip book/ chart

12. Nothing

29) What are the signs of danger in a new born?

1. Epileptic attacks?

2. Fast breathing more then 60/min

3. Chest in drawing

4. Difficulty in breast feeding

5. Body Temperature more than 99 F or less then 95F

6. Lethargic

7. Weight less than 2000 gms

8. 10 or more boils on a body / 1 big boil

9. Yellowness of palms /soles

30) How will you assess respiratory distress?

1. Respiratory rate >= 60

2. Chest in drawing

3. Nasal flaring

4. Chest grunting

5. Others:

31) How will you assess neonatal infection?

1. Multiple small or single large Boil on the body

2. Pus discharge from umbilical cord

3. Pus discharge from eyes

4. Others

32) What will you advise to keep a neonate warm?

1. Wrapping the baby in layers of cloth

2. skin to skin contact (KMC)

3. Delayed bathing >48 hours

4. Others:

33) What is a premature baby?

1. Birth at or before 37 weeks of pregnancy
2. Others:

34) Can vaccines be given to a premature baby?

1. Yes 2. No

35) What can be given to the neonate for food?

1. Exclusive breast feeding

2. Breast feed with complimentary food

3. Others:

36) What are the benefits of breast feeding?

1. keeps baby healthy

2. Prevents hypothermia

3. Prevents hypoglycaemia

4. Prevents infection

5. Others:

37) What are the signs of good attachment during breast feeding?

1. Baby's chin touching to the breast of mother

2. Baby's mouth wide open

3. Lower lip turned outward

4. Less visible upper areola

38) Where can you refer sick newborns?

1. Government facility

2. Private facility

3. NGO

4. Others

39) Why do you prefer to refer sick neonates there

Facility	Free treatment, drugs, transportation, diagnostics, blood provision,no user charges	Good treatment	Availability of beds	others
Government				
Private				
NGO				
Others				