EVALUATION OF COMPREHENSIVE CHILD SURVIVAL PROGRAMME UNDER NRHM IN UTTAR PRADESH

September, 2013

Research Study Conducted by:

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सिफ्सा SIFPSA

State Innovations in Family Planning Services Project Agency (SIFPSA)
Om Kailash Tower,
19-A, Vidhan Sabha Marg,
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ACKNOWLEDGEMENTS

Comprehensive Child Survival Program (CCSP) is one of the most important components of National Rural Health Mission (NRHM) launched in 2005 with the primary objectives of reducing the Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR) during or after delivery. CCSP has been launched in the state of Uttar Pradesh with the prime objective of reducing IMR that currently stands at 53:1000. Under CCSP, New Born Care Corner (NBCC) has been established at Block Primary Health Centre/Community Health Centre and Sick New Born Care Unit (SNCU) has been established at District Hospitals. 10 days CCSP training has been imparted to ASHAs and ANMs. Doctors and nurses have also been trained under CCSP and dedicated staff has been posted at these health units.

State Innovations in Family Planning Services Project Agency (SIFPSA), Lucknow, Uttar Pradesh desired to conduct study to assess the implementation at ground level. A rapid assessment has been conducted to assess the implementation of CCSP at ground level including issues and challenges and understand factors and barriers in its uptake by rural community in the state of Uttar Pradesh. This study has been conducted in 17 districts across all regions of the state.

We are grateful to Mr.Amit Kumar Ghosh (IAS), Executive Director, SIFPSA for reposing trust in our organization and assigning this study.

We put on record our appreciations for Dr.Baljit Arora, Director General, Family Welfare, Uttar Pradesh for his continuous support during study.

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The current survey findings reveal that CCSP has been making inroads in the state and has started showing positive results but at the same time data indicate that lot more desires to be done.

I am sure that survey findings and learning from this study would be extremely useful to further improve CCSP in the state and help in effective implementation of the same so as to serve rural community in a much better way. The findings in this study would also help in curtailing the IMR in the state.

Udit Bhandari,
Director, Vimarsh, Gurgaon

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ACRONYMS

AMU	Aligarh Muslim University
ANM	Auxiliary Nurse Midwife
ACMO	Additional Chief Medical Officer
AHS	Annual Health Survey
ANC	Antenatal Care
ARI	Acute Respiratory Infection
ASHA	Accredited Social Health Activist
BCG	Bacillus Calmette Guerin
BPL	Below Poverty Line
BPHC	Block Primary Health Centre
CBO	Community Based Organization
CCSP	Comprehensive Child Survival Programme
CHC	Community Health Centre
CMO	Chief Medical Officer
DDK	Drug Delivery Kit
DH	District Hospital
DIV PM	Divisional Project Manager
DLHS	District Level Household Survey
DLT	District Level Trainer
DPM	District Programme Manager
Dy.CMO	Deputy Chief Medical Officer
HEO	Health Education Officer
IDI	In-Depth Interview
IEC	Information Education & Communication
IFA	Iron & Folic Acid
IPC	Inter Personal Communication
IMNCI	Integrated Management of Neonatal and Childhood Illness
JSSK	Janani Shishu Suraksha Karyakram
JSY	Janani Suraksha Yojana

KMC	Kangaroo Mother Care
MCP Card	Mother Child Protection Card
MOIC	Medical Officer In Charge
NBCC	New Born Care Corner
NFHS	National Family Health Survey
NGO	Non Government Organization
NRHM	National Rural Health Mission
NSSK	Navjaat Shishu Surakhsha Karyakaram
PHC	Primary Health Centre
PNC	Postnatal Care
RCH	Reproductive Child Health
RFP	Request for Proposal
SHC	Sub Health Centre
SIFPSA	State Innovations in Family Planning Services Project Agency
SNCU	Sick Newborn Care Unit
SRS	Sample Registration Survey
TB	Tuberculosis
TT	Tetanus Toxoid
VHIR	Village Health Index Register
VHSNC	Village Health Sanitation & Nutrition Committee
VHND	Village Health Nutrition Day

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Sr.No.	Indicators	Findings
	RESPONDENTS – ELIGIBLE WOMEN	%
1	ASHA making visits to EW	94
2.	**Frequency of home visits by ASHA to neonate**	%
	i. More than once or twice a week	26.9
	ii. Once in 15 days	29.3
	iii. Once in a month	43.8
3.	**Awareness of Eligible Women about services provided by ASHA**	%
	i. Institutional delivery and birth preparedness	81.6
	ii. Support during delivery	77.0
	iii. Counseling after delivery	70.4
	iv. Medicines for common illness	34.7
	v. Others: IFA, blindness control, TB treatment	20.2
4.	ANC registration	94.4
5.	**Time when registration was done**	
	i. 1st – 3rd month of pregnancy	52.7
	ii. 4th month of pregnancy	18.9
	iii. 5th month of pregnancy	19.4
	iv. 6th month or after	8.9
6.	**ANC visits**	%
	i. Once	4.8
	ii. Twice	39.1
	iii. Thrice	21.8
	iv. Four times	34.3
7.	**No. of TT injections received by Eligible Women**	%
	i. Once	7.2
	ii. Twice	83.6
	iii. Thrice	7.9
	iv. None	1.3
8.	**Time gap between 1st and 2nd TT injection**	%
	1st month	51.5
	2nd month	29.5
	3rd month	13.1
	4th month	3.8
	5th month and above	2.1
9.	ASHA accompanying pregnant women for ANC	65.6
10.	Eligible Women visiting health facility of her own	61.7
11.	ANC check up at govt. run health facilities	69.14
12.	**Source of motivation for ANC**	%
	i. ASHA	79.7
	ii. ANM	1.6
	iii. Others	10.8
	iv. No one (of her own)	8.6
13.	Information provided by ASHA to Eligible Women for birth preparedness	74.9
14.	ASHA helped Eligible Women in making birth plan	75.9

Sr.No.	Indicators	Findings
15.	**Counseling regarding birth preparedness**	%
	Plan for place of delivery	97.9
	i. Institutional delivery	79.3
	ii. Delivery at home	20.6
	iii. Transport	68.7
	iv. Adequate money for delivery	91.8
	v. Plan for person who would accompany for delivery	74.8
	vi. Complications related to pregnancy	40.9
	vii. Arrangement of blood donor in case of emergency	72.6
	viii. Clean items for delivery	98.5
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	i. Govt. run health facility	53.76
	ii. Others (private hospital, home)	46.24
17.	**Home visits - ASHAs visit to mother and newborn**	%
18.	i. Once	15.2
	ii. Twice	18.2
	iii. 3 to 5 times	39.9
	iv. More than 5 times	26.7
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	i. Within one hour	52.2
	ii. Within 1-24 hrs	29.0
	iii. 2-3 days time	11.7
	iv. After 3 days	6.4
	v. Never breastfed	0.6
22.	**Breastfeeding practices**	%
	i. Colostrums given to new born	79.5
	ii. New born presently being breastfed	91.5
	iii. Women who breastfed exclusively for first 6 months	79.3
	iv. No. of baby breastfed 6-8 times in a day	80.8
23.	**Awareness about best food for new born amongst women interviewed other than milk after 6 months**	%
	i. Mother's milk	98.5
	ii. Ghutti/Honey	0.9
	iii. Others – lentils etc.	0.6
24.	Infants who fell sick during first 2 months	52.0
25.	**Common childhood illness-type of illness and treatment received**	%
	i. ARI	98.8
	ii. Fever	86.8
	iii. Diarrhea	67.6
26.	CCSP Training completed by ASHA	72.9
27.	CCSP training completed by ANM	50.1
28.	**Help in assessment of Sick Children**	%
	i. ASHA	13.8
	ii. ANM	0.3
	iii. AWW	0.3
	iv. Village pradhan	0.1
	v. Others	83.4
29.	**Period of stay in hospital after delivery**	%
	i. Less than 12 hrs	54.7
	ii. For 24 hrs.	26.4

Sr.No.	Indicators	Findings
	iii. For 48 hrs.	6.6
	iv. More than 2 days	12.3
	RESPONDENTS ASHA	
30.	**ASHAs knowledge and Skills – Post CCSP Training**	%
	i. Quality of training under CCSP to ASHA – Extraordinary	47.2
	ii. Good	51.6
	iii. Average	1.2
31.	ASHA counseling to mother about newborn as per CCSP protocol	92.4
32.	**ASHAs perception about CCSP training**	%
	i. Leading to skill up gradation	100.0
	ii. Help in serving community better	100.0
	iii. Help in new born care in complications in better way	100.0
	iv. Better image in community	100.0
	v. Pledge to protect new born and serve community better	98.8
	vi. Village community consider ASHA as well wisher	97.18
33.	**Understanding about CCSP training**	%
	i. To reduce IMR	68.5
	ii. Behavioral change in community regarding new born care	17.6
	iii. ANC registration	17.7
34.	iv. Child immunization	14.5
	v. Counseling regarding new born care	45.2
	vi. Enhancing work efficiency of ASHA	7.8
	vii. Promoting institutional delivery	7.9
	viii. New born to be taken to health facility in case of complication	15.3
35.	ASHA counseling to mother about newborn as per CCSP protocol	92.4
36.	**Services provided by ASHA under CCSP**	%
	i. ANC registration	97.4
	ii. Help in case of complications during pregnancy	85.9
	iii. Help in delivery	94.7
	iv. Help in case of complications during delivery	82.9
	v. PNC	90.9
	vi. Immunization	98.2
	vii. Family Planning	92.6
	viii. Transport	83.5
37.	List of bad customs/wrong practices prepared by ASHA	52.1
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39.	Escorting women for delivery to health facility	90.4
40.	**Support provided by ASHA to pregnant women during 2012**	%
	i. ANC	98.2
	ii. Delivery	97.6
	iii. PNC	83.2
	iv. Male sterilization	24.1
	v. Female sterilization	84.7
	vi. Home based new born care	79.1
41.	Counseling for delivery at home – precautions to be taken	96.5
42.	**Practices being followed by ASHA regarding infant health care which are appreciated and adopted by community**	%
	i. Birth preparedness and counseling for institutional delivery	15.9
	ii. Home visits and counseling for new born care	45.9
	iii. New born taken to health facility in case of complications	22.6

Sr.No.	Indicators	Findings
	iv. Ensuring routine immunization	22.8
	v. Escorting women to health facility in case of complications during delivery	8.8
	vi. Awareness generation on health issues among community	10.3
	vii. ANC registration	6.2
43.	ASHA reporting to ANM as per CCSP protocol	79.4
44.	Items received under CCSP – Post CCSP Training	84.7
45.	**Counseling by ASHA during her home visits to mother and child Kangaroo Mother Care**	83.2
	i. Initiation of breastfeeding	98.8
	ii. Seasonal clothes for new born	90.6
	iii. Personal hygiene	92.9
	iv. When to visit hospital for new born care	90.3
46.	Records maintained by ASHA	100
47.	Updating the lists of newborn and pregnant women and reporting to ANM	97.9
48.	**Frequency of payment to ASHA**	%
	i. Monthly	22.3
	ii. Once in two months	19.5
	iii. Once in three months	24.7
	iv. Half yearly	28.7
	v. Annually	4.8
	RESPONDENTS ANM	%
49.	Ten days CCSP completed with ASHA	50.9
	CCSP protocol being followed by ANM and ASHA	98.8
	Support by ASHA to ANM after CCSP training	%
	i. ANC registration	86.8
	ii. Immunization	87.9
	iii. Institutional delivery	87.1
	iv. Delivery at home	62.9
	v. Help in case of complications during pregnancy	75.3
	vi. Help in case of complications during delivery	72.6
	vii. Family planning	85.0
	viii. Birth/death registration and reporting	80.6
	ix. Cooperation received under CCSP	11.8
	x ANM visit Eligible Women with ASHA	92.6
50.	ANM enlisting women who might face complications during delivery	43.5
51.	**ANMs support to ASHA**	%
	i. Verification of her work before Block PHC meetings	94.1
	ii. CCSP related vouchers verified by ANM	80.0
	iii. ANM supports ASHA to receive payment on time	98.9
52.	ANMs perception about ASHAs level of knowledge regarding counseling to mother and new born as per CCSP protocol	78.8

EXECUTIVE SUMMARY

BACKGROUND

National Rural Health Mission (NRHM) was launched in 2005 to address the health needs of rural community and envisages expansion of outreach of health services at their door step. It seeks to provide accessible, affordable and quality health care services to rural population, especially the vulnerable sections. The NRHM operates as an omnibus broadband programme by integrating all vertical health programmes of the Departments of Health and Family Welfare including Reproductive & Child Health Programme and various diseases control Programmes.

Comprehensive Child Survival Program is one of the most important components of the National Rural Health Mission (NRHM) with the primary objectives of reducing the Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR) during or after delivery. With the need for developing evidence based localized interventions that expand the entire spectrum of maternal, newborn and child health, the state of Uttar Pradesh developed a Comprehensive Child Survival Program (CCSP) for bringing about reduction in infant and child mortality rates. CCSP looks at strengthening basic health care services targeted at improving mother and child health through supportive supervision. The program also focuses on providing community level care for new born and sick children and strengthening facilities to provide institutional care for sick children. Emphasis on access to safe drinking water, sanitation and nutrition is also being underscored.

Government of Uttar Pradesh desired to conduct a rapid assessment of ground implementation status of CCSP including issues and challenges and understand factors and barriers in its uptake.

Vimarsh has undertaken the 'Evaluation of CCSP in Uttar Pradesh' for SIFPSA, Lucknow, Uttar Pradesh. The time line of the study was three months, which comprised of formulating comprehensive tools for data collection, undertaking the data collection followed by analysis of it and presentation of findings.

The study was conducted across 17 Districts of Uttar Pradesh with the following objectives:

1. **At the community worker (ASHA) level**
   ASHA knowledge and skills related to:
   - Home based new born care, assessment of sick children, Infant and young child feeding (including home visits for post natal care).

1. **Post training support to ASHAs**
   - Support to ASHAs – post CCSP training, role of ANM in providing on-site support, availability of drug kits and its replenishment, supply of basic equipments to ASHA (Thermometer and weighing scale), availability of home visit forms to assess newborns, refresher training, record keeping, IPC at block level monthly meetings, availability of job aides/BCC material/counseling aides.

2. **Incentives to ASHA under CCSP**
   - For post natal home visits to newborns (3 and 6 visits) and referral of sick children.

2. **At the Facility Level (Block PHC/CHC/DH)**

3. **Strengthening of health facilities for improved comprehensive child care**
   - New born care corner (NBCC), Sick Newborn Care Unit (SNCU), and availability of trained staff for improved care to newborns under CCSP.

4. **Referral linkages between community and public health facilities (workers' point of view)**

3. **At the Community Level**
   1. To assess the interaction between the client and ASHA for improved care under CCSP. Whether CCSP Protocol for ANC is being followed for birth preparedness, delivery & post natal care (care of neonates & mothers)/Uptake of services/changes in Family Health Behavior related to newborn care) etc. To analyze with respect to CCSP related situations.
   2. To list & identify all the recently delivered women with infants 0-11 months and interview them to assess:

   - **Improvements at the community level:** Uptake/utilization of antenatal care services, Birth preparedness/birth planning and complication readiness, Newborn care practices, Postnatal care received for mother and newborn (at facility and at home on return), Care seeking behavior from ASHA for sick children (community based care provided by ASHA), IYCF practices, referral of sick children.

Referral linkages between community and public health facilities.

Sample Size

The total sample of the study was 8245 respondents spread across 340 villages of 17 districts where the research study was undertaken. The sample comprised of 7480 eligible women, 340 ASHAs, 340 ANMs, 34 MOICs from block PHC/CHC, 17 ACMOs (RCH)/Nodal Officer, CCSP, 17 District Level Trainers and 17 District Program Managers (NRHM).

Methodology

The methodology comprised of secondary data review and primary data collection through survey with the eligible women, ASHA, ANM and in-depth interviews with ACMOs/Nodal Officers, DLTs and DPMs. The study took place in 17 districts of Uttar Pradesh which were selected by SIFPSA representing all regions of Uttar Pradesh. These districts included 13 1st phase districts where 10 days training to ASHAs and ANMs on CCSP had been completed and 4 Districts from 3rd phase of CCSP program rollout where ASHAs are yet to be imparted CCSP training.

KEY FINDINGS

The key findings of the study have been:

A. At the community worker (ASHA) level

- ASHAs knowledge and skill related to home based new born care has gone up but it has not led to 6 or 7 home visits.
- ASHAs lack in supporting eligible women for assessment of sick children and management/referrals.
- ASHAs have been instrumental in promoting of feeding to infants and young child. However they do not carefully follow the rules with regard to observing the infants/children during breastfeeding such as positioning and attachment of breast to new born.
- Role of ANM in providing on– site support under CCSP to ASHA is minimal.
- ASHAs have been supported only once after CCSP training but there is no replenishment of kits or replacement of defective equipment.
- Forms for home visits were provided only once to ASHAs after CCSP training and subsequently the same were not supplied.
- There has not been any effort made for reinforcement of ASHAs skills with regard to assessment of sick children.
- Job aides such as printed material etc. have been provided only once and subsequently no such material was provided to ASHA.
- No incentive is being paid to ASHAs for home visits and referral cases.

B. At the facility Block (PHC/CHC/DH) level

- Majority of NBCC and SNCU established at BPHC/CHC/DH are not fully functional. These lacks in equipments and trained personnel.
- Referral linkages are not satisfactory.

C. At the community level

- Though interaction between ASHA and community is good, yet these need improvement as per CCSP protocol.
- Role of ASHAs as facilitator in changing behavior of village community with regard to some practices is appreciable.

Improvements at community level

- In the name of ANC, only IFA tablets and TT injections are being administered. There has not been any BP and urine test.
- No discussions are made with Eligible Women with regard to complications at the time of delivery due to some inhibitions.
- CCSP protocol is not being followed regarding new born care practices.
- ASHAs are not spending adequate time during home visits and she also lacks in providing guidance to women on sick children.
- Referral cards are not available with ASHAs.

Based on results and findings, the following recommendations are given keeping in view of key indicators for 'Evaluation of CCSP in the state of Uttar Pradesh':

RECOMMENDATIONS

- **Refresher Training / Reinforcement of Skills:** Post CCSP training there has not been any refresher training done. This will help in reinforcement of skills among staff. Also the component of Assessment of Sick children should be emphasized separately. This would not only further enhance the skills of staff but also help them assess their current knowledge.

- **Supply of Drug kits and replenishment of Drug Kits:** Since ASHA is the provider of medicines for common illnesses in the community, absence of drugs with her will discourage the community to access her other support services too. So a regular supply of Drug kits and their replenishment should be ensured

- **Availability of Equipments for CCSP and Home visit formats:** Many ASHAs did not get thermometers, weighing machines or both of them. Similarly, the formats in which ASHA fills the details regarding newborn care are unavailable, the visits cannot be made. Also one of the major components of home visits made by ASHA is to monitor the weight and temperature of the baby. The unavailability of these equipments and formats is hampering the implementation of CCSP. So, to ensure the effective implementation of CCSP scheme, proper supply of equipments as well as Home visit formats should be maintained.

- **Regular supply of job aides, BCC material, counseling aides should be ensured**: Under CCSP, BCC material, counseling aides were provided to ASHA to generate awareness regarding proper newborn care. They have not been replenished and in some cases these aides were not provided at all. Since, these materials are efficient tools which help the community to understand healthy practices in a better way, it is essential to provide ASHA with these tools.

Strengthening of health facilities to improved comprehensive child care
New born care corners (NBCC):

- NBCC should be made fully functional. MOICs should be asked to submit the list of requirements relating to trained staff, medicines and equipments. He should be directed to report the requirements once in a fortnight.
- Clean and warm towels (set of two) for newborn for wrapping must be provided by facility at the time of birth.
- Bag and masks for resuscitation should be provided to BHPC/CHC. Availability of trained staff should be ensured. Record for assisted delivery and referral records must be prepared.
- RKS funds should be utilized to meet urgent needs such as medicines and equipments.
- Infant Mortality and Mother Mortality should be reported and cause of death should also be reported.

- **Sick New born Care Units (SNCU)**-
  Availability of trained staff for improved care of newborns and sick children should be arranged. Trained staff should be adequate as per SNCU requirements. At least 3 pediatricians and 10 trained staff nurses should be made available on rotation.

- **Referral linkages between community and public health facilities (workers' point of view**: To improve referral linkages between community and public health facilities, there should be enabling environment. medicines, accommodation, clean toilets, hygienic conditions are the basic requirements that should be met.

- **Regular Supply of referral cards should be ensured:** Since referral cards have a specified format, these cards pass on the necessary information related to the patient to referred units and it is easier for the doctors to treat patients. Unavailability of these cards has led ASHAs to write the details of the patient on slips. It is difficult for the doctors in the referred facilities to comprehend the details. So a regular supply of referral cards should be ensured.

CHAPTER I

INTRODUCTION AND BACKGROUND

Demography of Uttar Pradesh

Uttar Pradesh is the most populous state in India accounting for 16.49 per cent of the country's population and occupying 6.88 percent of its land mass. It borders with Nepal and the Indian States of Bihar, Jharkhand, Chhattisgarh, Madhya Pradesh, Rajasthan, Haryana, Uttarakhand and National Capital of Delhi. Uttar Pradesh is divided into 75 districts under 18 divisions and as per census data 2011, the total population of Uttar Pradesh is 199,581,520. Its rural population is 131,658,339 and urban population is 34,539,582. The Himalayas lie in the north of the state and the Deccan Plateau is at its south. In between them the river Ganges, Yamuna and Ghaghra flow eastwards. Uttar Pradesh can be divided into two distinct regions, Southern hills and Gangetic plain.

The latest population figures are based on data from the 2011 census of India. Uttar Pradesh has both a large population and a high population growth rate. During the decade from 1991 to 2001 its population increased by over 17.8% while the state's 2001–2011 decadal growth rate (including Uttarakhand) was 20.09%, higher than the national rate of 17.64%.

As of the 2001 census, about 80% of Uttar Pradesh's population is Hindu, while Muslims make up 18.4% of the population. The population density is 828 people per square kilometer, making it one of the densest states in the country. The sex ratio as of Census 2011 at 908 women to 1000 men is lower than the national figure of 940.

IMR and MMR of the State

As per SRS 2012, the Infant Mortality Rate (IMR) in the state is 53 per 1000 live births and the Maternal Mortality Ratio (MMR) 300 per lakh live births as per AHS 2011-12.

About CCSP

Comprehensive Child Survival Program is one of the most important components of the National Rural Health Mission (NRHM) and the basic idea is to reduce the Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR) during or after the delivery. With need for developing evidence based localized interventions that expand the entire spectrum of maternal, newborn and child health, the state of Uttar Pradesh developed a Comprehensive Child Survival Program (CCSP) for bringing about reduction in infant and child mortality rates. CCSP also looks at strengthening the basic health care services targeted at improving mother and child health through supportive supervision. The program also focuses on providing community level care for new born and sick children and strengthening facilities to provide institutional care for sick children. Emphasis on access to safe drinking water, sanitation and nutrition is also being underscored.

Questionnaire

Information on the above mentioned indicators was collected using three different questionnaires – Eligible Women (EW), ANM and ASHA. EW questionnaire was used to collect information from all currently married women in the age group of 15 -49 years who have given live birth during 2012. ANM and ASHA questionnaires were used to assess their respective roles as per CCSP protocol.

Target Beneficiaries

The target beneficiaries of CCSP are rural population especially eligible women and new born (focus in particular on 0-2 months).

Stakeholders

The stakeholders of this project are rural community especially women, new born, ASHA, ANM and health officials.

Rationale of the Research Study

With a view to assess the ground implementation of the scheme along with the challenges faced and factors and barriers responsible for uptake of the scheme, Government of Uttar Pradesh desired to conduct the evaluation study.

Objectives of the Study

The present study has been envisaged to understand and analyze all the issues with the objectives given below:

General Objective

The general objective of the study is to conduct a rapid assessment to assess on the ground implementation status of CCSP including issues and challenges, and understand factors and barriers in the uptake of CCSP.

Specific Objectives of the Study

A. At the community worker (ASHA) level

1. ASHA knowledge and skills related to:

- Home based new born care (including home visits for post natal care).
- Assessment of sick children (focus in particular on 0-2 months)
- Infant and young child feeding (IYCF)

i) Post training support to ASHAs

- Support to ASHAs – post CCSP training, role of ANM in providing onsite support
- Availability of drug kits and its replenishment
- Supply of basic equipments to ASHA (Thermometer and weighing scale)
- Availability of home visits forms to assess newborns

- Refresher training/reinforcement of skills, record keeping, IPC at block level monthly meetings,
- Availability of job aides/BCC material/counseling aides.

ii) Incentives to ASHA under CCSP:

- For post natal home visits to newborns (3 and 6 visits)
- Referral of sick child

B. At the Facility Level (Block PHC/CHC/DH) level

1. Strengthening of health facilities to improved comprehensive child care

- New Born Care Corner (NBCC)
- Sick Newborn Care Unit (SNCU)
- Availability of trained staff for improved care to newborns under CCSP (NSSK, FBNBC, FIMNCI).

2. Referral linkages between community and public health facilities (workers' point of view)

C. At the Community Level

To assess the interaction between the client and ASHA for improved care under CCSP) Whether as per CCSP Protocol for ANC, birth preparedness, delivery & post natal care (care of neonates & mothers)/Uptake of services/changes in Family Health Behavior related to newborn care) etc.

To list & identify all the recently delivered women with infants 0-11 months and interview them to assess:

1. Improvements at the community level:

- Uptake/utilization of antenatal care services
- Birth preparedness/birth planning and complication readiness
- Newborn care practices
- Postnatal care received for mother and newborn (at facility and at home on return)
- Care seeking from ASHA for sick children (community based care provided by ASHA)
- IYCF practices,
- Referral of sick children.

Referral linkages between community and public health facilities.

Scope and the Deliverables of the Study

The scope of the study was to address all the objectives. This report includes present scenario of performance of CCSP in Uttar Pradesh. This report further includes major findings from the field survey and interviews with the health officials. It also includes recommendations listed after the detailed analysis of the data.

Expectations of SIFPSA from this study

SIFPSA has empanelled 7 research agencies for Evaluation of various schemes. This particular assignment titled 'Evaluation of Comprehensive Child Survival Program (CCSP) under NRHM, Uttar Pradesh has been awarded to Vimarsh after competitive bidding among empanelled agencies. SIFPSA expectation from the agency hired for this purpose is to submit them a report based on Field Survey in 340 villages from 17 Districts of UP. It is further expects that research agency submits major findings from field survey and also submits recommendations that would help in removing the bottlenecks in implementation of the project so as to bring further improvements in health services.

CHAPTER II

METHODOLOGY

Study Design

The study titled “Evaluation of Comprehensive Child Survival Programme” has been conducted to assess the ground implementation of Comprehensive Child Survival Programme (CCSP) including issues and challenges, and understand factors and barriers in its uptake.

This study examined the ASHA knowledge and skills, post training support, supply and replenishment of drug kits, availability of BCC material and incentives provided to her under the protocol of CCSP, strengthening of health facilities for improved child health care, and the interaction of ASHA with the target beneficiaries, using survey method and in depth interview technique. As a part of the study, two blocks each from 17 districts were selected and from each block 10 villages were selected for collecting data pertaining to the study. In all 340 villages had been taken and from each village twenty households were identified comprising eligible women.

The study used the social science mixed approach with use of survey (structured questionnaires) for Eligible Women, ASHA and ANM and In-depth interviews with the health officials at block PHC/CHC and district.

Sample and Sampling Technique

The total sample covered for the study was 8256. The sample comprised of 7491 Eligible Women, 340 ASHA, 340 ANM, 34 MOICs, 17 ACMO (RCH)/Nodal Officer CCSP, 17 DPM (NRHM) and 17 District Level Trainers (pediatricians).

In order to achieve the objectives of the study, multi stage random sampling was used. The districts for the study have been selected by using systematic sampling technique. The blocks from the selected districts have been selected using random sampling technique and the villages from the selected blocks have been selected using systematic sampling technique.

Study Districts

The study districts selected have been depicted in the following map:

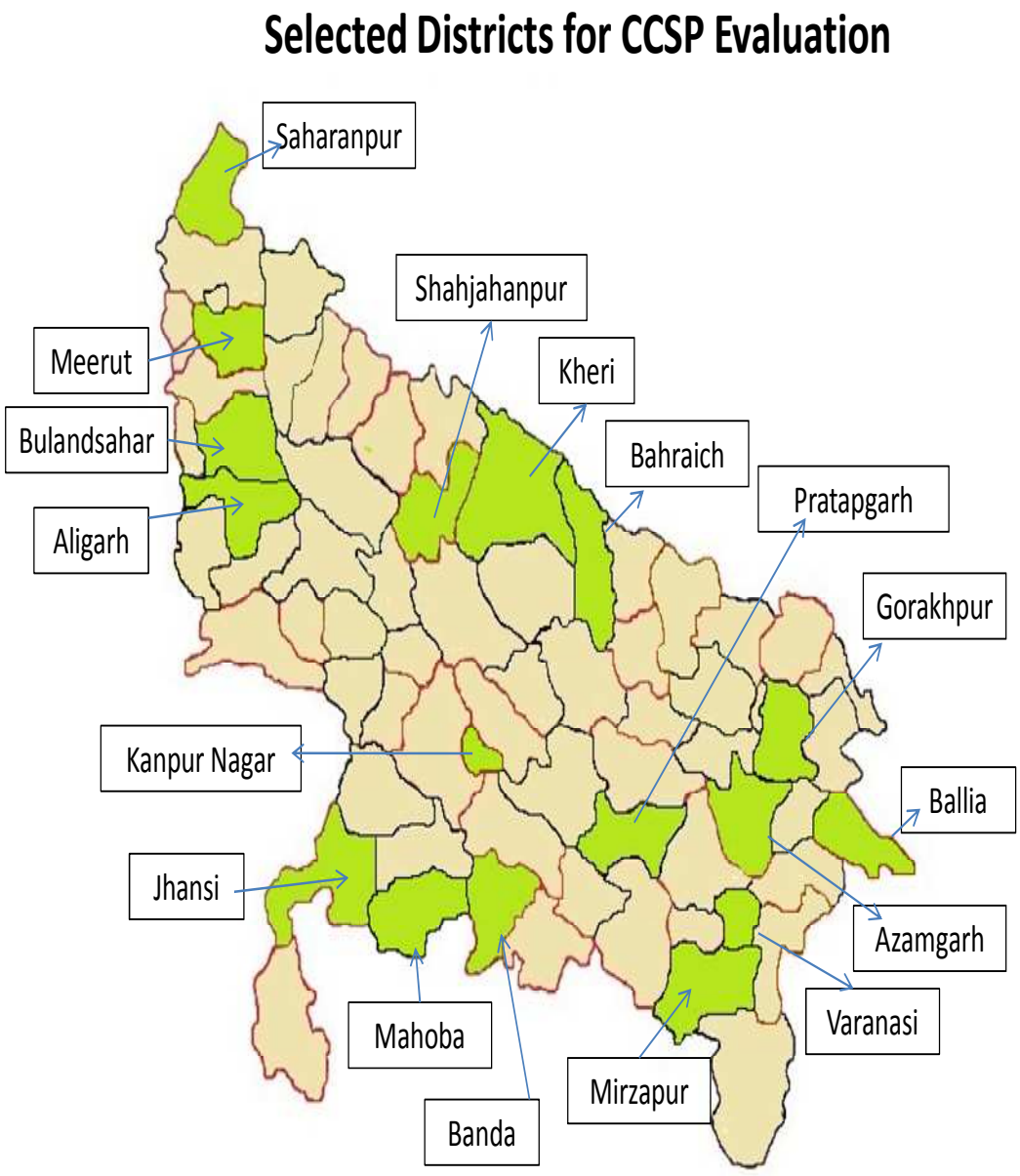


Figure-1: Map Showing Districts Selected for Study

Total Sample Size of the Study

Sl. No.	Interviews	Total	Actual Sample Covered
1	20 households per village from 340 villages of 17 districts (with one or more eligible women)	6800*1.1= 7480	7491
2	34 MOICs of Block PHC's/CHC's of selected areas of the 17 districts	34	34
	17 CCSP district level trainers of selected areas of the 17 districts	17	17
3	17 ACMO (RCH)/Nodal Officer of CCSP Programme from selected districts	17	17
4	340 ASHA's of 340 selected villages of 17 districts	340	340
5	340 ANMs of 340 selected villages of 17 districts	340	340
6	17 District Programme Managers (NRHM)	17	17
	Total	**8245**	**8256**

Table No.1

Respondents for the Study

The respondents of the study were eligible women in the age group of 15-49 years who had given live birth during the reference period of 1st January, 2012 to 31st December, 2012. Interviews have been held with ASHA and ANM from the same villages where the study was conducted. The MOICs of concerned block PHC/CHC, ACMO/Dy. CMO, DPM (NRHM) and District Level Trainers have also been covered.

Research Tools and Techniques used for the Study

Both qualitative and quantitative data collection techniques were used. Data collection tools were developed, pre-tested and administered. The information from the study districts was collected through mapping and listing of the households in the village, structured survey formats for eligible women, ASHA and ANM and IDI guides for MOIC of concerned block PHC/CHC, District Level Trainers, DPM (NRHM) and ACMO/Dy. CMO.

Description of the Research Tools and Techniques Used

i) Mapping & Listing:

Mapping & listing had been done to identify the eligible women.

ii) Structured Questionnaires:

The structured format used in this study was used for three types of respondents; eligible women, ASHA and ANM. Three separate formats were developed to be administered to the target groups. The structured questionnaire for eligible women was mainly developed on indicators such as uptake/utilization of ANC, birth preparedness, new born care practices, PNC and health seeking behavior for sick children by the mothers, IYCF, Referral Linkages between community and health facilities and KMC. The questionnaires for ASHA and ANM mainly included questions on key indicators such as knowledge and skills related to home based new born care, assessment of sick children (management and referral) and IYCF. The research tool also focused on post CCSP training on site support provided to ASHA by ANM, availability of drug kits and its replenishment, availability of home visit forms, basic equipments such as weighing scale and thermometer and reinforcement of skills during monthly block level meetings. In addition to these, questions related to incentives of ASHA were also included and the perspective of the community health workers on referral linkages was also taken into consideration by the research tool.

ii) In - depth Interviews:

In depth interviewing is a qualitative research technique that involves conducting intensive individual interviews with a small number of respondents to explore their perspectives on a particular idea, program, or situation.

In depth interviews were used as a research technique for this study to collect information from MOIC (34BPHC/CHC), ACMO/Dy.CMO (RCH), DPM (NRHM) and District Level Trainers from 17 districts. This research technique mainly collected information on themes, strengthening of health facilities for improved child health care and their perspective on referral linkages.

Data Collection

In order to collect data from selected districts, 16 field teams were deployed. Each team comprised of two field investigators (female) and one field supervisor (male). The main responsibility of the field investigators was to conduct interviews of the eligible women after mapping and listing, while that of the field supervisor was to conduct interviews with the ASHA and ANM. In addition to that, the team also comprised of quality checkers who monitored the field teams and also conducted IDIs with MOIC. The responsibility of the field coordinators was to coordinate the field teams and also to hold in depth interviews with ACMOs, DPM (NRHM) and District Level Trainers.

The data collection exercise was spread across a period of 2 months during June and July, 2013.

Data Analysis

The information collected by field survey was synthesized and analyzed in statistical software SPSS and IDIs were subjected to detailed content analysis. These have been analyzed as per the objectives of the study.

Report

Based on survey findings and interviews held with the MOICs and district level health officials, the report comprises of field findings, analytical synthesis and recommendations for improving CCSP is being submitted.

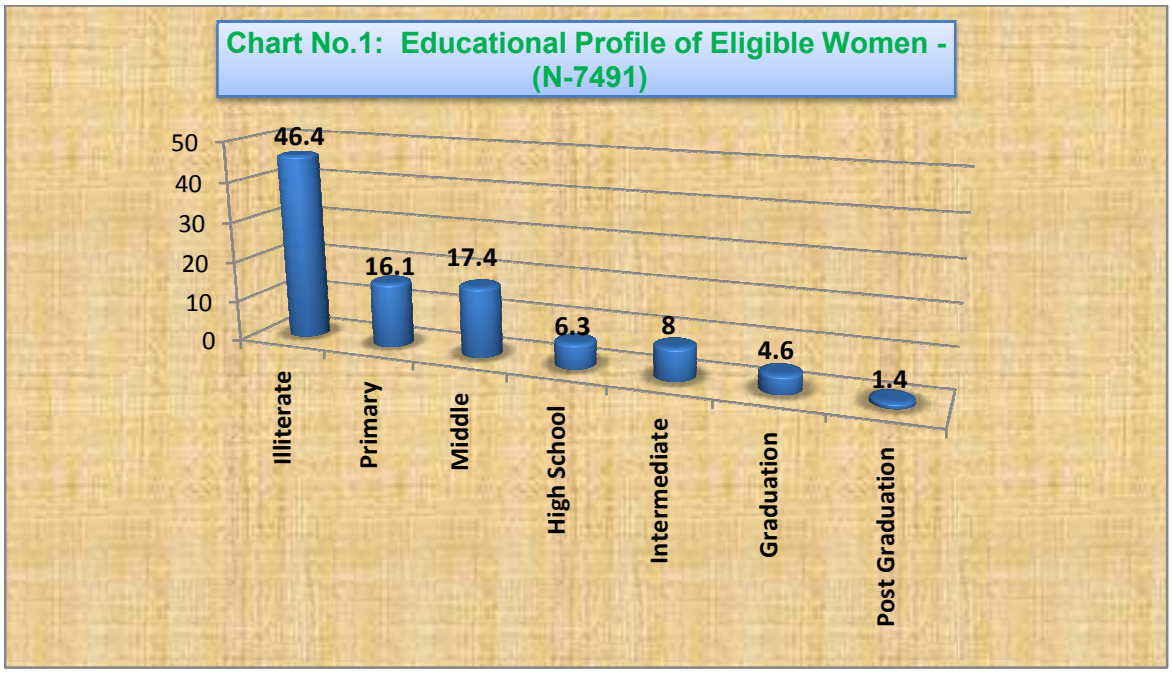
Chapter III

RESEARCH FINDINGS

This chapter details the findings revealed during the survey conducted with eligible women, ASHA and ANM. Interviews were conducted with the senior officials of the block and the district. The findings have been detailed in the order of eligible women, followed by ASHA and ANM. The IDIs have been detailed in the order MOIC and ACMO (RCH), DLT (Pediatrician) and DPM (NRHM).CHCCC

RESPONDENTS: ELIGIBLE WOMEN

- No. of Respondents: 7491
- Median age: 25.8 years
- Median age at the time of marriage: 18.4 (avg.)
- Median age of child in months: 10.80
- Sex of the child: 4065: 3426 (male: female)



Majority of eligible women (46.4%) are illiterate, only 33.5% respondents have received formal education up to middle school and percentage for high school/intermediate is 14.3%. Only 6% are graduates/post graduates.

Knowledge about ASHA and visits by them to EW

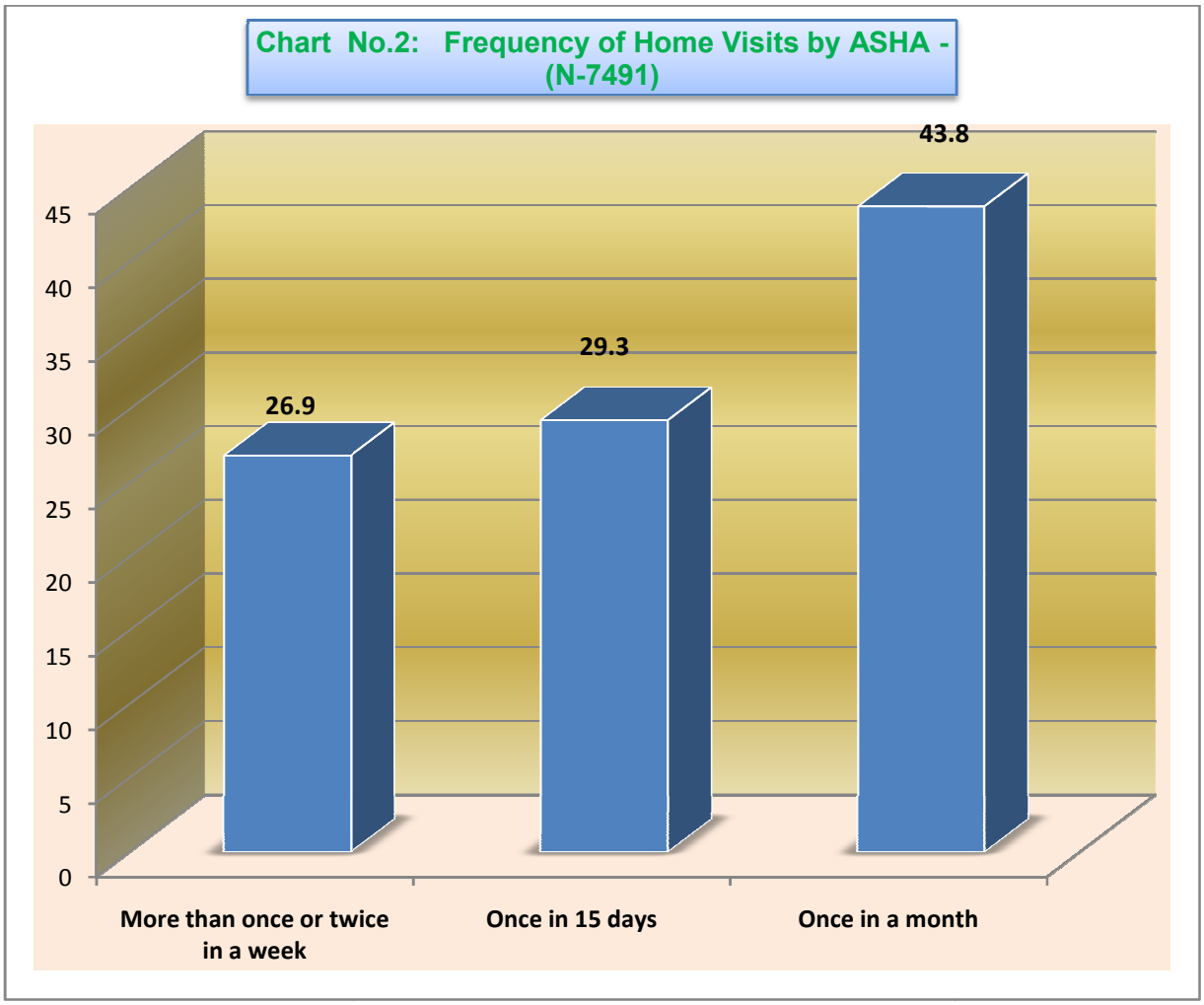
Sr.No.	Knowledge about ASHA and visits by them	% (N-7491)
1	Heard of ASHA	100
2	ASHA making visit to EW	94.3

Table No.2

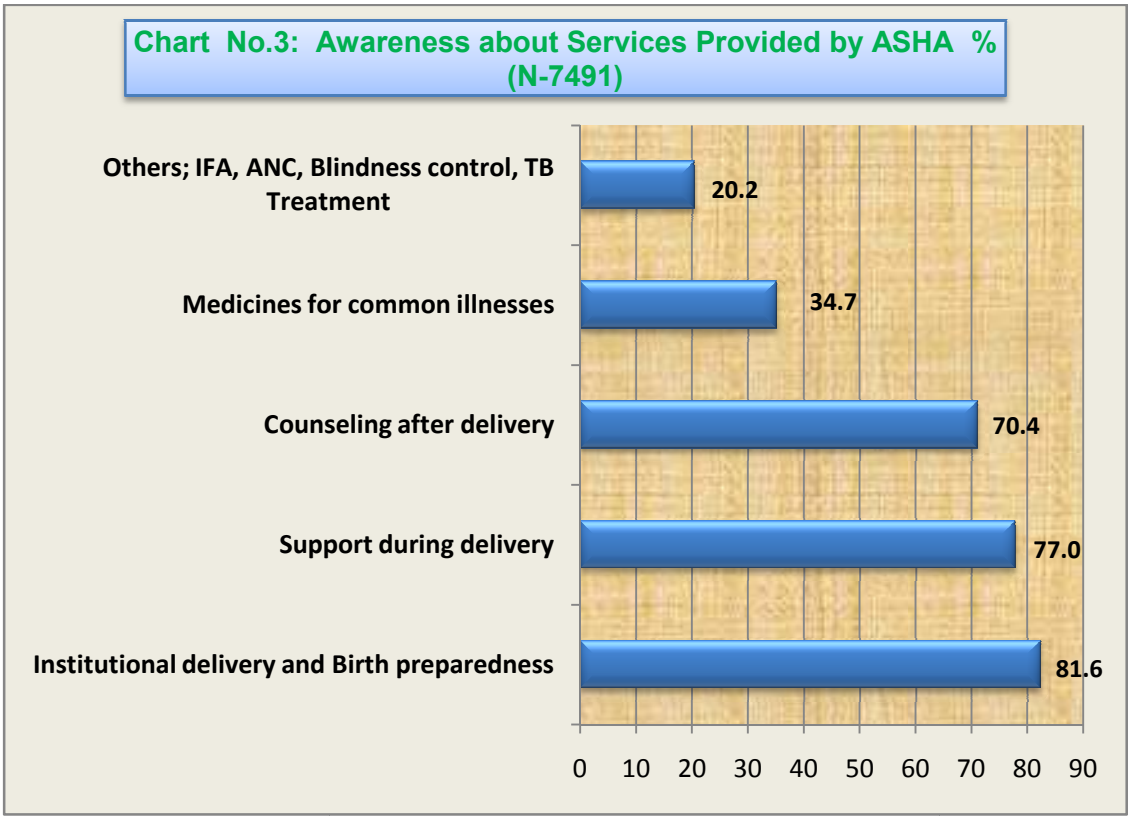
100% EW reported that they have heard of ASHA and 94.3% EW reported that ASHAs make visit to them.

Frequency of home visits by ASHA

As revealed in the following graph, it is observed that home visits by ASHAs to neonate (0-28 days) are very low. Only 26.9% respondents reported that ASHA visits them frequently i.e. once/twice in a week. Another 29.3% responded that ASHA visited them once in 15 days. The remaining 43.8 percent respondents said that ASHA visits them only once in a month.



The following graph depicts the issues where counseling and support is provided by ASHA. It was reported that 81.6% Eligible Women have been counseled on institutional delivery and birth preparedness. As far as support during delivery is concerned, it is 77%, whereas it is 70.4% in case of counseling after delivery. In addition to these, 34.7% Eligible Women have been counseled on medicines for common illness, while only 20.2% of respondents said that they were counseled on ANC, IFA uptake, Blindness control and TB control.



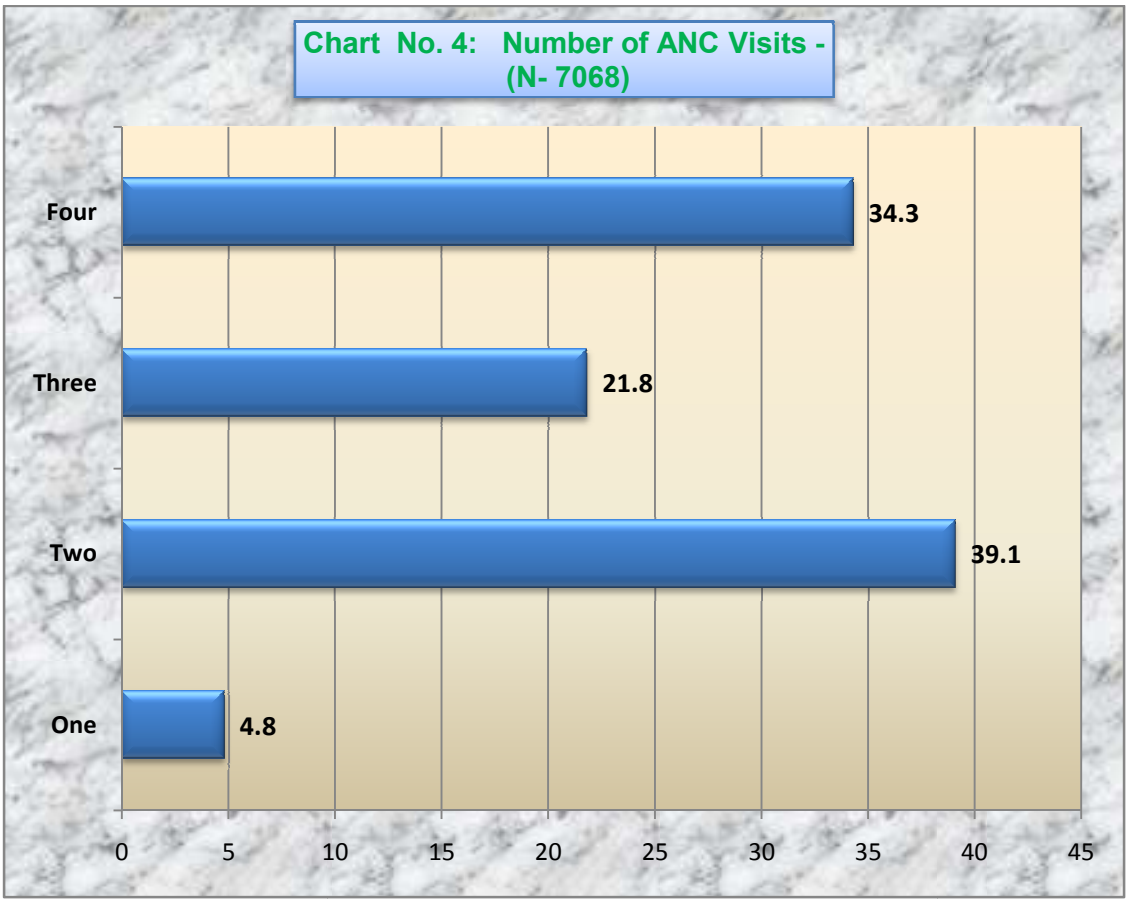
Antenatal Care

ANC Registration	% (N-7491)
Women who registered for ANC	94.4
Time when ANC registration was done	
1st – 3rd month of Pregnancy	52.7
4th month of Pregnancy	18.9
5th month of Pregnancy	19.4
6th month or after	8.9

Table No. 3

The study reveals that 94.4% eligible women have been registered for antenatal care. While on probing about the time of ANC registration, it came to light that 52.7% were registered in the first trimester of pregnancy. 18.9% registered in the fourth month, 19.4% respondents registered themselves for ANC during 5th month of delivery. A small percentage of respondents (8.9%) reported that they registered in the 6th month of pregnancy.

ANC VISITS



The above chart reveals that only 34.3% respondents received Ante Natal Care four times, whereas 21.8% availed ANC services three times. A majority of respondents (39.1%) had received ANC twice, while 4.8% availed ANC only once.

Counseling during ANC

Counseled on	% (N-7068)
Proper Nutrition	84.3
Rest	83.6
Medicines	69.7
Others- visits to health facilities	7.0

Table No. 4

The above table depicts the issues on which counseling was provided during ANC. It was reported by 84.3% respondents that they were counseled on proper nutrition, 83.6% for rest, 69.7% for medicines and 7% received counseling on some other issues, e.g. visits to health facilities etc.

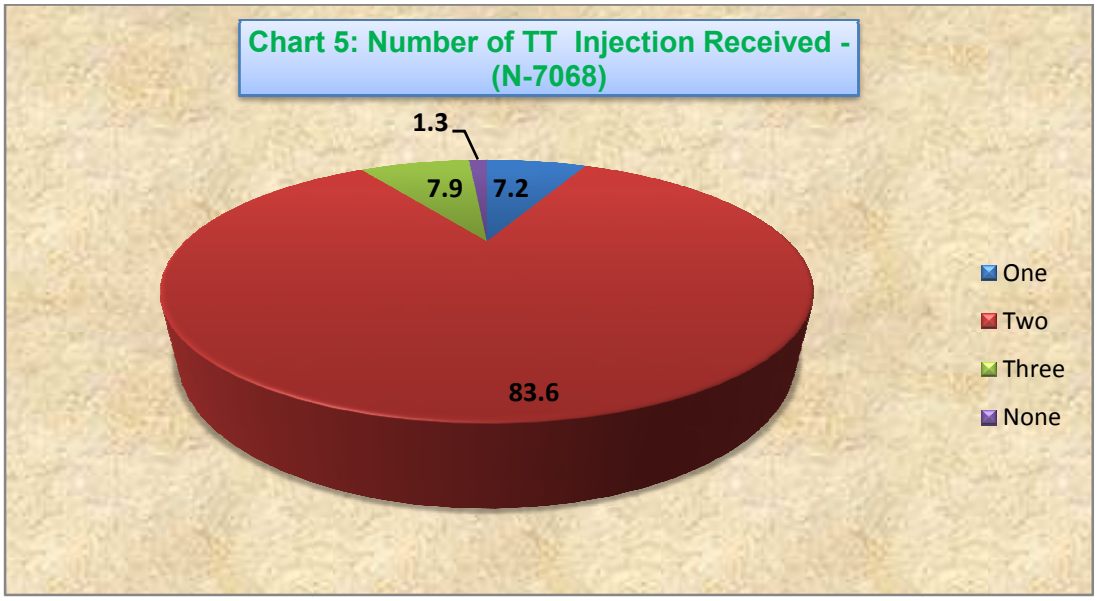
Components of ANC

Components	% (N-7068)
Abdominal Examination	66.9
TT Injection	96.2
Blood Test	46.6
Urine Test	46.5
Iron Folic Acid Tablets given	78.4
Body Weight	43.1
BP measurement	33.8
Ultrasound	39.0

Table No. 5

Regarding the components of ANC, an overwhelming majority of eligible women (96.2%) reported that they received TT injection, and iron folic acid tablets were received by 78.4% respondents. Abdominal examination of 66.9% eligible women was done, while the percentage women for whom blood test as well as urine test was done were 46.6% & 46.5% respectively. It was reported by 43.1% Eligible Women that body weight was done, while BP measurement of 33.8% was done. The study reveals that 39% eligible women availed the facility of ultrasound during ANC period.

Number of TT Injections received



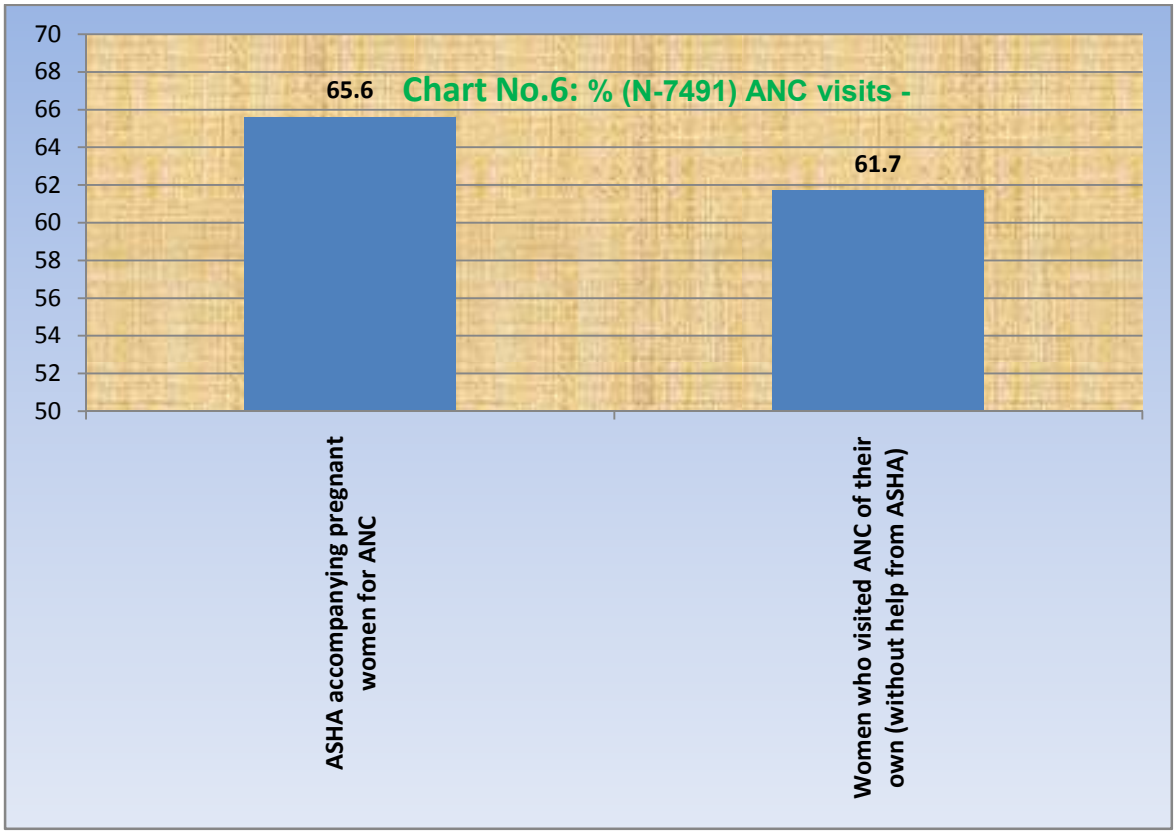
The percentage of pregnant women who were administered the recommended 3 doses of TT injections during pregnancy period is quite low (only 7.9 %). The study reveals that majority of eligible women (83.6%) have received two TT injections, whereas 7.2% have received only one. 1.3 %eligible women did not receive any TT injection during pregnancy period.

Time gap between 1st and 2nd TT injection

Sr.No.	Statement	% (N-7491)
1	**Time gap between 1st and 2nd TT injection**	
	i. 1 month	51.5
	ii. 2 months	29.5
	iii. 3 months	13.1
	iv. 4 months	3.8
	v. 5 months and above	2.1

Table No.6

51% EW reported that 2nd injection was administered in a month, 29.5% reported that it was administered after 2 months, 13.1% respondents reported that it was administered after 3 months, 3.8% and 2.1% respondents reported that 2nd TT injection was administered after 4 months, 5 months and above respectively.



It was informed by 65.6% (N-7491) Eligible Women that ASHA accompanied them to health facility for ANC; while 61.7% (N-7491) respondents informed that they visited health facilities for ANC of their own also. As evident from the chart, sometimes ASHAs accompanied eligible women to health facilities and sometimes they visit of their own.

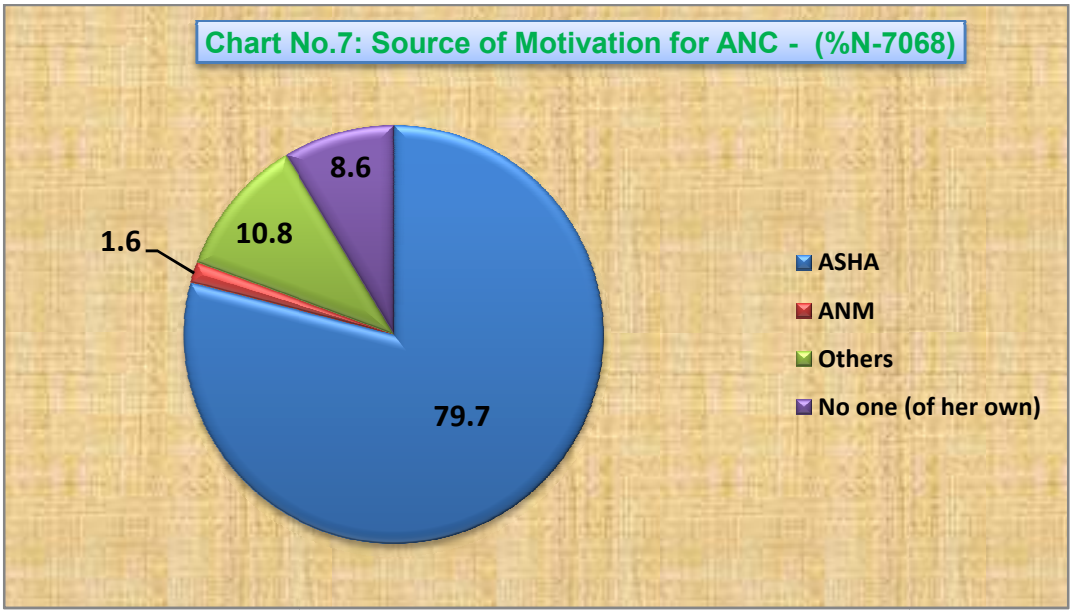
Source of ANC

Type of Health facility	% (N-7068)
Sub Centre	39.4
PHC	10.9
CHC	12.8
Urban Health Center /UHP/UFWC	0.04
Govt. Dispensary/Clinic	0.2
District Women Hospital	5.6
Medical College	0.2
Private Dispensary/Clinic	2.5
Private Hospital	15.0
NGO/Trust/Clinic	0.1
Others-AWC etc.	13.3

Table No.7

39.4% of the respondents who availed Antenatal Care stated sub centres as the main source of ANC. The source of ANC at PHC, CHC, Government dispensary/clinic, District Women Hospital, Medical College and others-AWCs etc constituted 43%. The remaining 17.6% eligible women received ANC at private dispensary/clinic, private hospital, NGO/Trust/Clinic.

Source of motivation for ANC



This chart depicts that 79.7% Eligible Women were motivated by ASHA for ANC. 10.8% of them were counseled by family members and relatives. It was reported by 8.6% eligible women that they were motivated by ANM for ANC, while a very small percentage (1.6%) of respondents reported that they knew it on their own.

Reasons for not going for ANC

Reasons	% (N-423)
Not needed	35.5
Not customary	10.4
Cost too much	0.7
Too far	2.4
No transport	2.6
Poor quality of service	5.9
No time to go	10.6
Family did not allow	6.6
Lack of knowledge	42.1
Others	7.1

Table No.8

The respondents who did not avail ANC services, stated the reasons as lack of knowledge on ANC (42.1%), ANC is not needed (35.5%) as reasons for not going for ANC. The remaining 35.9% respondents stated various reasons such as ANC is not customary, they did not get time to go, their family did not allow, the quality of services at health facilities is poor, lack of transport facility etc.

No. of IFA Tablets Consumed by Eligible Women

IFA consumed by Eligible Women	% (N-7491)
Consumed	63.2%
Did not consume	34.9%
No. of IFA Tablets Consumed – Breakup of 63.2%	
0 to 50 tablets	40.9
51 to 100 tablets	21.4
More than 100 tablets	0.8

Table No.9

The above table reflects the situation on consumption of Iron & Folic Acid tablets by Eligible Women during pregnancy. 63.2% of respondents reported that they consumed IFA tablets during pregnancy period. Out of them, 40.9% respondents reportedly that they consumed up to 50 IFA tablets, whereas a small percentage (21.4%) of them consumed 51 to 100 IFA tablets. Only 0.8% of respondents reported to have consumed more than 100 IFA tablets during pregnancy.34.9% respondents reported that they did not consume any IFA tablets.

Birth Preparedness

Findings	%(N-7491)
Information provided on Birth Preparedness by ASHA/ANM	74.9
ASHA helped in making Birth plan	75.9
Plan for place of delivery and who would conduct it	96.3
Plan for delivery	
I. Institutional delivery	79.3
II. Delivery at home	20.7
Plan for transport to the health facility	68.7
Plan for who would escort to health facility	74.8
Any complications during pregnancy	40.9
Plan for who would donate blood in emergency	
Family member / relative	63.4
Friends/Neighbor	3.9
Others - Never given a thought	37.4

Table No.10

Regarding birth preparedness, 74.9% eligible women have received counseling on birth preparedness from ASHA. Out of those respondents who received counseling on Birth preparedness from ASHA, 75.9% respondents were helped by ASHA in making birth plan. ASHA gave counseling to eligible women on various components like place of delivery and who would conduct the delivery (96.3), plan for transport to reach the health facility for delivery (68.7%), plan for person who would escort to the health facility for delivery (74.8%). Regarding planning for blood donor in case of emergency, 63.4% respondents reported that they had planned that in case of emergency, family member or relatives would donate blood. 37.4% of respondents reported that they never thought of it. Only 3.9% respondents reported that they had planned with friends/neighbors as blood donors.

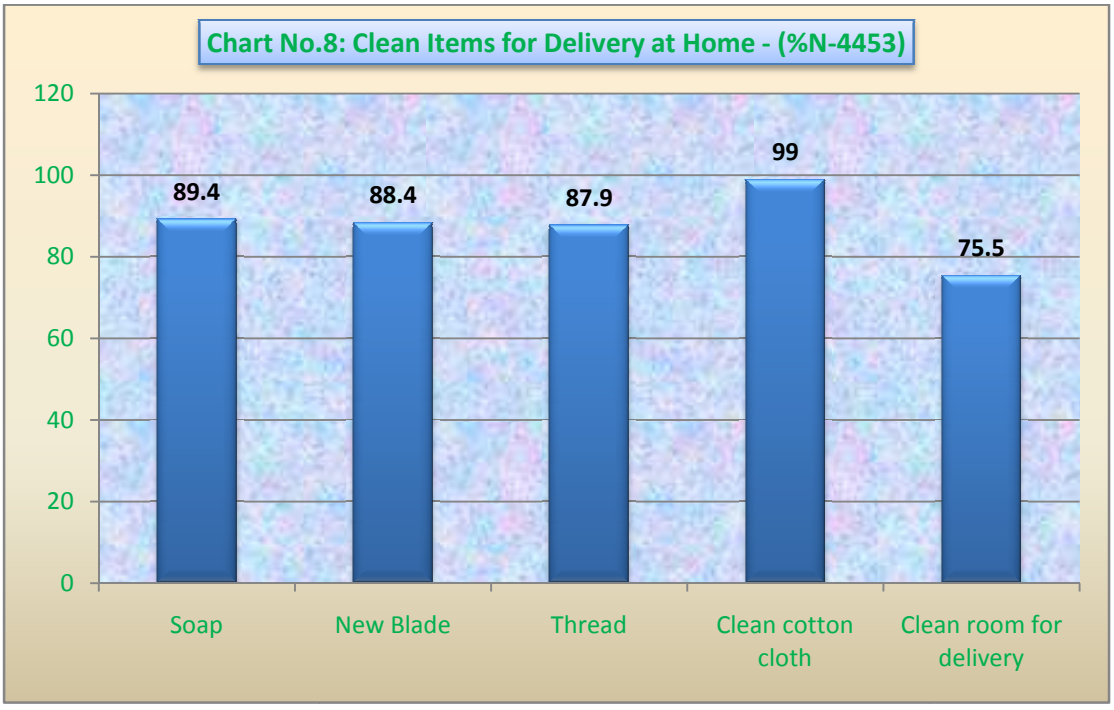
Counseling on Birth Preparedness

Preparations for delivery	% (N-7491)
Place of delivery at hospital	80.5
Transport	74.5
Money saved for delivery	74.9
Clean cloth	79.8
Help from friends/relatives	34.9
Not Counseled	15.1

Table No.11

ASHA counseled eligible women for birth preparedness, a majority of respondents (80.5%) have been counseled for place of delivery, followed by clean cloth with the percentage accounting to 79.8%. It was informed by 74.9% of respondents that they were counseled to save money for delivery. Counseling for arrangement of transport in advance constituted 74.5% and help from friends or relatives in this regard accounted for 34.9%. It came to light that 15.1% eligible women have not been counseled by ASHA for any of the above mentioned topics.

Counseling on Clean Items for delivery at home



In case of clean items to be kept ready for use during delivery, 99% of respondents who were counseled on this, reported that they have been counseled by ASHA on clean cotton cloth, to keep soap ready 89.4%, to keep ready a new blade 88.4% and in case of thread to tie the cord, it is 87.9%. ASHAs also counseled eligible women for clean room for delivery. The response to this query was 75.5%.

Complications faced during pregnancy and delivery

Complications Faced	%
Complications faced during pregnancy in case of delivery at home **(N-2045)**	16.3
Complications faced during delivery **(N-7491)**	28.4
Support Received during Complications	
Support received from ASHA during complications **(N-2127)**	45.6

Table No.12

The above table reveals that 28.4% of the respondents faced complications during delivery. Out of the respondents who faced complications, 16.3% women delivered at home. Field survey further revealed that 45.6% of the respondents have received support from ASHA during complications.

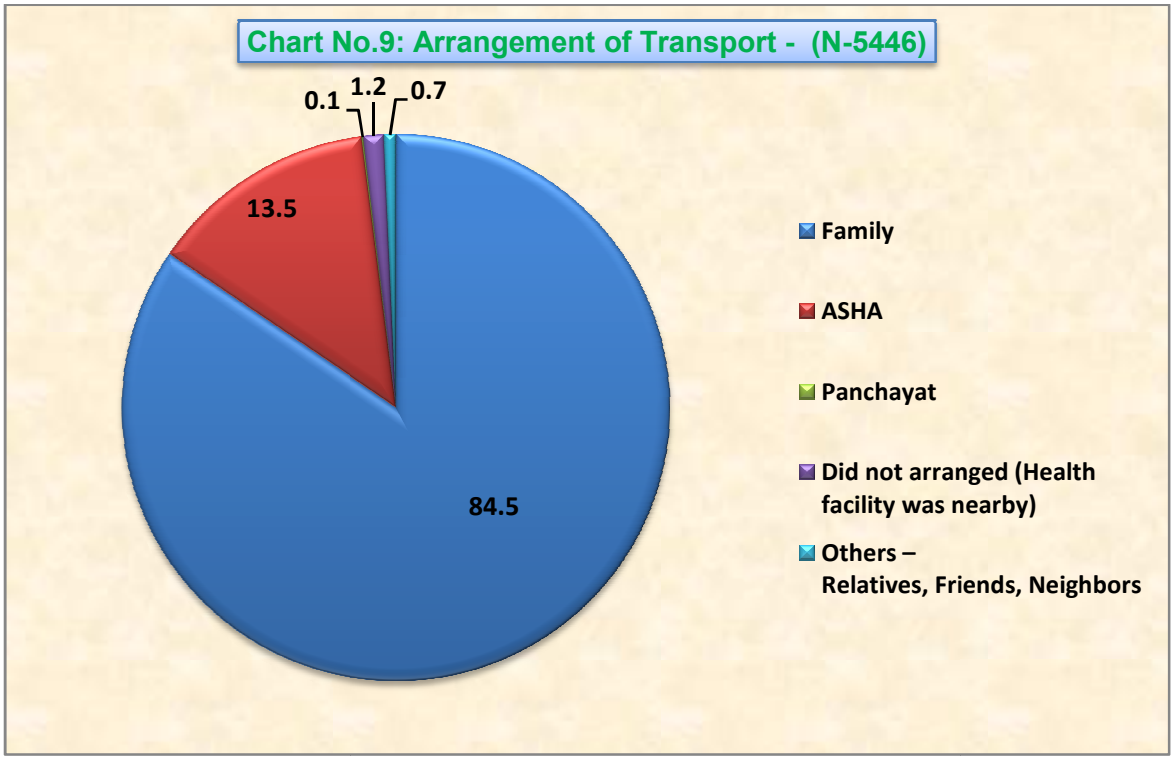
Place of Delivery

Type of Health facility	% (N-7491)
Sub Center	4.0
PHC	18.1
CHC	24.4
Govt. Dispensary/Clinic	0.8
District Hospital	6.9
Private Dispensary/Clinic	1.4
Private Hospital	16.5
NGO/Trust/Clinic	0.0
At Home	27.3
Others	0.50

Table No.13

55.6 % of the respondents reported that they delivered at Government run health facilities, whereas 17.9 percent women reported that they delivered in private hospitals, clinics or dispensaries. A significant percentage of respondents (27.3%) delivered at their homes. 0.50% cited some other reasons.

Arrangement of transport



The study reveals that 84.5% of the respondents arranged the transport themselves (or arranged by their families).13.5 percent respondents stated that ASHA helped them arrange the transport for taking pregnant women to health facilities for delivery.

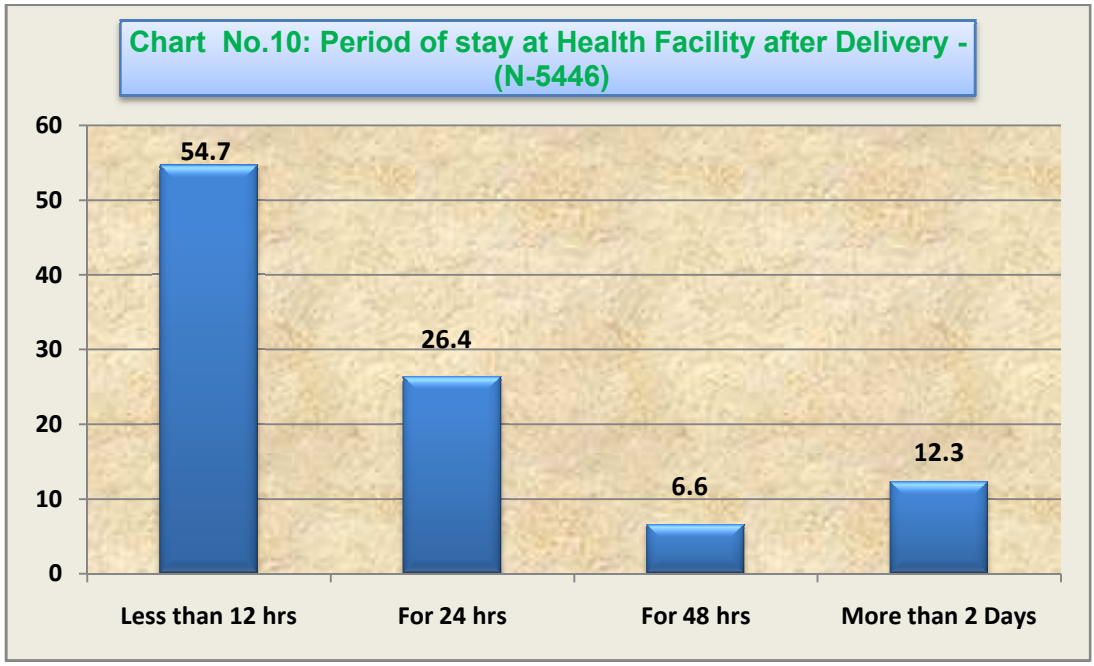
Type of Transport used to reach at Health Facility for delivery

Transport	% (N-5446)
Ambulance	3.0
Jeep / Car	33.7
Motorcycle / Scooter	16.7
Bus / Rail	1.2
Tempo / Auto rickshaw / Tractor	34.5
Rickshaw / Bullock cart	3.6
On foot	2.3
Others – Cycle, Pull cart	4.8

Table No.14

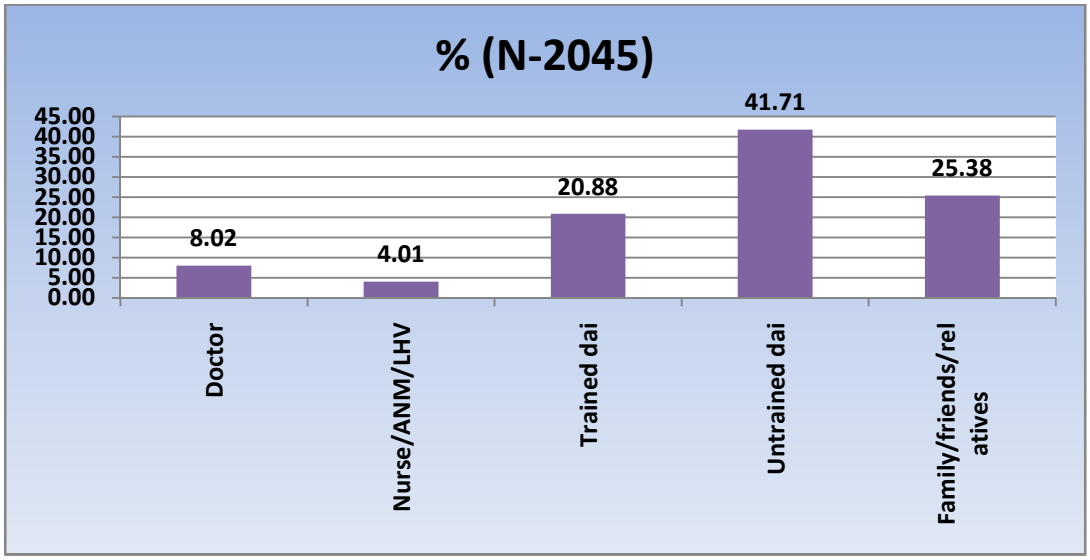
Majority of respondents (94.5%) reported using private mode of transport to reach the health facility for delivery. whereas only 3% of the eligible women availed Government transport services.

Period of stay at Health Facility after delivery



It was revealed during the study that only 18.9% women have stayed in government health facility more than 48 hours after delivery. More than half of respondents (54.7%) did not stay there even for 12 hours, while 26.4% stayed there for 24 hours. On being probed, it was reported by respondents that health facilities lacked hygienic conditions and that there was no clean room and clean toilet facility available at the health facility.

Chart No.11- Delivery at Home – conducted by whom



41.7% of deliveries at home have been conducted by traditional birth attendant (Dai) and 25.38% of home deliveries were done by family member/relative/friends. 20.88% delivery have been conducted by trained birth attendant while a small percentage of deliveries (4.01%) were conducted by Nurse/ANM/LHV and doctors accounted for 8.02%.

Reasons for Delivery at Home

Reasons	% (N-2045)
Planned in advance	39.9
Transport was not available to reach any health facility	9.9
Lack of money	4.1
Family was not ready	6.5
Poor quality of service at health facility	6.0
Others – No time to go	39.0

Table No.15

The above table reveals the reasons for respondents delivering at home. On being asked, 39.9% respondents reported that they had planned delivery at home well in advance whereas 39.0% had no time to go to health facilities for delivery. Some respondents (9.9%) reported that transport facility was not available in order to reach any health facility and 6.5% of respondents reported that family was not ready and poor quality of service at the health facility was also stated by some (6.0%).

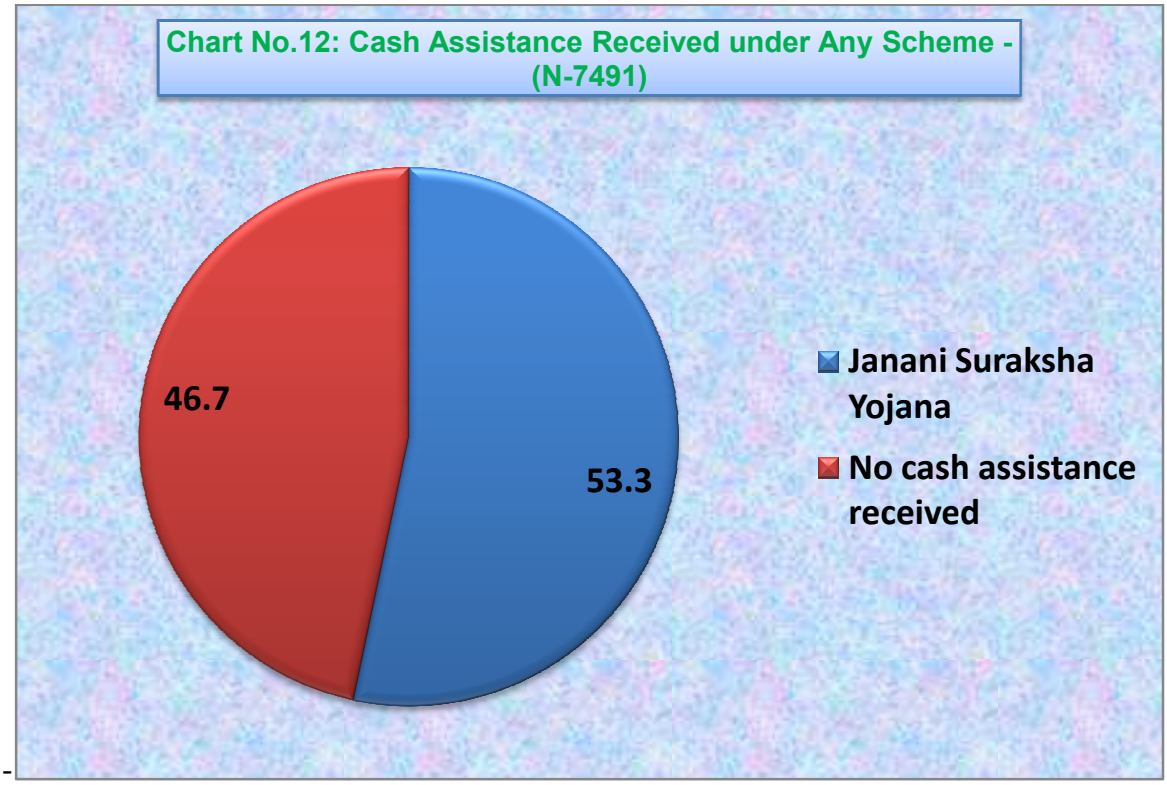
Checkup after Delivery

Delivery	%
Check up done within 48 hrs of delivery at home **(N-2045)**	73.5
Cash assistance received under any scheme (N-7491)	%
Janani Suraksha Yojana	53.2
Any other scheme	0.1
No cash assistance received	46.7
Nature of Delivery (N-7491)	%
Normal	88.9
Caesarean	6.1
Assisted delivery	4.9

Table No.16

The above table brings out the fact that 73.5% women have been checked up within 48 hours after delivery in case of delivery at home. With regard to cash assistance received under any scheme, 53.2% EW responded that they received assistance under JSY and 46.7% EW reported that they have not received any assistance. 0.1% EW responded that they received assistance from other govt. scheme. While probing on nature of delivery, it was found that 88.90% of the deliveries were normal followed by caesarean deliveries and assisted deliveries at 6.1% and 4.9% respectively.

Cash assistance under any govt. scheme



Only 46.7 percent of respondents received some form of cash assistance and the remaining 53.3 percent did not receive any cash assistance.

Type of Complications Faced during Delivery

Type of Complications Faced	% (N-7491)
Premature Labor	16.9
Excessive bleeding	3.0
Prolonged labor (More than 12 hours)	8.2
Obstructed labor	2.6
Breech Presentation	2.2
Convulsion/ High BP	2.3
No complications faced	33.2

Table No.17

33.2% respondents reported that they did not have any complication during delivery. On the other hand, 16.9% faced premature labor, while prolonged labor (more than 12 hours) accounted for 8.2%. It is seen that 3% of respondents faced excessive bleeding, 2.6% obstructed labor. 2.2% experienced breech presentation and 2.3% suffered convulsions or high blood pressure.

Post Delivery Check up

Time of check up after delivery	% (N-7491)
Within 24 hrs of birth	88.2
24 to 72 hrs	1.0
4th day to 7th day	0.4
After 7th day	0.5
No check up was done	9.9

Table No.18

The study further reveals that post delivery checkup have been done within 24 hours of birth for 88.2% of the respondents. A very small percentage (1%) of respondents received post delivery check up within 24 to 72 hours, whereas 0.9% has received it up to or after 7th day of birth. It is important to mention here that no post delivery check up was done in case of 9.9% respondents.

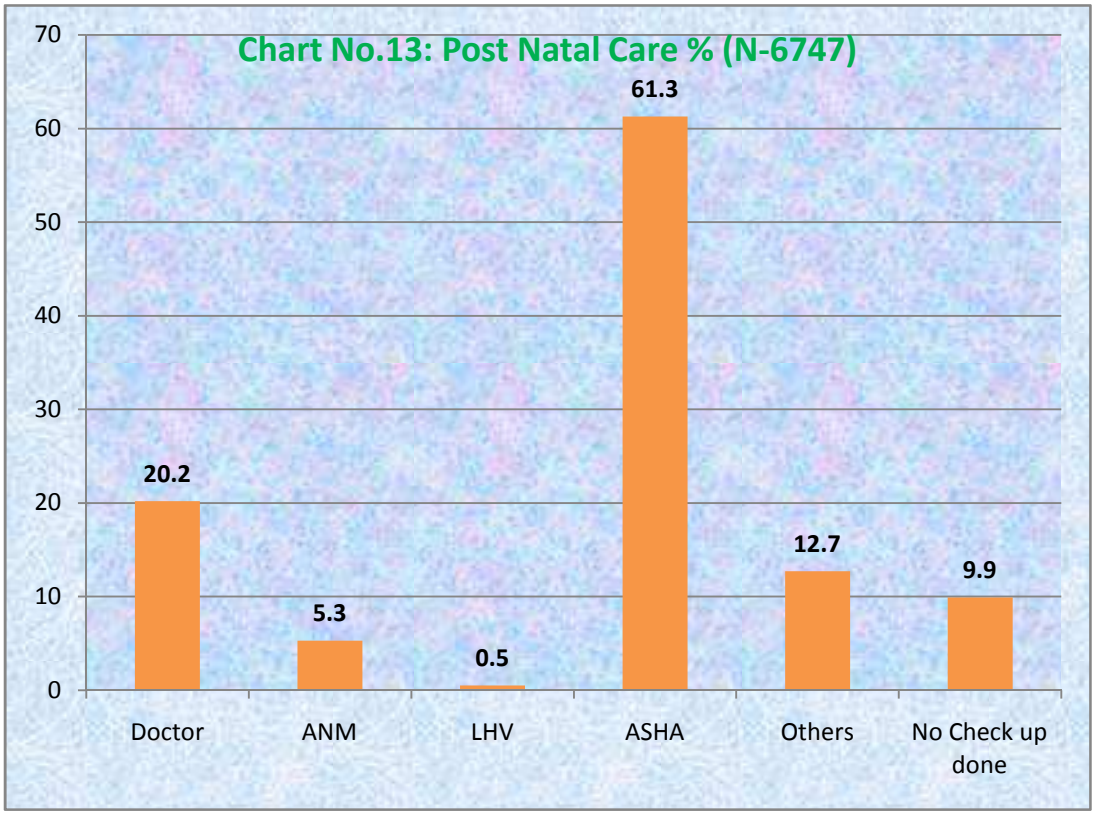
Place for Post Natal Care

Type of Health facility	% (N-6747)
Sub Center	27.02
PHC	12.49
CHC	10.67
Urban Health Center /UHP/UFWC	0.10
Govt. Dispensary /Clinic	0.09
District Hospital	3.39
Private Dispensary/Clinic	12.55
Private Hospital	15.47
NGO/Trust/Clinic	0.09
At Home	6.80
Others	11.31

Table No.19

The above table clearly reveals that 53.76% respondents have received post natal care in government run health facilities whereas private facilities accounted for 28.11%. 6.8% of the respondents availed check up after at their respective homes and others accounted for 11.31%.

Post Natal Care



In majority of the cases (61.3%), the post natal check up was done by ASHA. 20.2% post natal checkup have been done by doctor, while ANM & LHV accounted for 5.8%. No check up was done in case for 9.9% of the respondents.

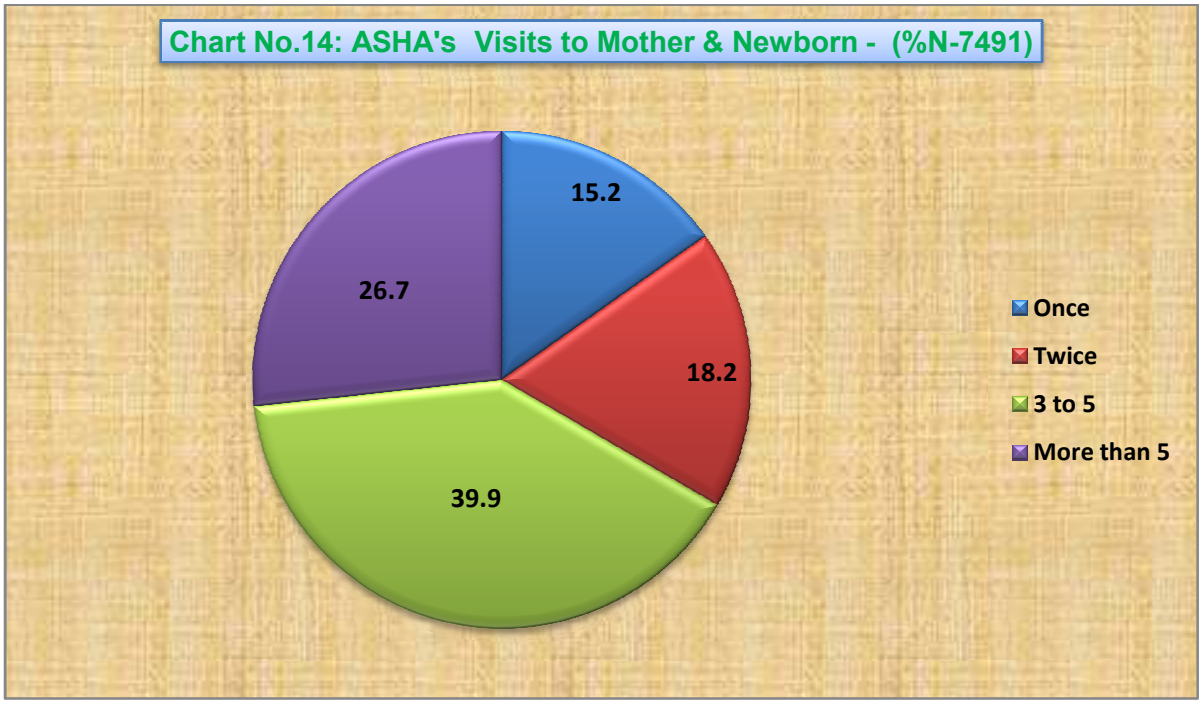
Counseling and Examination during Post Natal Check up

Counseling / Test	% (N-6747)
Abdomen examination	65.2
Counseling on exclusive breastfeeding	84.3
Counseling related to newborn care	83.6
Counseling related to Family Planning	42.6
Not Counseled	10.3
Immunization of newborn done before discharge from hospital **%** (N-7491)	54.36

Table No.20

During post natal checkup, 84.3% lactating women have been counseled on exclusive breastfeeding, 83.6% on newborn care and 42.6% on family planning. It is further observed that 10.3% women were not counseled at all. As far as immunization is concerned, 54.36% new born were reportedly immunized before getting discharged from hospital.

ASHA's visit to mother and newborn



It was reported by 39.9% of respondents that five or more visits were paid by the ASHA to the mother and the new born. A large number of respondents reported that they were paid less than five visits by ASHA (60.1).

Activities done by ASHA during her visit to Mother and Newborn

Activities	% (N-7491)
Filling of formats for 0-2 months child	34.6
Observation during breastfeeding	61.7
Suggestion on need to go to hospital	57.2
Counseling on Kangaroo mother care	35.8
Proper maintenance of cleanliness	58.8
Counseling on malnutrition	32.2

Table No.21

Observation during breastfeeding and proper maintenance of cleanliness accounted for 61.7% & 58.8% respectively. These are followed by counseling on need to go to hospital with 57.2%. Filling of formats for 0-2 months child by ASHA is only 34.6%. 35.8% Eligible Women have been counseled on Kangaroo mother care and counseling on malnutrition was in 32.2% cases.

Newborn Care Practices

Weighing the newborn (N-7491)	**%**
Newborn weighed after birth	67.7
Time when newborn was weighed (N-5071)	
Same day (On the day of birth)	92.1
Within 3 days of birth	1.3
Within 7 days of birth	0.7
After 7 days of birth	1.7
Can't recall when the newborn was weighed	7.8
Newborn was not weighed	32.3

Table No.22

As far as weighing of newborn is concerned, only 67.7% of the respondents reported that their babies have been weighed, while 32.3% of the respondents reported that their newborns were not weighed at all. Among the newborns who were weighed, majority (92.1%) have been weighed on same day (on the day of birth). 1.3% of them have been weighed within 3 days, 0.7% within 7 days. up to or after seven days of birth. 7.8% respondents could not recall whether their newborns were weighed or not.

Weight of new born

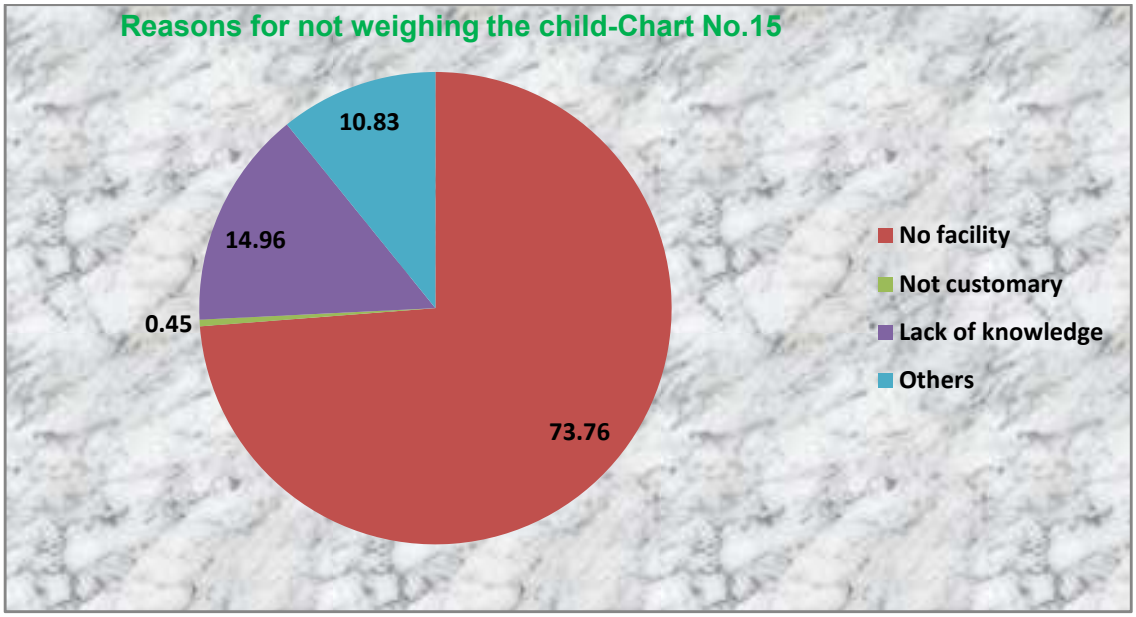
Weighing the newborn	**% (N-4845)**
Weight of the child	
i. Below 3 kg	14.8
ii. 3 to 5 kg	84.9
iii. 5 kg & above	0.3

Table No.23

14.8% of newborn weighed at the time of birth were below 3 kg and 3 to 5 kg accounted for 83.9% and above 5 kg it accounted for meager 0.3%.

It was reported by 73.76% of the respondents that they did not have facility for weighing the newborn and 14.96% of the respondents lacked knowledge in this regard, while 0.45% of them stated that their customs do not permit it. Other reasons accounted for 10.83%.

Reasons for not weighing the child



Immunization & Kangaroo Mother Care

Statement	% (N-7491)
Kangaroo Mother Care	58.4%
Immunization to newborn	92.7%

Table No.24

Only 58.4% of total respondents have been counseled by ASHAs on Kangaroo Mother Care whereas for immunization it is 92.7% of the respondents interviewed told that they were counseled by ASHA regarding immunization of newborn.

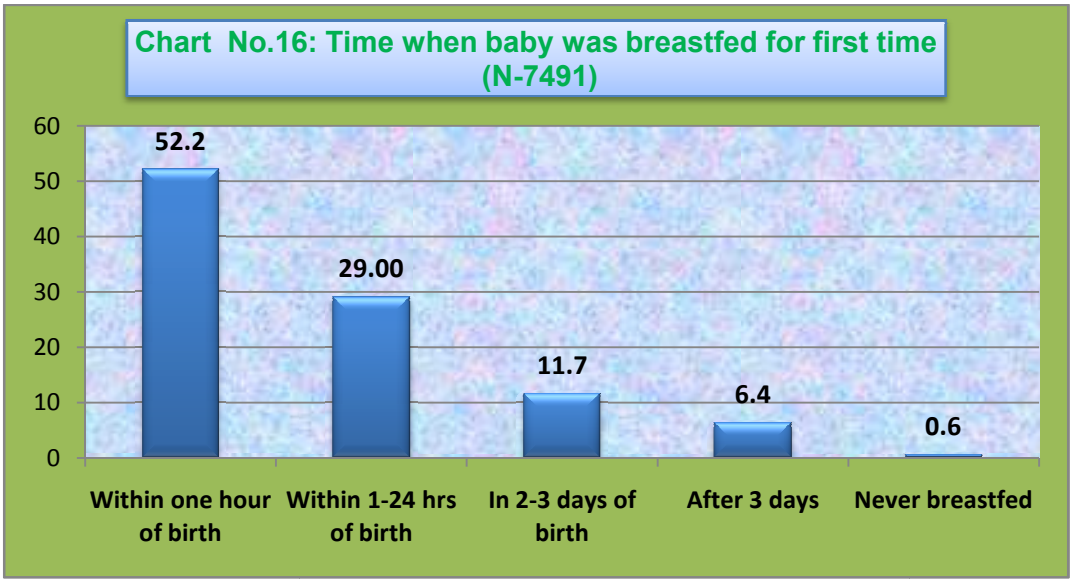
Infant feeding practices

Best Food for Newborn According to Women Interviewed

Type of food	% (N-7491)
Mother's milk	98.5
Ghutti / Honey	0.9
Others – Lentils	0.6

Table No.25

On being asked for best food for newborn, majority of the respondents (98.5%) stated that mother's milk is the best food for baby.



52.2% of the respondents breastfed their baby within one hour of birth, 29.0% of them breastfed their baby within 1-24 hours of birth, whereas 18.1% breastfed up to or after 3 days.

Breastfeeding Practices

Breastfeeding (N-7491)	**%**
Colostrums was given to newborn	79.5
Newborn/Infant presently being breastfed	91.5
Women who have breastfed exclusively for first six months or are breastfeeding exclusively currently	79.3
No. of times baby is breastfed in a day (N-6854)	%
6-8 times	80.8
4-5 times	15.5
3 times	3.0
Twice or less	0.6

Table No.26

With regard to breastfeeding practices, 79.5% women reported that they have given colostrums to newborns and 79.3% stated that they exclusively breastfed infants for first six months or are exclusively breastfeeding their babies. 91.5% lactating women were presently breastfeeding.

On being asked about the frequency of breastfeeding in a day, 80.8% respondents stated that they breastfed the child 6 to 8 times in a day. This is followed by 4 to 5 times (15.5%) and 3.0% women breastfed infants thrice a day. Twice or less accounted for 0.6%.

Food given to the infant (other than mother's milk)

Type of Food	% (N-5941)
Fluids	93.5
Semi solid food	56.0
Solid (Adult food)	12.5

Table No. 27

93.5% eligible women reported that they fed fluids to infants after six months, 56% informed that they gave semi sold food and 12.5% reported giving solid food to infants.

Practices related to Childhood illnesses and Referral of Sick Children

Childhood illnesses and Referral of Sick Children (N-7491)	%
Infants who fell ill during first 2 months	52.0
Place of treatment of sick child % (N-3899)	
Govt. Hospital	9.8
Health Sub center	2.5
Private Hospital	74.4
Others – at home etc.	13.3
Child treated at health facility **(N-7491)**	7.7
Information provided to ASHA regarding sickness of child **(N-7491)**	10.5
If yes, ASHA helped in escorting the child to hospital **(N-786)**	71.5

Table No.28

Nearly, 52% respondents informed that their infants fell sick during first two months. It is important to state here that only 12.3% infants have been treated at government run hospitals, private hospitals in this regard accounted for 74.4%. For remaining 13.3% infants, treatment was reportedly given at home. On being probed, 7.7% EW reported that her child was ever treated in the hospital and information to ASHA about child sickness was given by only 10.5% i.e. 786 in numbers. However after receipt of information from EW, ASHA acted fast as she escorted the children to health facility in 71.5% cases.

Common Childhood Illnesses

Type of illness and treatment received	% (N varies)
Acute Respiratory Infection (ARI) **(N-7491)**	53.1
Treated for ARI **(N-3981)**	98.8
Fever **(N-7491)**	86.8
Treated for fever **(N-6500)**	99.3
Diarrhea **(N-7491)**	67.6
ASHA gave information on management of diarrhea **(N-5067)**	32.3
Fluids / Oral rehydration therapy (ORT)/ ORS – Zn given to diarrhea cases **(N-5067)**	80.9
***In case of Childhood illness, help sought from**	**% (N-7491)**
ASHA	13.8
ANM	0.3
Aanganwadi Worker	0.3
Pradhan	0.1
Others-relations/friends etc.	83.4

Note: There was no response from 2.1% respondents to this query.

Table No.29

53.1% interviewed women responded that their infants suffered from acute respiratory infection and out of them 98.8% got treatment. In case of fever, 86.8% infants suffered from fever and out of them 99.3% were treated. As far as diarrhea is concerned, 67.6% infants suffered from this ailment and out of them 80.9% have been treated with fluids/oral rehydration therapy (ORT)/ORS-Zn.

ASHAs' help was sought in 13.8% of the cases whereas most of the respondents sought the help of their relatives and friend in case of any childhood illness. ANM and Aanganwadi worker accounted for 0.3% each, pradhan accounted for 0.1% and help sought from others accounted for 83.4%.

Distance from village to nearby health centre

Distance from village to nearby health centre	% (N-7258)
i. Distance within 2 kms	18.48
ii. Distance 2 to 5 kms	42.48
iii. Distance 5 kms and above	39.05

Table No.30

18.48% EW reported that distance from their respective village to nearby sub centre is within 2 kms, 42.48% reported that it is between 2 to 5 kms and 39.05% EW reported that sub centre from their village is more than 5 kms.

RESPONDENTS: ACCREDITED SOCIAL HEALTH ACTIVIST (ASHA)

- No. of Respondents: 340
- Median Age of ASHA = 34.0

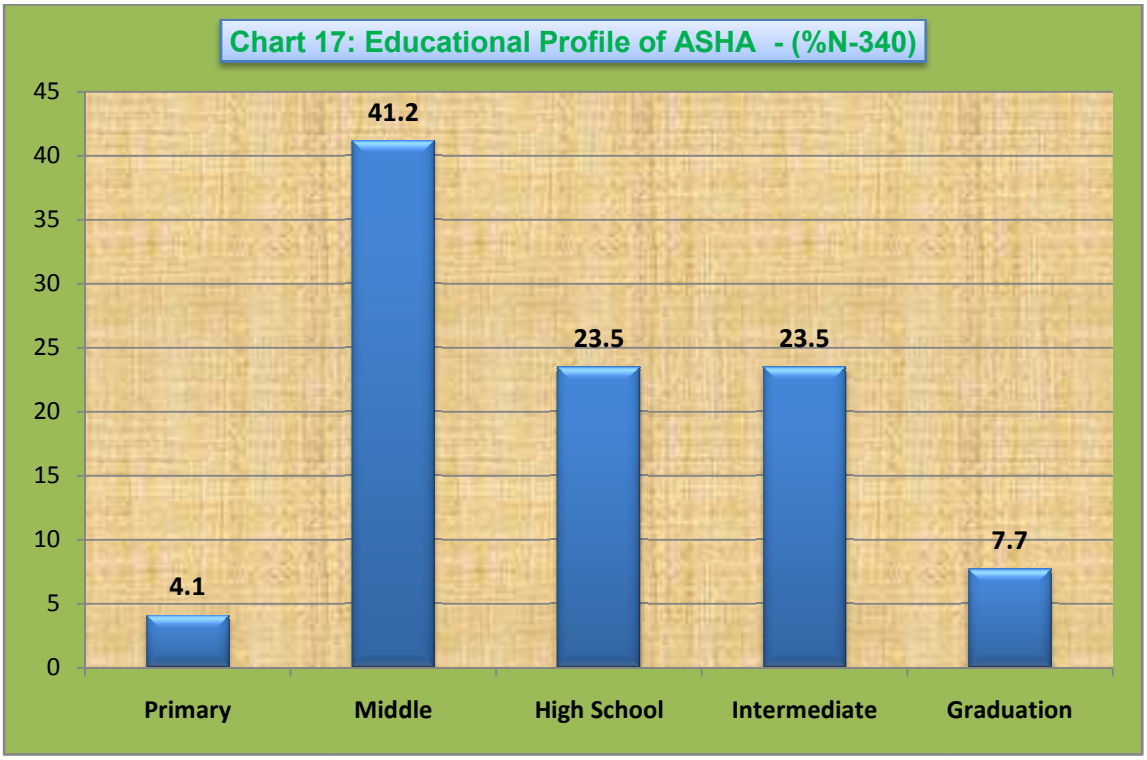
ASHA working in her service area

Year	2005	2006	2007	2008	2009	2010	2011	2012
Nos.	17	198	79	19	19	4	2	2

Table No.31

ASHA has been working in her service area as mentioned above. 198 ASHAs have been working since 2006.

Basic Information EDUCATION PROFILE OF ASHA



4.1% of ASHAs have received education up to primary level. ASHA with middle education constituted 41.2%, while 23.5% of them are have completed their education up to Matric and 31.2% of ASHAs interviewed have received formal education up to graduation.

CCSP Training

CCSP Training	%
Ten days CCSP training completed with ANM (N-340)	72.9
Quality of Training (N-248-72.9% of 340)	
Extraordinary	47.2
Good	51.6
Average	1.2
Objectives of CCSP training as reported by ASHA (N-248)	
To reduce the IMR & MMR	68.54
Behavioral change in community regarding new born care	17.6
ANC Registration	17.7
Child Immunization	14.5
Counseling regarding new born care	45.2
Enhance work efficiency of ASHA	7.8
Promote institutional delivery	7.9
Newborn to be taken to health facility in case of complication	15.3
Main Learning from CCSP training (N-248)	**%**
I. New Born Health Care	21.4
II. Create awareness and behavioral change in community regarding new born care practices	37.9
III. Registration and Antenatal Care	51.6
IV. Institutional Delivery	9.7
V. Complete Immunization	6.5
VI. Identifying symptoms of diseases in new born and referral thereof	16.1
VII. How to minimize maternal and infant deaths	10.9
VIII. Accountability of ASHA for her work	12.9
IX. Others (Cleanliness/PNC/Survey work)	9.3

Table No.32

Regarding ten days CCSP training completed by ASHA with ANM, It is observed that 72.9% respondents have received training. On being asked about the quality of training, 47.2% ASHAs informed that this training was excellent whereas 51.6% reported it as good. When ASHA were asked about the objectives of CCSP training, 68.54% of interviewed ASHAs stated that the main objective of this training was to improve IMR & MMR. Counseling regarding new born care in this regard accounted for 45.2%. ANC registration was reported by 17.7%, followed by behavioral change in community regarding newborn

care (17.6%). New born to be taken to health facility in case of complication was reported by 15.3%, while to promote institutional delivery accounted for only 7.9%.

The above table clearly shows that 51.6% respondents have learned the importance of registration and antenatal care and 37.9% reported that how to create awareness & behavioral change in community regarding newborn care practices as their main learning. 21.4% reported that they learnt about new born health care, while 16.1% learnt how to identify symptoms of diseases in newborn & referral thereof. Institutional delivery and complete immunization related learning was reported by 9.7% and 6.5% respectively. 12.9% ASHAs learned about their accountability to their assigned role.

Benefits from CCSP Training

Perceptions regarding CCSP training	% (N-248)
CCSP training led to skill up gradation of ASHA	100.0
CCSP would help to serve the community in a better way	100.0
CCSP training would help to handle newborn in complications in a better way	100.0
Pledged to protect newborn and serve community after CCSP training	98.8
CCSP training led to better image in the community	100.0
Village community consider ASHA as their well wisher	97.18

Table No.33

Regarding the perceptions about benefits from CCSP training, 100% ASHAs opined that benefited them and led to up gradation of their skills, helped them in better handling of newborn in complications and they would be able to serve village community in a better way. 100% ASHAs were of the opinion that it would make their image better in community. 98.8% respondents take this training as to protect and preserve newborn & serve community, whereas 97.18% opined that village community would consider them as their well-wisher.

Conditions to be fulfilled - Incentives to ASHA

CCSP Incentives	% (N-248)
Conditions to be fulfilled	
Sterilization/ Family planning	50.0
Immunization	77.4
ANC Registration	54.4
Institutional Delivery	37.1
Survey of Village	33.1
Birth & Death registration	12.9
TA of Monthly Meetings	30.2
Others(Blindness/TB/Cases of complication during pregnancy taken to health facility)	2.8
Frequency of payment	
Monthly	22.3
Once in two months	19.5
Once in three months	24.7
Half yearly	28.7
Annually	4.8

Table No.34

On being asked the conditions to be fulfilled to get incentive, a significant number of ASHAs (77.4%) reported immunization; ANC registration in this regard accounted 54.4%. It was 50% in case of sterilization/family planning and 33.1% in survey of village.

The above table also shows the frequency of payment to ASHAs with 28.7% ASHAs reporting that the payments for incentive are being paid to them once in six months, whereas 24.7% of them informed that it is being paid once in three months. 41.8% have received the payment either every month or once in two months. A very small number of ASHAs (4.8%) reportedly received it annually.

General Information about ASHA

General Information	% (N-340)
Population covered by ASHA	
Less than 1000	17.4
1000-2000	70.9
More than 2000	11.8
ASHA having contact numbers of health workers	95.0
ASHA's awareness about her responsibilities	
ANC Registration and care during pregnancy	100.0
Counseling for institutional delivery	48.2
Complete immunization	60.6
Birth and death registration	52.1
Survey work	21.5
Arrangement of transport for institutional delivery	15.6
PNC	30.9
New born health care	40.0
Family Planning and sterilization	15.9

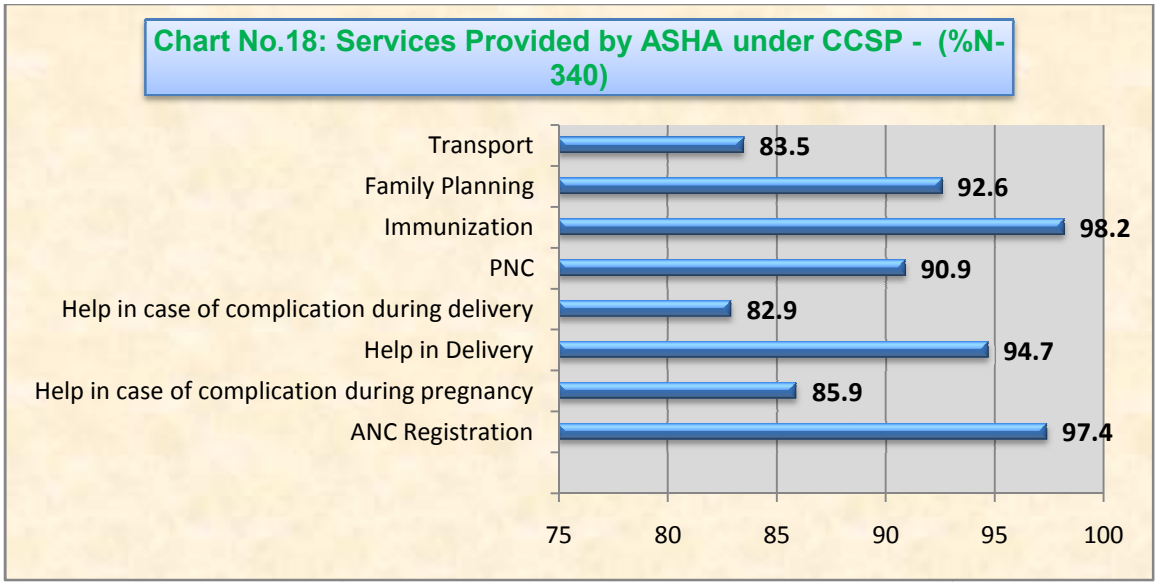
Table No.35

As per NRHM 'One ASHA per 1000 population is the norm. The study reveals a gap in this regard as 70.9% ASHAs cover population of more than 1000.

95% ASHAs reported that they have contact numbers of health workers in their service area.

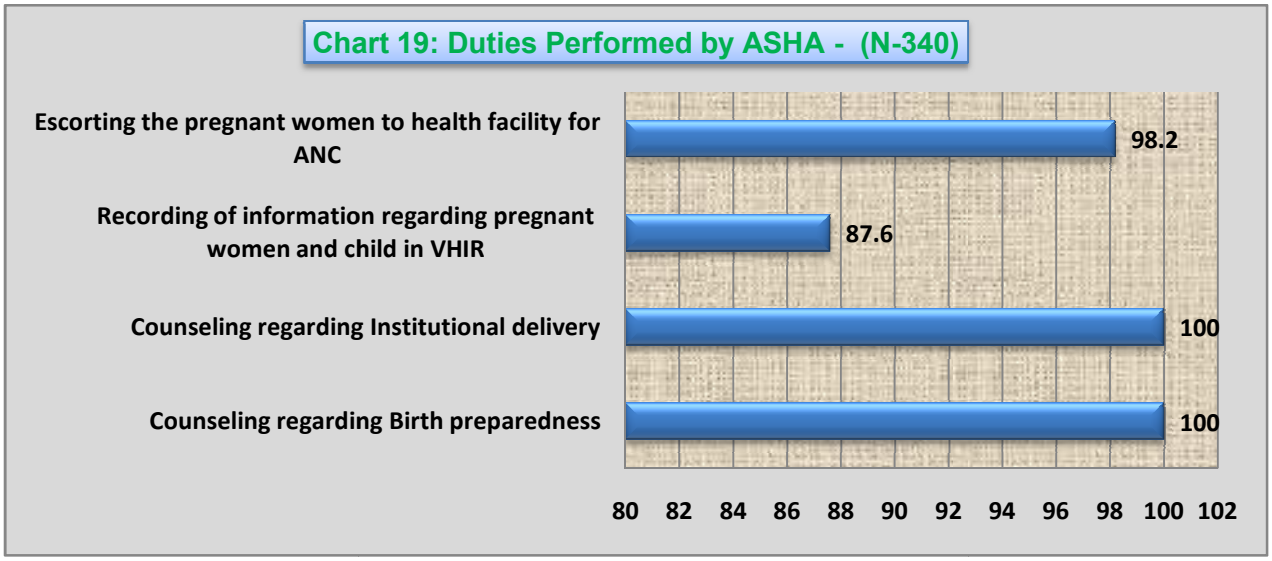
As regards ASHA's awareness about her responsibilities, 100% of them stated that ANC registration & care of women during pregnancy was their major responsibility. Complete immunization accounted for 60.6% and 52.1% in case of birth & death registration. Counseling for institutional delivery accounted for just 48.2% and 21.5% of respondents consider survey work as their responsibility, whereas arrangement of transport for institutional delivery accounted for only 15.6%. This is followed by family planning & sterilization work responsibility reported by 15.9%.

Services Provided by ASHA under CCSP



Regarding the services provided by ASHA to Eligible Women during pregnancy, 98.2% of ASHAs responded positively for immunization, followed by support provided for ANC registration (97.4%). It is further evident that help has been extended for delivery (94.7%). It is 92.6% in case of family planning, 90.9% in PNC, 85.9% in help in case of complication during pregnancy and support is provided in case of transport is 83.5%. 82.9% ASHA extend help in case of complication during delivery.

Birth Preparedness



All ASHAs interviewed (100%) reported that they counseled the women on institutional delivery and birth preparedness. 87.6% of interviewed ASHAs informed that they have recorded the information regarding pregnant women & new born in VHIR. The study further reveals that 98.2% ASHA had escorted the pregnant women health facility for ANC.

List of wrong practices prevailing in the community

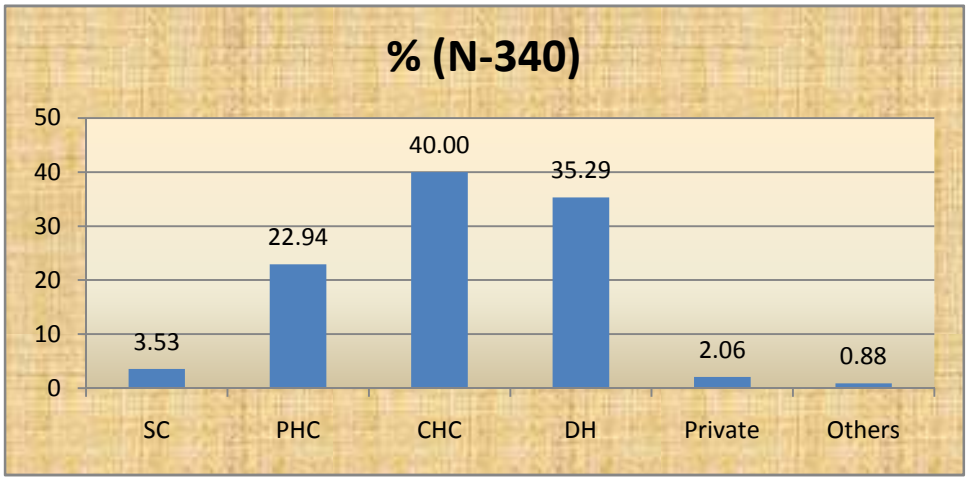
Wrong Practices prevailed in community	% (N-340)
List made by ASHA of wrong practices in the society	52.1
Wrong practices	
Not to immunize the child	18.1
Discrimination between male and female child	6.2
Custom of Home delivery that too on the floor	39.0
Bathing the child immediately after birth	27.1
Not to breastfed/Colostrums immediately after birth	67.8
Cut the cord with knife	31.6
Applying the black color (*Kajal*) on eye lids	6.2
No Breastfeeding/food up to 7 days	7.3

Table No.36

On being asked, 52.1% ASHAs informed that they have listed prevalent wrong practices in their village community. It was further observed that 67.8% ASHAs have listed no breastfeeding/colostrums feeding immediately after birth as major wrong practice. Custom of deliveries on the floor has been listed by 39% ASHAs, whereas cutting the cord with knife accounted for 31.6%. Bathing a child immediately after birth is also a prevalent practice in village community, listed by 27.1% ASHAs, while 18.1% have listed belief of no immunization of child. Applying black color (*kajal*) on eye lids and discrimination between male & female child are listed by 6.2% and 6.2% ASHAs respectively.

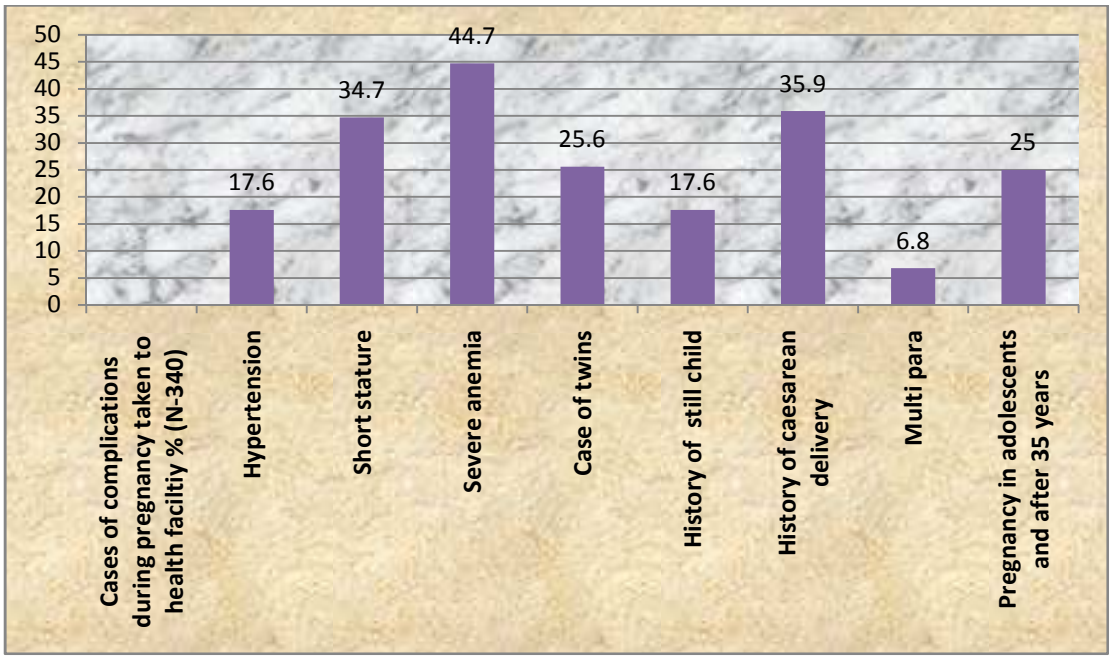
Complications during Pregnancy

Chart No.20: Escorting pregnant women in case of complications are taken to health facilities



ASHA escorts pregnant women to health facilities in case of complications. Preference was to Govt run health facility as depicted in the above graph. The study reveals that only 2.06% and 0.88% of ASHAs took EW to private hospitals etc.

Chart No.21: Type of cases of complications during pregnancy taken to Health Facility by ASHA- %(N-340)



Cases relating to complications during pregnancy varied as reported by ASHAs. Severe anemia accounted for 44.7%, history of caesarean deliveries 35.9%, short stature 34.7%, pregnancy in adolescents 25%, cases of twins 25.6% were some of major causes of complications that were reported by ASHAs. Hypertension accounted for 17.6% and multi para accounted for 6.8%. History of still child accounted for 17.6%

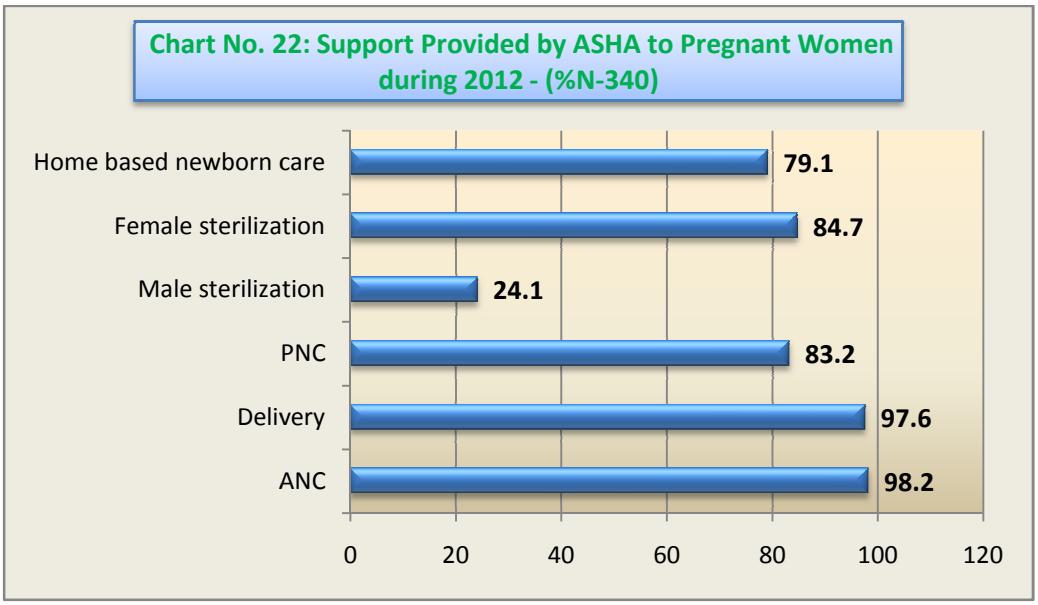
Escorting Pregnant Women to Health Facilities

Escorting Pregnant Women to Health Facilities	% (N-340)
Pregnant women escorted by ASHA to health facility for delivery	99.4
Arrangement of transport made by ASHA for taking pregnant women to health facilities	91.5
Contact nos. of drivers/ owners of vehicles with ASHA	81.8

Table No.37

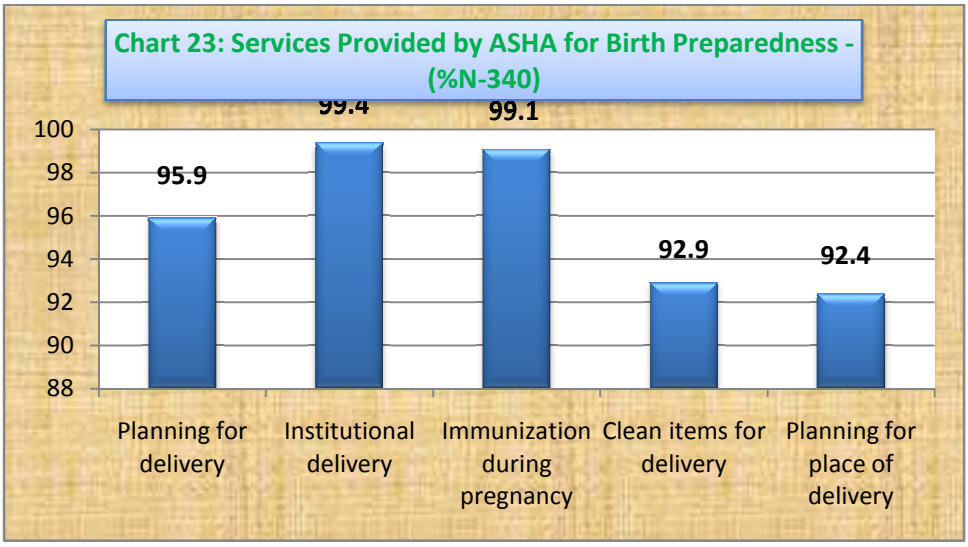
99.4% reported that they escorted pregnant women to health facility for delivery and 91.5% said they arranged for transport as well. On being probed, she further reported that in case of emergency, 81.8% reported that they have with them contact numbers of drivers/owners of vehicles.

Support provided by ASHA to pregnant women during 2012



Large number of ASHAs reported that they had provided support to Eligible Women during their pregnancy. ASHAs that were interviewed stated that they help the community by providing support in HBNC (79.1%), Female Sterilization (84.7%), PNC (83.2%), support in delivery (97.6%) and ANC. An important finding here is that the role of ASHA in m (79.1%), male sterilization is limited to only 24.1 percent ASHAs reported to have motivated people for male sterilization.

Services provided by ASHA for Birth Preparedness



As shown in above graph, ASHA is reported to have provided counseling to eligible women for birth preparedness in every aspect. Counseling on institutional delivery accounted for 99.4% followed by immunization during pregnancy 99.1%, planning for delivery 95.9%, clean items to be kept ready for delivery 92.9% and 92.4% for planning for place of delivery.

Counseling for delivery at home

Delivery at home	% (N-340)
Counseling by ASHA on precautions in case of delivery at home	96.5
Clean items to be prepared % (N-328)	
Clean room for delivery	97.3
Clean cloth	97.6
New blade	99.1
Thread	98.2
Soap	97.6

Table No.38

In case of planning of delivery at home, ASHA is reported to have counseled eligible women on various aspects. With regard to precautions to be taken in case of delivery at home, it accounted for 96.5% and clean items to be kept ready accounted for 98% on an average.

Counseling regarding Birth Preparedness

Delivery at home	% (N-340)
Plan for Place of delivery	97.9
Transport	95.0
Money for delivery	91.8
Plan for person, who would escort for delivery	95.9
Complications related to delivery	82.9
Arrangement of blood donor in case of emergency	72.6
Clean items for delivery	98.5

Table No.39

ASHAs have further reported during the field survey that they counseled eligible women on birth preparedness as mentioned in the table above.

Practices being followed by ASHA regarding Infant Health Care which are appreciated & adopted by community

Practices appreciated & adopted by community regarding Newborn care	% (N-340)
Birth Preparedness and counseling for Institutional delivery	15.9
Home visits and counseling for new born care	45.9
Newborn taken to health facility in case of complication	22.6
Ensuring routine immunization	22.8
Escorting women to health facility in case of complication during delivery	8.8
Awareness generation on health issues among community	10.3
ANC Registration	6.2

Table No.40

Only home visits with regard to infant care account for 45.9% and rest of the good practices are yet to be appreciated and adopted widely by the community as reported by ASHAs and depicted in the above table.

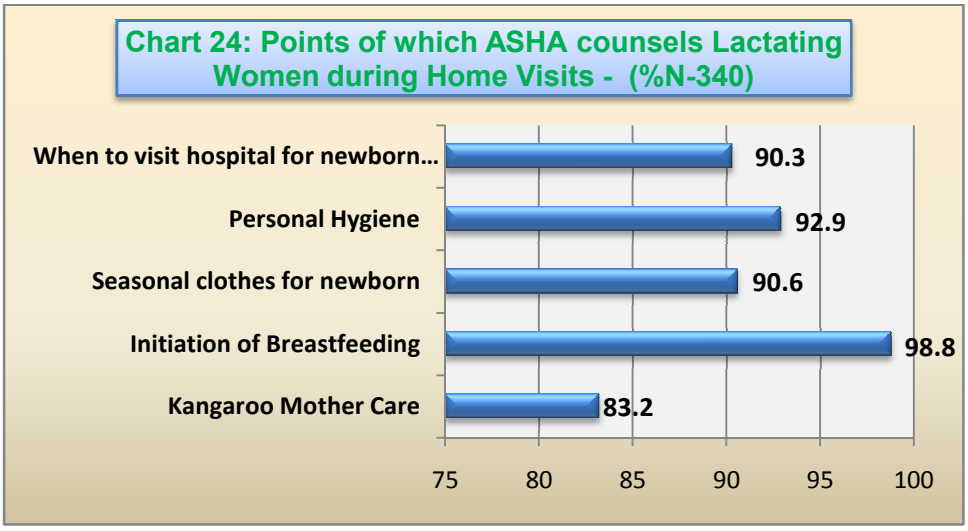
Items received under CCSP

Protocol for CCSP	% (N-340)
ASHA reporting to ANM as CCSP protocol	79.4
Any Items received under CCSP	84.7
Writing material (N-288)	87.2
Medicines (N-288)	72.9
Referral card (N-288)	58.3
Weighing scale (N-288)	21.2
Bag (N-288) -	50.7
Items taken to newly delivered women	
Format – 0 to 2 months	54.1
Weighing scale	18.2
Watch	29.4
Thermometer	32.6
Referral card	34.4
Home visits	67.4
Others – Flip chart	16.2

Table No. 41

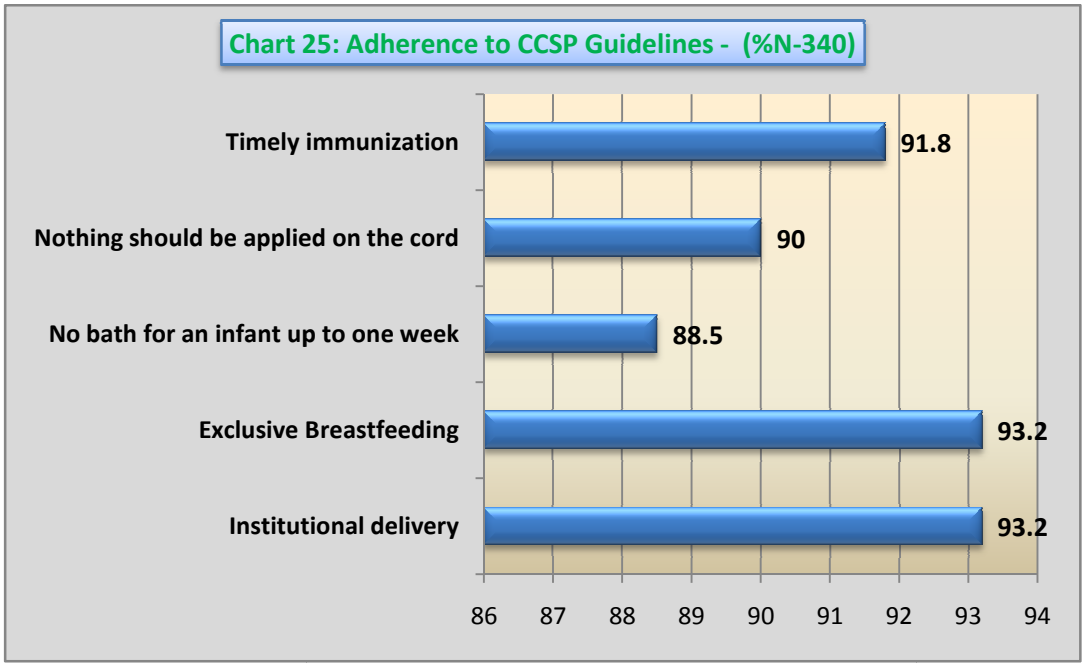
ASHAs have reported that they are following CCSP protocol with regard to reporting to ANMs (79.4%). The items as mentioned above have been reportedly received once and that too not by all ASHAs as stated in the above table.

Counseling by ASHA during her home visits to mother and child



ASHAs during their home visits for new born care have reported to have counseled eligible women on all aspects related to visit to hospital, personal hygiene, seasonal cloths for new born, initiation of breast feeding and KMC.

Adherence to CCSP guidelines



ASHAs mentioned that they are adhering to CCSP guidelines with regard to timely immunization (91.8%), nothing should be applied on cord (90%), no bathing the child for one week (88.5%), exclusive breastfeeding and counseling accounted for 93.2% each.

Infant Mortality

Infant death and reasons	% (N-340)
Any infant died within 42 days of birth	39.7
Reasons for Infant Mortality (N-135) 39.7% of 340	
Low birth weight baby not thriving	20.0
Premature delivery	14.8
Respiratory infection/fever with rash/fever with convulsion	69.6
Not breastfed and lack of proper care	11.9
Deformity in limbs	19.3
Breech delivery	25.2
Reason of death could not be ascertained	23.0

Table No.42

Major cause of infant mortality as reported by ASHAs was ARI that accounts for 69.6% followed by breech delivery 25.2%, 20% in case of low birth weight infants, premature delivery 14.8%, deformity in limbs 19.3% and for unknown reasons of death in 23% cases.

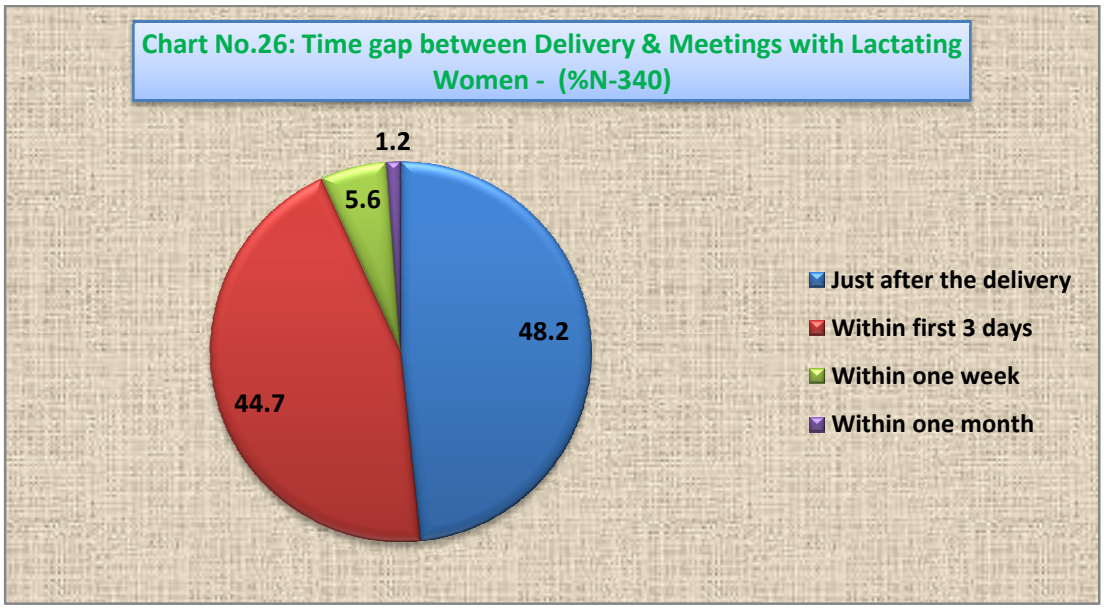
Maternal Mortality

Maternal death and reasons	% (N-340)
Mother who died within 42 days of delivery	5.6
Reason of maternal mortality (N-19)	
Swelling and anemic due to disability	31.6
Excessive bleeding	5.3
Sepsis	5.2
Jaundice	5.3
Prolonged Labour/Obstructed Labour	5.2
Injury to uterus & other organs	5.3
Reason of death could not be ascertained	42.1

Table No.43

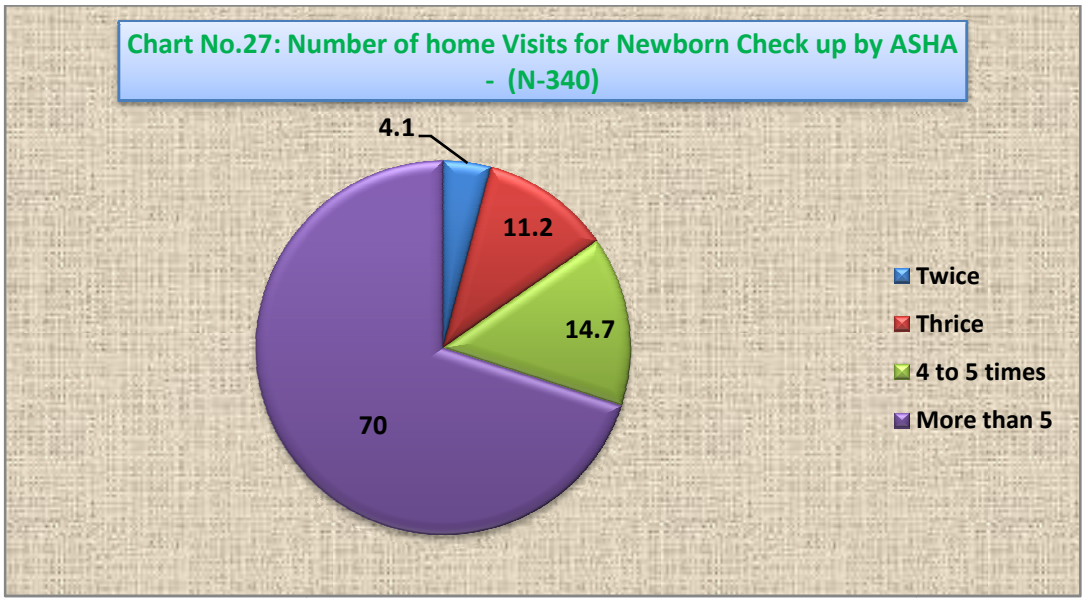
There were cases of maternal mortality as reported by ASHAs. In 42.1% cases, the cause of death could not be ascertained. However in 31.6% cases, swelling and anemic were reported as the cause for death. Other reasons for maternal mortality accounted for 26.3% (causes such excessive bleeding, sepsis, jaundice, prolonged labor/obstructed labor, injury to uterus.

Time gap between delivery & meetings with lactating women



ASHAs have reported to have visited Eligible Women immediately after delivery (48.2%), within 3 days (44.7%), within one week and within one month accounted for 5.6% and 1.2% respectively.

Number of home visits for newborn checkup by ASHA



70% of ASHAs reported that they made more than 5 home visits to newborn, 14.7% reported to have made 4 to 5 times visits, 11.2% and 4.1% reported to have made home visits to new born thrice and twice respectively.

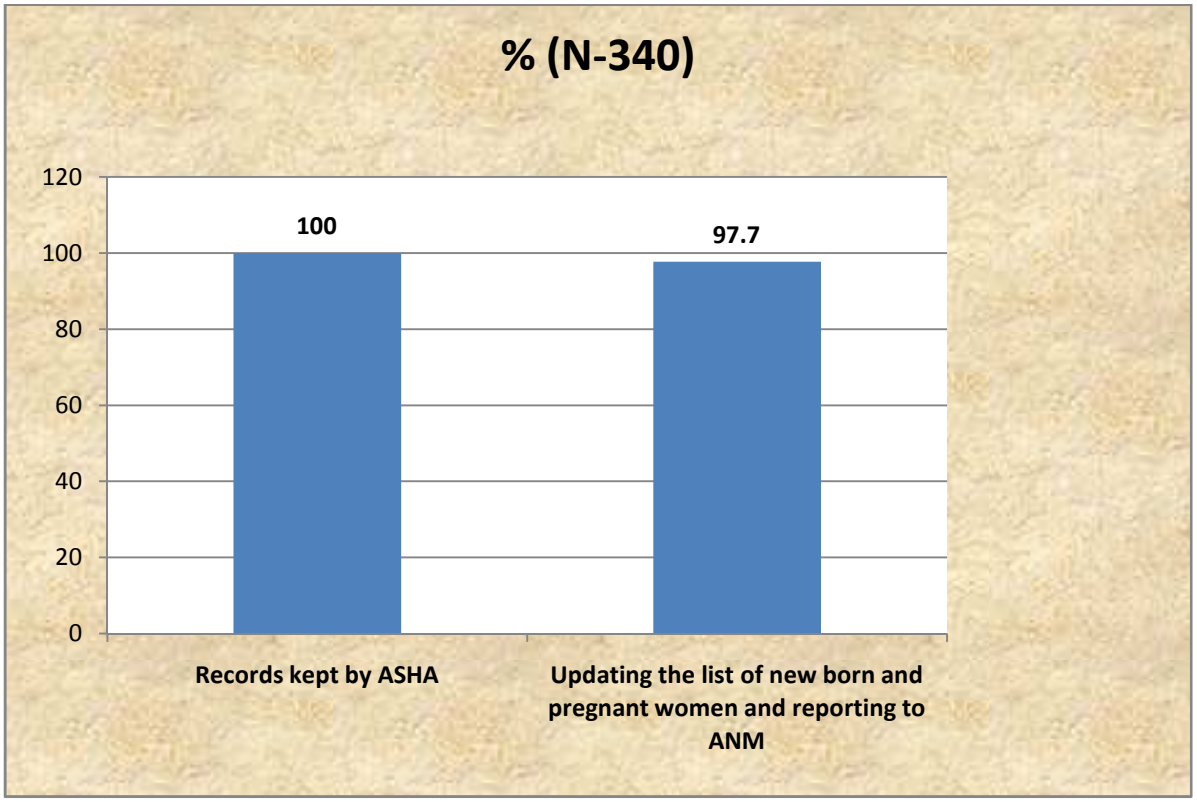
Support to Newborn for any Complications within 42 days of Birth

Referral	Nos.	% (N-340)
Newborn taken to health facility in case of complications within 42 days from birth		45.4
Awareness generation on new born care – post CCSP training i) Timely immunization		14.12
ii) Institutional delivery		10.00
iii) ANC registration		45.88
iv) Awareness generation on behavior change towards new born care		85.00
v) Generation awareness in the community on cleanliness and awareness generation on Family planning		72.35
vi) Others		20.59
Number of infants referred to hospitals (children up to 2 months)	578	
Number of referred infants who underwent treatment	398	
Out of 578 referral cases, 398 have completely been cured		68.86

Table No.44

With regard to query for generating awareness on new born care – post CCSP Training, ASHAs responded as above. 85% ASHAs responded that they generated awareness on behavior change, for ANC registration it was 45.88%, 72.35% ASHAs responded that they generated awareness on cleanliness and on family planning, only 10% responded that they generated awareness for institutional delivery. ASHAs have reported to have informed that out of 578 referral cases of new born, 398 infants were treated.

Record keeping and maintenance of registers – Chart No.28



ASHAs informed that they are maintaining all the records and also updating the list of new born and pregnant women and she informed that they were reporting to ANMs.

List of registers maintained by ASHA

Only 62 ASHAs reported the availability of VHIR. The remaining 278 ASHAs reported that in absence of VHIR, they are maintaining separate registers for making entries as under:

a. Birth/death registration
b. Immunization register
c. Family planning
d. Home visit registers
e. Survey registers
f. Medicines distribution
g. Delivery register
h. ANC registration
i. Leprosy register
j. TB register
k. Meeting register
l. Maternal/infant death register
m. Register for adolescents health

Details mentioned inthe registers regarding care to new born and mothers and other details mentioned

Sr. No.	Details mentioned in the registers	% (N-340)
1	Birth/death registration	35.00
2	Immunization to child	30.29
3	ANC registration	94.71
3 a	ANC	95.88
4	New born care	83.53
4a	Breastfeeding and food for infants	85.29
5	Sterilization and family planning	9.12
6	Minutes of the meeting	17.94
7	Census of the village	65.29
8	JSY beneficiaries	26.76
9	Adolescents health care	9.41
10	Others, cleanliness in the village, infectious diseases, leprosy patients, DOTS, malnutrition, infant/maternal deaths etc.	43.53

Table No.45

In addition to above findings, followings are the problems that have been reported by the ASHAs during the one to one discussion held with them:

- **Irregular supplies of medicines/no replenishment of drug kit/no Medicines at hospitals**

  Majority of ASHAs stated that medicines are not being supplied on time. Few of ASHAs informed that they have not been provided with medicines since last year. As a result, they cannot provide medicines for common illnesses when demanded by the community. Majority of ASHAs reported that there is drug kits are not replenished regularly. Large number of ASHAs also reported that the medicines & other relevant materials used during delivery are, generally not available in SHC/PHC or even CHC. The concerned beneficiaries are compelled to purchase these things from the open market.

- **Poor Condition of Health Facilities**

  It was reported by some of the ASHAs that many health facilities are running with poor infrastructure. They reported that there is no regular supply of electricity, lack of safe drinking water, lack of proper sitting arrangements, unhygienic toilets, dirty rooms & galleries etc. Some health facilities are running in rented buildings, which are in poor condition & need repair. Poor infrastructure is one of the major reasons why people do not prefer to get delivery conducted at government run health facilities, as reported by ASHAs.

- **Less Incentives and No Provision of Fixed Salary**

  Majority of ASHAs feel that the incentives being given under ASHA scheme are inadequate in some activities, such as sterilization, pulse polio, routine immunization. Even some ASHA complained that no incentive is being given in case of TB patients, delivery at CHC, for attending the meetings at BPHC. A few of them reported that no incentive is paid to them for delivery at home even after getting full ANC by the concerned women. ASHAs feel that there should be provision of fixed salary should be there. Majority of ASHAs feel that the present system of releasing payment is not satisfactory and they are being paid less than what they are entitled to.

- **Difficulty in convincing people on health issues**

  Some ASHAs stated that they face difficulty in convincing people for polio immunization, institutional delivery & sterilization. People especially Muslim women &women from lower strata of the society do not cooperate in this matter. They also do not show any interest for receiving TT injections during pregnancy. People are not aware about health issues. They believe in superstitions and follow old customs. They do not take the counseling of ASHA seriously. Few ASHAs also reported that casteism also hampers the progress of work.

- **Problems related to Transportation**

  One of the major problems faced by the ASHAs is lack of transportation facilities for pregnant women at the time of delivery especially when complications are faced.

They face the problem in taking the pregnant women & infants in case of complications to health facilities especially at night. Apart from this, there is no facility of transportation post sterilization. A significant number also reported that a large area has been allotted to them; therefore they are facing the problem of mobility within the village. Though they have to move to many sub hamlets, yet no vehicle (bicycle) has been provided.

- **Hardships being faced by ASHA from Health Officials**

  Few ASHAs reported that they face lot of hardships at the time of getting their payments cleared from BHPC. It was also reported that even beneficiaries are being harassed at the time of payment to them under JSY, birth, immunization cards. The expense on transport to reach the health facility is not reimbursed. Reportedly deductions are made while making payment to the beneficiaries.

- **Problem of night halt at health facilities**

  Majority of ASHAs reported that they face difficulty when they take patients to the health facilities. There is no room for taking rest or for halting at night in the health facility. There is no facility of night halt for women staying at the health facility for 48 hours after delivery. Toilets are not clean and poorly maintained.

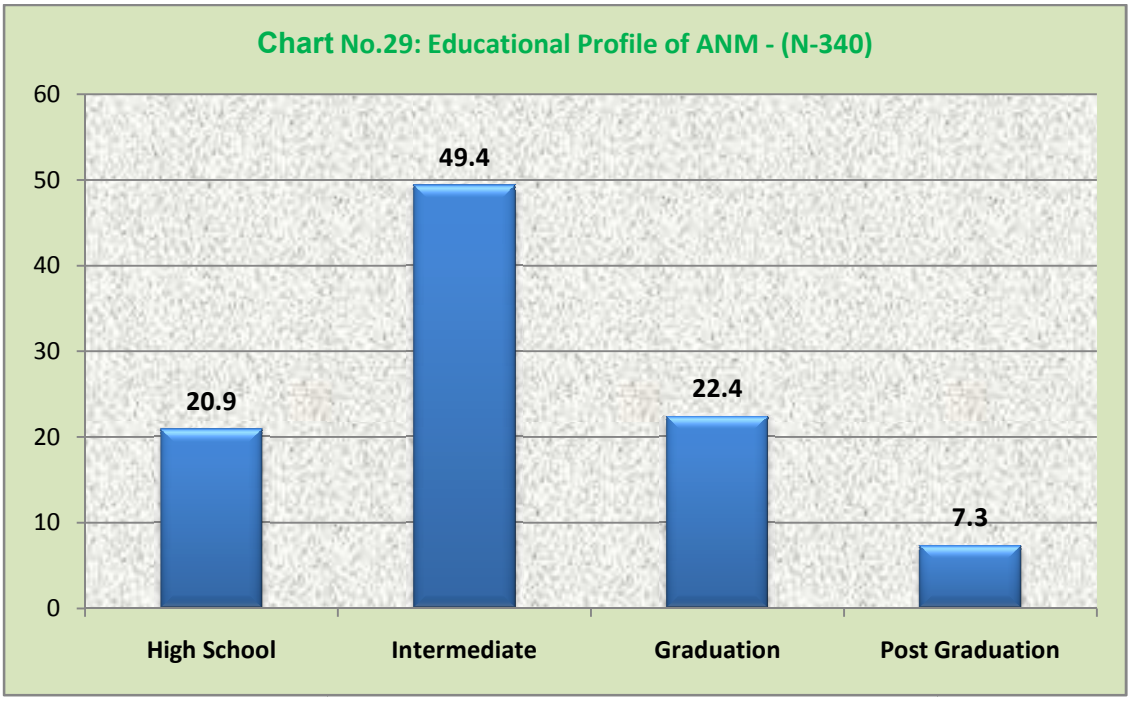
- **Lack of Cooperation of the Health Staff with the ASHA**

  Majority of ASHAs reported that health staff at SC/PHC/CHC/DH does not cooperate with them. ANM does not conduct the routine immunization regularly in the village. Even ANM does not inform about routine immunization. ANM does not provide & verify the ASHA payment vouchers on time. In some health facilities, Doctors & nurses are very careless about patients. They do not care for patients. Some nurses misbehave with the patients. Most of the times doctors are not present in the hospitals. Nurses refer the cases to District Hospitals unnecessarily. In some SCs, ANMs have not been appointed since months. This is also one of the reasons for people not preferring Government health facilities. They also pointed out that the Pradhans of the village also do not cooperate with them in promoting the health programmes.

RESPONDENTS: AUXILIARY NURSE MIDWIFE (ANM)

- No. of Respondents: 340
- Median Age of ANM = 45.6

Educational Profile of ANM



Academic qualification of majority of ANMs – 70.3% is of High school/intermediate. However graduates and post graduation account for 22.4% and 7.3% respectively.

Background –General Information

General Information	% (N-340)
Working in Sub Centre	
Less than 1 Year	6.2
1 to 2 Years	16.8
2 to 5 Years	15.3
5 to 10 Years	20.5
More than 10 Years	41.2
Residence of ANM	
ANM resident of same village	19.7
ANM residing in the village for less than 3 years	17.9
ANM residing in the village for more than 3 years	82.1
Distance from place of residence to sub centre	**% (N-340)**
i. Within 5 kms.	42.65
ii. 5 to 10 kms.	20.0
iii. Above 10 kms	37.35
Time to reach sub centre from place of residence	**% (N-285)**
i. Within one hour	82.11
ii. One hour to two hours	12.98
iii. More than 2 hours	4.91

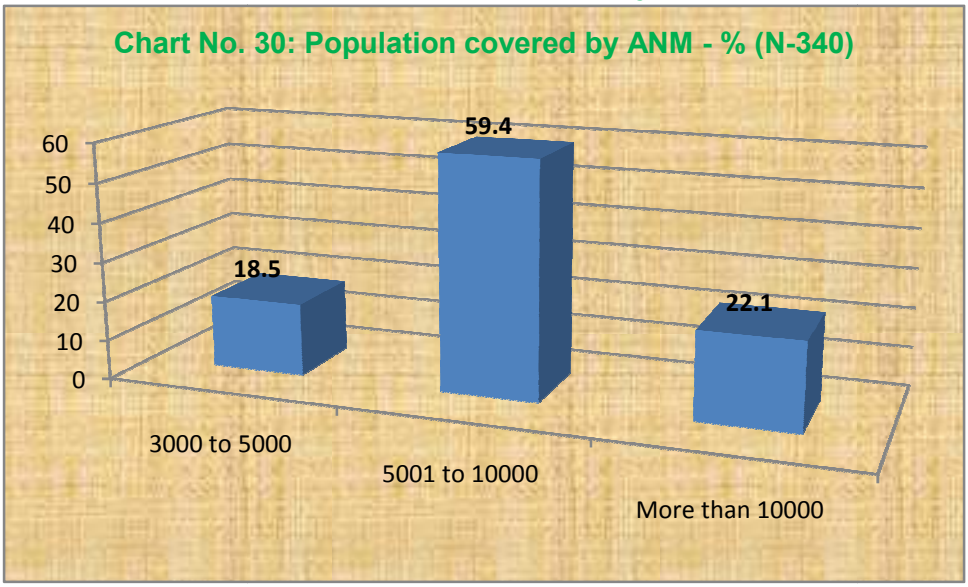
Table No. 46

The table reveals that few ANMs have been working in the same sub centre for 2 to 5 years (15.3%) and 41.2% ANMs have been working in their current sub centre for more than 10 years. 16.8% of the ANMs interviewed stated that they have been serving in their present sub centre for 1 to 2 years and 6.2% of ANMs for less than 1 year.

It is evident from the above table that 82.1% of ANMs are residing in the same village where sub centre is located for more than 3 years and only 17.9% are residing in the same village for less than 3 years.

One being probed, 42.65% ANMs reported that their respective sub centre is within 5 kms. from her place of residence, 20% respondents reported that their sub centre from her place of residence is between 5 to 10 kms and 37.35% respondents reported that their sub centre is more than 10 kms. from their place of residence. On further being probed, 82.11% ANMs reported that it took them within one hour to reach their respective sub center, 12.98% reported that it took them between one to two hours and 4.91% reported that it took them to reach their respective sub centre from their place of residence.

Population covered by ANM

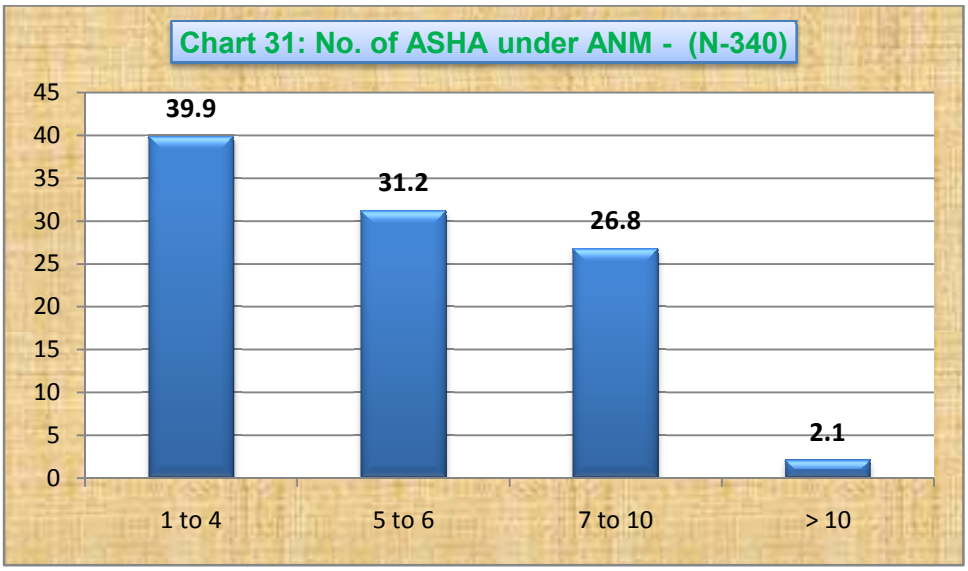


Majority of ANMs 59.4% are serving population of 5001 to 10000 and 22.1% are serving population of 10001 and above. 18.5% of ANMs are covering population of 3000 to 5000.

Villages covered by ANMs:

On being asked, ANMs reported that on an average they are covering 4.8 villages under her respective sub centre.

No. of ASHAs under ANMs



No. of ASHAs under ANM are 1 to 4 ASHAs (39.9%), 5 to 6 (31.2%), 7 to 10 (26.8%) and 2.1% ANMs reported that nos. of ASHA under them are more than 10.

Only 50.9% of ANMs have completed 10 days CCSP training and their knowledge about new things learnt on various aspects varies from 16.2% to 45.7%. 98.8% ANMs reported that they and ASHA are following CCSP protocol as per following table.

CCSP Training

CCSP training	% (N-340)
Ten days training on CCSP completed with ASHA	50.9
CCSP Protocol being followed by ANM and ASHA (N-173)	98.8
New things learnt in CCSP training	**%**
To prevent maternal and infant deaths	24.9
Identifying symptoms of diseases of Infants and referral thereof	16.2
Counseling for exclusive breastfeeding	45.7
Routine Immunization	38.7
ANC Registration	23.1
Motivate for Institutional delivery	26.0
Behavioral change in new born health care	22.0

Table No.47

Delivery assisted by ANM

Relevant Findings	% (N-340)
Delivery at sub centre by ANM	30

Table No.48

On being asked, 30% ANMs reported that they conduct deliveries at their respective sub health centres.

Support by ASHA to ANM under CCSP

Services provided	% (N-340)
ANC Registration	86.8
Immunization	87.9
Institutional delivery	87.1
Delivery at home	62.9
Help in case of complications during pregnancy	75.3
Help in case of complications during delivery	72.6
Family Planning	85.0
Birth and death registration and reporting	80.6
Cooperation received under CCSP	11.8

Table No. 49

Majority of ANMs reported that ASHAs support them in all the above mentioned activities whereas only 11.8 percent of ANM responded that they received cooperation and support under CCSP from ASHA.

Support by ASHA to ANM in immunization

Support to ANM in immunization	% (N-340)
ASHA's support in immunization	99.1

Table No.50

ANMs reported that ASHAs have been supporting them in immunization (99.1%)

No. of institutional deliveries and deliveries at home

No. of institutional deliveries and deliveries at home	Nos.	Average per ANM
Institutional deliveries	13332	39.21
Deliveries at home	4873	14.33

Table No.51

ANMs reported that there were 13332 institutional deliveries and 4873 deliveries at home. Average per ANM is 39.21 for institutional deliveries and 14.33 deliveries at home.

Maternal and infant deaths during 2012

Maternal and infant deaths during January to December, 2012	Nos.
Maternal deaths	48
Infant deaths	519

Table No.52

Maternal and infant deaths as reported by ANMs are 48 and 519 respectively during 2012 from 340 villages in the selected districts where this study was conducted.

CCSP Activities

Activities	% (N-340)
ANM visits eligible women with ASHA	92.6
CCSP discussions at block level monthly meeting	74.4
ANM aware of old customs which are not beneficial for mother and child	73.8
ANM took steps to curb such customs	90.8
ANM enlisting women who can face complications during delivery	43.5
Criteria to identify high risk cases (complication cases)	
Breech Presentation	20.3
Identifying of Anemic cases	46.9
Short Stature of pregnant women	35.1
History of Cesarean delivery	20.3
History of twins	7.4
Physically weak women	7.4
Identifying Jaundice/Epilepsy	14.9
Excessive discharge of blood during delivery	39.2

Table No.53

Majority of ANMs (92.6%) responded that they visit Eligible Women with ASHAs. 73.8 percent of interviewed ANMs stated that they are aware of old customs which are not beneficial for mother and child prevalent in the community and 90.8 % ANMs took steps to curb such customs.

In general, there is a lack of knowledge among ANMs regarding criteria to identify high risk cases as mentioned in the above table.

Prevalence of superstitions and old customs in the community

Customs	% (N-340)
Applying ash or oil on the cut cord	13.2
Not to be breastfed immediately after birth	31.5
Bathing the child immediately after birth	14.1
Considering home delivery safer than institutional	15.6
Not to immunize the child	22.9
Avoiding feeding of colostrums to child	13.2
Applying *Kajal on the eyelids* of infants	1.8
Pregnant lady not being vaccinated (TT)	6.5

Table No.54

ANMs reported that they have made a list of wrong practices prevalent in village community as mentioned above. Child not to be breastfed immediately after the birth was high on the list (31.5%) and not immunizing the child accounted for 22.9%. Considering delivery at home to be safe (15.6%) and avoiding feeding of colostrums to the child (13.2%) are some of wrong practices still prevalent in the society that have been listed by ANMs.

Level of knowledge of ASHAs regarding CCSP and her support to ANM

Support to ANM	% (N-340)
Verification of ASHA's work before Block PHC meetings by ANM	94.1
Level of knowledge of ASHA regarding CCSP	
Counseling to mother and newborn by ASHA as CCSP Protocol	78.8

Table No.55

Level of knowledge of ASHA after CCSP training has gone up. This was reported to be 78.8% and 94.1% of ANMs further reported that they are verifying the ASHAs work before Block level monthly meetings.

Payment to ASHA under CCSP

Payment	%
CCSP related vouchers verified by ANM (N = 340)	80.0
ANM supports ASHA to receive payment on time (N = 272)	98.9

Table No. 56

Majority of ANMs (80.0%) reported that they were verifying CCSP related vouchers submitted by ASHAs. Out of these, 98.9 percent of them reported that they help ASHA to receive payment on time

In - depth Interviews with Senior Officials at the Block and District

In - depth Interview with MOICs and ACMOs

- **Work Plan to train the untrained ASHA/ANM and Staff Nurses**

Majority of MOICs and ACMOs reported that no work plan has been devised as far as training of the untrained ASHA/ANM/Staff Nurses and Doctors are concerned under CCSP. Only few of them reported that a district strategy has been made and training is going on.

- **Content of the Training Imparted**

The MOICs and ACMOs were probed on the content of the training imparted to the health officials. A majority of MOICs and ACMOs responded that the main objective of the training was the reduction of IMR. Majority of them also reported that new born care was also a component of the training module. It was observed during the data analysis many of the respondents of this category did not respond to this question.

- **Awareness Activities related to CCSP**

As far as the awareness activities of CCSP are concerned, majority of them reported that IEC/BCC/IPC activity, wall painting has been the major medium of creating awareness among the community members. It was also reported by a significant number of stakeholders of this category that placards are also used in creating awareness. Many of them also reported that awareness has also been created in the monthly meetings which take place with the ASHA and awareness is also created by her by paying visits in the community to the eligible women. A small number of respondents also reported that awareness about CCSP was created during immunization days, through interaction with ANM and Pradhan.

- **Involvement of CBOs and NGOs in CCSP**

CBOs and NGOs may play a significant role in creating awareness among the community members about CCSP. Their involvement in CCSP was probed from the MOICs and the ACMOs. A majority of them reported that no involvement of NGOs and CBOs has been recorded yet. Many of them said that their involvement is decided at the district level, and information and directions for their involvement are passed from there. A few respondents of this category reported that they did not have any information on this.

- **Effect of CCSP training on skills of staff**

  Majority of MOICs and ACMOs reported that improvement has been observed in the competencies of the frontline health workers. This was further supported by the statement that there has been some improvement in the levels of IMR and MMR, because the awareness level of rural community has improved. On the contrary, same number of respondents has reported that no training on such lines in certain districts has been done yet. A very small percentage of stakeholders of this category reported that CCSP protocol is being followed and taking care of the new born has become easy.

- **Adherence of CCSP Protocols and Formats**

  Majority of MOICs and ACMOs reported that CCSP protocol is being followed and information is being disseminated in the community on relevant indicators of CCSP. A majority of them reported that the ASHA and the ANM have been trained on how to fill the relevant formats and claim their incentives.

- **Use of IEC material in CCSP Training**

  IEC materials have been an effective medium of disseminating information as it holds the interest of the viewer who receives the information. Not only that, it also structures the concepts well in the mind of the receiver. Majority of the MOICs and the ACMOs reported that in the districts where CCSP training has taken place, use of IEC materials has become more effective. On being probed what all materials have been used, it came into light that posters and banners were mainly used, followed by pamphlets and placards.

In - depth Interviews with District Program Managers

- **IEC Activities related to CCSP**

  Most of the DPMs stated that ASHA and ANM are the major source for creating awareness regarding CCSP in the village community. Majority of the DPMs reported that the IEC materials used for creating awareness are wall painting and hoardings. They also mentioned that other IEC materials being used to create awareness include flip chart, calendar, pamphlets, posters, banners and activities like street play and magic shows.

- **Involvement of NGOs / CBOs in CCSP**

  Some of the DPMs reported that the involvement of NGOs is planned and ensured from State level. Few DPMs also mentioned that it is ensured at the district level. However, some of them reported that there is no involvement of NGOs in CCSP.

  Improvement of skills of ANM / Staff Nurses / Doctors post CCSP training

  Most of the DPMs reported CCSP training has made a major contribution in skills development of health staff. They mentioned that the skills of the staff have improved and there is also an improvement in newborn care practices.

- **Adherence to CCSP Protocols and Formats**

  An overwhelming majority of the DPMs stated that CCSP protocol is being adhered to and information regarding formats is given to ASHAs. Some DPMs also reported that formats were not available with ASHAs currently. Most of the DPMs reported that feedback from ASHAs is taken in this regard in all monthly meetings. Some DPMs also mentioned that they ensure CCSP protocol is being followed by monitoring ASHAs themselves.

- **Payment to ASHA and replenishment of drug kits**

  Majority of DPMs stated that they ensure timely payment to ASHA and they try their best to make kits available to them.

- **Behavior change in the community after implementation of CCSP**

  Most of the DPMs reported that there has been positive change in the thinking and behavior of the community after the implementation of CCSP. They also mentioned that village community has given up old customs, which were detrimental to the health of mother and child. The village community has started adopting good practices related to newborn care.

In - depth Interviews with District Level Trainers

- **Knowledge regarding CCSP among District Level Trainers regarding CCSP**

  Most of the DLTs described Comprehensive Child Survival Program as an intervention to reduce Infant Mortality Rate. They mentioned that under CCSP, training has been provided to ASHA, ANM and LHV. There is a system of classifying symptoms on the basis of severity separately for 0-2 months and 2 months to 5 years. Some DLTs described that CCSP is a combination of home based newborn care and IMNCI.

- **Objective of CCSP Training and its uniqueness**

  Majority of DLTs stated that the main objective of CCSP Training is to make the pregnant women and the community aware about danger signs in newborn and child through ASHA and refer them if necessary. They also mentioned that the overall goal of CCSP is to reduce Infant Mortality Rate and Maternal Mortality Rate. Some DLTs stated that CCSP training deals with home based newborn care and protecting the children from diseases.

  Some DLTs stated that the unique feature of CCSP is severity of symptoms based referral and empowering ASHA workers to educate the community on Newborn care and help identify, manage and refer the child in case of an illness. Most DLTs stated that CCSP is different from other programs because ASHA and ANM are being trained to educate the community on Newborn care.

- **Views on CCSP training**

  Most of the DLTs reported that there is an upgradation in skills of ASHA post CCSP training. They also mentioned that CCSP training has empowered ASHA and ANM and they are contributing towards creating awareness in the community. A significant number of DLTs stated that CCSP training has helped in reducing the Infant Mortality rate and Maternal Mortality rate.

- **Referral cases under CCSP Protocol**

  Most of the DLTs reported that no record regarding referred cases are made or maintained. However, some DLTs reported that per day, one or two referred cases under CCSP protocol come for treatment.

- **Suggestions to make CCSP more effective**

  An overwhelming majority of DLTs suggest that there should be regular training for ASHA under CCSP in the form of refresher training. Some DLTs suggested that government should pay attention towards implementation part of CCSP. Few DLTs recommended that NBCC should be well equipped and fully functional and SCNU should be developed at district level.

CHAPTER IV

RESULTS AND FINDINGS

These results and findings are based on field survey and in depth interviews with MOICs, ACMOs (RCH), DLTs and DPMs (NRHM) from 17 Districts.

A. At the community worker (ASHA) level

1. ASHA knowledge and skills related to:

- **Home based newborn care (including home visits for post natal care)**
  After CCSP training, knowledge and skills of ASHAs related to home based newborn care (including home visits for post natal care) has shown improvement to some extent. Eligible women who have been interviewed corroborated this as they reported that home visits of ASHAs to lactating women and new born has improved. ASHAs also admitted during probing that they visit the newborn more frequently after CCSP Training.

- **Assessment of sick children (focus on 0-2 months) and management/referral**
  It is reported by eligible women that they are getting some support from ASHA and ANM regarding assessment of sick children and management/referral. The respondents (EW) reported that ASHAs refer the cases for treatment to health facilities. However ASHAs are still not being considered as a reliable source of counseling regarding Childhood Illnesses.

- **Infant and young child feeding**
  CCSP Protocol for feeding: Feeding of infant and child has been divided into four age groups as under:

→ 0-6 months
→ 6-12 months
→ 12- 24 months
→ 24 months onwards

Majority of eligible women reported that ASHA has been playing an important role in promoting proper feeding to infants and young children.

It has been observed that knowledge and skills related to home based newborn care have slightly improved, yet it is observed that this has not led to 6 or 7 home visits by ASHA for newborn as per CCSP Protocol. Only few of eligible women reported that ASHAs paid home visits to new born.
It has also been observed that ASHAs lack in supporting eligible women for assessment of sick children and management/referral as revealed in the study. As per study, eligible women prefer to take their sick children to private hospitals for treatment as better facilities

are available there. Further though NBCCs are existing in BHPC/CHC, they are not fully functional.

Promotion of feeding to infants and young children as per CCSP protocol in age groups shown above shows significant improvement. This fact is further corroborated by majority of eligible women who reported that they are following the practices in this regard. Yet it is observed that ASHA does not carefully follow the rules with regard to observing the infant/child during breastfeeding to counsel regarding posture etc.

2. **Post training support to ASHAs in 13 districts where 10 days CCSP training has been imparted.**

- **Role of ANM in providing onsite support:**
  On being probed majority of ASHAs reported that they have not received much needed on site support from ANMs.

- **Availability of drug kits, their replenishment:**
  As reported by ASHAs during field survey that majority of them had been supplied drug kits only once and subsequently no replenishment was made. Approximately one fourth of ASHAs reported that they had not received any drug kits.

- **Availability of equipments (weighing scale, thermometer) for ASHA:**
  The study reveals that weighing scale and Thermometer have been given to only few of ASHAs.

- **Availability of home visit forms to assess newborns**
  During training these forms were provided to majority of ASHAs but those were not sufficient and subsequently no forms have been supplied.

- **Refresher training/Reinforcement of skills (IPC, record keeping, reporting) during block level monthly meetings:**
  It has been reported that no refresher training has been imparted to ASHAs in all the districts. During block level monthly meetings, there has been no agenda on CCSP and minutes of the meetings are not properly recorded. Except Aligarh, no post training support/supervision has been provided by Block and District Level.

  Reinforcement of skills:
  Skills such as assessment for chest in drawing, counting of respiration, taking temperature without thermometer, positioning and attachment of breast feeding to new born, assistance in providing Kangaroo Mother Care (KMC) to maintain the body temperature have not been done. There has not been any training provided for skill up gradation.

- **Inter Personal Communication:**
  No IPC has been taken up at Block level meetings to have interaction with ASHAs and also there has not been any record keeping and reporting pertaining to CCSP at block level.

- **Availability of job aides/BCC material/Counseling aides:**
  Majority of ASHAs responded to this query that job aides such as printed material for behavior change communication (BCC), flip charts for counseling aides have been provided only once and subsequently no such material was provided to them.

  Though ASHAs help ANMs in immunization and on other health related matters, role of ANMs with regard to on–site support to ASHAs under CCSP is very minimal in this regard. There has not been any follow up of the progress and performance on CCSP in these meetings. Only payment issues are discussed by MOICs in these meetings.

  It has been observed that though ASHAs have been equipped once after CCSP training, there is no replenishment of kits or replacement of defective equipments i.e. weighing scale, thermometer etc. These need replacement and no efforts have been made to do so at block level. Such requirements of ASHAs are not brought to the notice of Nodal officer of CCSP at District Level, resulting in unnecessary delay in replacing these items. Consequently, the support services being provided to village community gets affected.

  Home visits forms to fill the information of new born on each visit had been supplied only once and that too were no adequate and subsequently, the same have not been supplied in majority of the cases. Subsequent to CCSP training, no follow up has been done relating to refresher course, regarding interpersonal communication, books keeping etc. at block level monthly meetings as these meeting lack meeting agenda.

  Reinforcement of skills: There have not been any efforts made for reinforcements of skills with regard to assessment for chest in drawing, counting of respiration, taking temperature without thermometer, positioning and attachment of breast feeding to new born, assistance in providing KMC to keep the body temperature.
  Job aides such as printed material for behavior change communication (BCC), flip charts for counseling aides have been provided only once and subsequently no such material was provided to ASHA.

3. Incentives to ASHAs under CCSP

- For post natal home visits to newborn (3 and 6 visits)
  It has been reported by majority of ASHAs that they are not getting incentive even after 6 home visits for newborn care.

  It has been observed that ASHAs do not get incentive in most of the cases for home visits resulting in demotivation among ASHA

For referral of sick child

It has been reported that for referral of sick child, ASHA does not get any incentive. *It has been observed that no incentive is being paid to ASHA for visiting newborn and also for referral case. This is major hurdle in promoting these two activities.*

B. At the facility Block (PHC/CHC/DHS level)

1. Strengthening of health facilities to improved comprehensive child care

- **New born care corners:**

NBCC are established in majority of the BHPC/CHC.

It is observed during the visits to BHPC/CHC that though NBCC are established, these are not fully functional. There are only few equipment and some medicines available. In few cases it has been observed that 20 items required as per guidelines for NBCC have not been received. Radiant warmers in few BHPC were found to be non functional, instead 200 watts bulbs were being used. Moreover it is further observed that height of the bulb had been kept very low as against norm of 60 cms height. As per CCSP Protocol, no records of sick children treated in these NBCC are available. No records are being kept for which life support services (resuscitation) have been provided. Referral cases are not being recorded or followed up at BHPC/CHC. Availability of trained staff is another big issue at BHPC/CHC. In few BHPC/CHC, MOICs were not aware of the basic requirements for NBCC. At few BHPC/CHC, it has been also observed that material received for NBCC had been lying unpacked.

- ***Sick New born Care Units (SNCU):***

At District Level these units have been established but these are functional only at Shahjahanpur, Azamgarh, LakhimpurKheri, Bahraich and Varanasi. Though these are functional at these districts, yet these are not meeting CCSP protocol. There are no issues regarding availability of medicines in these SNCU but these lack in infrastructure

- ***Availability of trained staff for improved care of newborns and sick children (NSSK, FBNBC, FIMNCI)***

It has been observed that in majority of BHPC/CHC/DH where NBCC and SNCU have been established, there is shortage of trained personnel. Where trained staff is available, their supervision/monitoring are lacking. This fact has been corroborated by MOICs.

2. *Referral linkages between community and public health facilities:*

Referral linkages is not satisfactory as there are necessary facilities are unavailable at the referral centers such as accommodation, medicines, clean toilets, hygienic conditions and most of all a positive attitude to newborn care.

C. At the community level

- **Interaction between client & ASHA*:***

  Interaction is good between beneficiaries and ASHA. ASHA is known figure in the community and ready to serve them in the hours of need. Yet there is need for further improvement as CCSP protocol is not being followed.

- ***Role of ASHA as a facilitator for the various support services:***

  ASHA has played her role very well in changing the behavior in relation to new born care, promoting institutional delivery, curbing old customs like practices regarding breastfeeding and infant feeding and newborn care.

1. Improvements at community level:

- **Uptake/utilization of antenatal care services:**

  There has been improvement in ANC registration, ANC, giving TT injections and giving IFA as reported by eligible women and corroborated by ANMs.

  It has been observed that under ANC at sub centre only IFA tablets are provided and TT injections are administered to Eligible Women. It is not ensured either by ASHAs or ANMs that those beneficiaries actually consume the same. Urine test is not carried and BP of pregnant woman is not checked during ANC.

- **Birth preparedness/birth planning and complication readiness:**

  Majority of eligible women reported that ASHA discusses with them regarding birth preparedness and birth planning but regarding complications during delivery, not much discussion is reported.

  It has been observed that though discussions take place on birth preparedness and birth planning, not much discussion takes place with regard to complications that might arise at the time of delivery. Reportedly due to some inhibitions, no woman would like to hear that she might face any complications during delivery/post delivery.

- **New born care practices:**

  As reported by majority of women, improvement regarding exclusive breastfeeding for first 6 months, keeping the baby warm, infection prevention etc. have been observed.

  It has been observed that though efforts are being made by ASHAs in this regard, yet the CCSP Protocol is not being followed completely.

- **Postnatal care (at facility, at home on return):**

  Majority of eligible women reported that ASHAs make home visits for post natal care to mother and child. ASHA's visits have improved after CCSP training.

- **Care seeking from ASHA for sick children (community based care provided by ASHA):**
  Majority of eligible women reported that ASHA is providing them support in supplying ORS, paracetamol when needed (subject to availability of stock). It was further reported by eligible women that ASHA escorts sick children to health facilities if asked for help. However, due to the lack of medicines, the health services get affected.

- **IYCF practices:**
  ASHA's role in this regard is visible as good practices are being followed by community with regard to infant and young child feeding. Practices such as giving Ghutti, honey, massaging the body are slowly being given up. However, few old customs are still prevalent in the community.

- **Referral of sick children:**
  It has been reported by ASHAs that no referral cards are available with them. They issue slips prepared by them. ASHA further reported that many times these slips are difficult to comprehend by doctors where the children have been referred to.

2. **Referral linkages between community and public health facilities**

   It is observed that these are far from satisfactory at community level. Basic facilities have to be addressed first. Lack of safe drinking water, hygienic toilets and halting facilities needs to be improved.

CHAPTER V

RECOMMENDATIONS

This chapter deals with the recommendations based on survey findings, observations, detailed interviews with Eligible Women, ASHA's and ANMs and in depth interviews with MOICs, ACMOs (RCH), District Level Trainers (Pediatrician) and District Program Managers (NRHM). Recommendations have been given so as to achieve the objectives of CCSP

RECOMMENDATIONS

- **Refresher Training / Reinforcement of Skills:**
  Post CCSP training, there has not been any refresher training done. This should be ensured as the same will help in reinforcement of skills among staff. The component of Assessment of Sick children should be emphasized separately. This would not only further enhance the skills of staff but also help them assess their current knowledge.

- **Supply of Drug kits and replenishment of Drug Kits:**
  Since ASHA is the provider of medicines for common sickness in the community, absence of drugs with her will discourage the community to access her for other support services too. So regular supply of Drug kits and their replenishment should be ensured

- **Availability of Equipments for CCSP and Home visit formats:**
  Most of ASHAs who have undergone CCSP, did not get thermometers, weighing scales or both of them. Similarly, the formats in which ASHA fills the details regarding newborn care are unavailable with them. During her home visits to monitor the weight and temperature, such details cannot be made. The unavailability of these equipments and formats are hampering the functioning of ASHA under CCSP. To ensure the effective implementation of CCSP, proper supply of equipments as well as Home visit formats should be maintained.

- **Regular supply of Job Aides, BCC material, counseling Aides should be ensured:**
  Under CCSP, BCC material, counseling aides were provided to ASHA to generate awareness regarding proper newborn care. They have not been replenished and in some cases these aides were not provided at all. Since, these materials are efficient tools which help the community to understand healthy practices in a better way, it is essential to provide ASHA with these tools.

- **Strengthening of health facilities to improved comprehensive child care**
  New born care corners (NBCC):
  - ✓ NBCC should be made fully functional. MOICs should be asked to submit the list of requirements relating to trained staff, medicines and equipments. He should be directed to report the requirements once in a fortnight.
  - ✓ Clean and warm towels (set of two) for newborn for wrapping must be provided by facility at the time of birth.
  - ✓ Bag and masks for resuscitation should be provided to BHPC/CHC. Availability of trained staff should be ensured. Record for assisted delivery and referral records must be prepared.
  - ✓ RKS funds should be utilized to meet urgent needs such as medicines and equipments.
  - ✓ Infant Mortality and Mother Mortality should be reported and cause of death should also be reported.

- **Sick New born Care Units (SNCU)**-
  Availability of trained staff for improved care of newborns and sick children should be arranged. Trained staff should be adequate at SNCU as per SNCU requirements. At least 3 pediatricians and 10 trained staff nurses should be made available on rotation.

- **Referral linkages between community and public health facilities (workers' point of view)**:
  To improve referral linkages between community and public health facilities, there should be enabling environment. Availability of medicines, accommodation, clean toilets and hygienic conditions are the basic requirements that should be met.

- **Regular Supply of referral cards should be ensured:**
  Since referral cards have a specified format, the same should be ensured so that necessary information related to the patient to referral units is mentioned as it is easier for the doctors to understand the same and treat patients. Unavailability of these cards has led ASHAs to write the details of the patient on piece of paper. It becomes difficult for the doctors in the referred facilities to comprehend the details. Therefore, regular supply of referral cards should be ensured.

Other Observations based Recommendations

- To motivate ASHAs for home visits, incentive to them should be streamlined as at present they feel distracted due to lack of any incentive for this activity and have shown less interest due to non payment.

- ASHAs should be categorized into three categories - A, B & C based on her performance. Their capacity should be built as per their capability to handle the situation and based on their academic qualifications.

ANNEXURE

QUESTIONNAIRES FOR:

i. Questionnaires for Eligible Women

ii. Questionnaires for ASHA

iii. Questionnaires for ANM

SCHEDULES FOR IN DEPTH INTERVIEWS WITH:

i. MEDICAL OFFICER IN CHARGE

ii. DISTRICT LEVEL TRAINER (PEDIATRICIAN)

iii. DISTRICT PROGRAMME MANAGER (NRHM)

iv. ACMO (RCH)/NODAL OFFICER, CCSP

उत्तर प्रदेश में राष्ट्रीय ग्रामीण स्वास्थ्य मिशन (NRHM) के अन्तर्गत समेकित बाल संरक्षण कार्यक्रम का मूल्यांकन

15 वर्ष से 49 वर्ष की आयु के मध्य की पात्र महिलाएं जिन्होंने जीवित बच्चे को जन्म दिया हो, के लिए सर्वेक्षण प्रश्नावली

संन्दर्भ अवधि (1 जनवरी, 2012 से 31 दिसम्बर, 2012)

राज्य	उत्तर प्रदेश	
जिला	कोड	
ब्लाक	कोड	
गाँव	कोड	
गाँव की जनसंख्या		
प्राथमिक स्वास्थ्य केन्द्र का नाम		
सामुदायिक स्वास्थ्य केन्द्र का नाम		
उपकेन्द्र का नाम		
ए0एन0एम0 का नाम		
आशा का नाम		

क्षेत्र सर्वेक्षक का नाम हस्ताक्षर

पर्यवेक्षक का नाम हस्ताक्षर

साक्षात्कार का दिनः दिन.....माह..... वर्ष.....

पात्र महिला का नाम .....

आयु .....

शैक्षिक योग्यता

एक.	निरक्षर	1
दो.	प्राथमिक शिक्षा	2
तीन	माध्यमिक शिक्षा	3
चार.	हाईस्कूल	4
पांच	इण्टरमीडिएट	5
छः	स्नातक	6
सात	स्नातकोत्तर	7

विवाह के समय आयु .....

शिशु का नाम और आयु (जीवित) नाम.....आयु .....

लिंग – पुरूष/स्त्री

पात्र महिला के लिए सर्वेक्षण प्रश्नावली
सन्दर्भ अवधि (1 जनवरी 2012 से 31 दिसम्बर 2012)

1. पात्र महिला का नाम .....
2. आयु .....
3. विवाह के समय आयु .....
4. शिशु का नाम (सबसे छोटे) .....

भाग–1

आशा (ASHA) के सम्बन्ध में जानकारी

क्रम सं0	प्रश्न	श्रेणी	सही उत्तर पर गोला बनाएं	पर जाये
1	क्या आपने आशा के सम्बन्ध में सुना है?	1. हाँ 2 नहीं	1 2	
2	क्या आशा आपके यहाँ आती है?	1. हाँ 2 नहीं	1 2	
3	वह कब–कब आती है?	1 सप्ताह में एक बार या अधिक बार। 2. 15 दिन में एक बार 3. महीने में एक बार 4 बिल्कुल भी नहीं आती है।	1 2 3 4	
4	आशा किस प्रकार की सेवायें प्रदान करती है?	1 संस्थागत प्रसव और प्रसव की तैयारी के संबंध में परामर्श 2.प्रसव के दौरान सहायता और सुरक्षा 3. प्रसवोपरान्त परामर्श प्रदान करना 4 सामान्य बीमारी के लिए दवायें देना 5 अन्य सेवाएं (स्पष्ट करें)	1 2 3 4 5	

भाग–2

प्रसव पूर्व देखभाल सेवाओं की उपयोगिता एवं प्रसव की तैयारी।

क्रम सं0	प्रश्न	श्रेणी	सही उत्तर पर गोला बनाएं	पर जाये
1	क्या प्रसव पूर्व देखभाल के लिए आप पंजीकृत थीं?	1. हाँ 2 नहीं	1 2	यदि नही तो प्रश्न संख्या 12 पर जाये।
2	यदि हाँ, तो आप कितने माह से गर्भवती थी जब आपने प्रसव पूर्व देखभाल के लिए पंजीकरण कराया?	माह		
3	कितनी बार आपको प्रसव पूर्व देखभाल प्राप्त हुई?	1 एक बार 2 दो बार 3 तीन बार 4 चार बार 5 कोई नही	1 2 3 4 5	
4	प्रसव पूर्व देखभाल में आपको क्या परामर्श दिया गया?	1उचित भोजन 2.आराम 3.दवाइयां 4.अन्य (स्पष्ट बतायें)	1 2 3 4	
5	प्रसव पूर्व देखभाल के समय क्या सुविधायें उपलब्ध करायी गयी?	1गर्भ की जांच 2.टीटी इंजेक्शन 3रक्त की जांच 4.मूत्र की जांच 5 आयरन की गोली 6 वजन 7. रक्तचाप की जांच 8. अल्ट्रासाउण्ड 9 अन्य (स्पष्ट करें)	1 2 3 4 5 6 7 8 9	
6	आपको टीटी इंजेक्शन कितनी बार लगाया गया?	सं0.....		
7	दूसरा टीटी इंजेक्शन, पहले टी0टी0 इंजेक्शन लगने के कितने माह बाद लगा?	माह		
8	प्रसव से पहले क्या आपको आशा कभी किसी स्वास्थ्य केन्द्र पर ले गयी?	1. हाँ 2 नहीं	1 2	
9	क्या प्रसव के पहले आप स्वयं किसी स्वास्थ्य उपकेन्द्र/प्राथमिक स्वास्थ्य केन्द्र गयी थी? यदि हाँ तो कितनी बार?————————	1. हाँ 2 नहीं	1 2	

क्रम सं0	प्रश्न	श्रेणी	सही उत्तर पर गोला बनाएं	पर जाये
10	प्रसव पूर्व देखभाल का मुख्य स्थान क्या था?	**सरकारी** 1. उपकेन्द्र 2. प्राथमिक स्वास्थ्य केन्द्र 3. सामुदायिक स्वास्थ्य केन्द्र 4. UHC/UHP/ UFWC 5. डिस्पेन्सेरी / क्लीनिक 6. जिला महिला चिकित्सालय 7. मेडिकल कॉलेज **प्राइवेट** 8. डिस्पेन्सरी / क्लीनिक 9. अस्पताल 10. NGO या किसी ट्रस्ट का अस्पताल / क्लीनिक 11 अन्य	 1 2 3 4 5 6 7 8 9 10 11	
11	आपको किसके द्वारा प्रसव के स्थान के बारे में परामर्श दिया गया था?	1. आशा द्वारा 2.ए0एन0एम0 द्वारा 3 अन्य (स्पष्ट करें)। 4 किसी के द्वारा नहीं	1 2 3 4	
12	इस जन्म के लिए किसी भी प्रसव पूर्व देखभाल के लिए न जाने का मुख्य कारण क्या था?	1.आवश्यकता नहीं थी 2.परम्परा नहीं थी 3 खर्च बहुत था 4 अधिक दूर 5 यातायात का साधन नहीं 6 निम्न स्तर की सेवा 7 जाने के लिए समय ही नहीं था 8. परिवार ने अनुमति नहीं दी 9 जानकारी का अभाव 10 अन्य (स्पष्ट करें)	1 2 3 4 5 6 7 8 9 10	
13	आपने आयरन की कितनी गोलियॉ खायीं थी?	संख्या		

क्रम सं0	प्रश्न	श्रेणी	सही उत्तर पर गोला बनाएं	पर जाये
14	क्या आपको गर्भावस्था के समय अपने वजन में वृद्धि पर निगाह रखने के लिए कहा गया था?	1. हाँ 2 नहीं	1 2	
15	क्या आशा/ए0एन0एम0 द्वारा आपको बच्चे के जन्म की तैयारी के लिए आपको कोई जानकारी दी गयी थी?	1. हाँ 2 नहीं	1 2	
16	क्या आशा ने आपको जन्म की योजना बनाने में कोई सहायता की थी?	1. हाँ 2 नहीं	1 2	
17	क्या आपने पहले से कोई योजना बनायी थी कि प्रसव कहाँ और किसके द्वारा किया जाएगा?	1. हाँ 2 नहीं	1 2	
18	आपने प्रसव कहाँ कराने की योजना बनायी थी?	1.संस्थागत प्रसव 2.घर पर प्रसव	1 2	यदि उत्तर 2 हो तो प्रश्न संख्या 21 पर जाये।
19	क्या आपने स्वास्थ्य केन्द्र तक जाने के लिए पहले से परिवहन के बारे में योजना बनायी थी?	1. हाँ 2 नहीं	1 2	
20	क्या आपने पहले से निश्चय किया था कि स्वास्थ्य केन्द्र तक आपके साथ कौन जाएगा?	1. हाँ 2 नहीं	1 2	
21	क्या प्रसव पूर्व देखभाल के समय कोई जटिलता हुई थी?	1. हाँ 2 नहीं	1 2	
22	किसी आकस्मिकता/आवश्यक्ता की दशा में क्या आपने योजना बनायी थी कि आपको कौन रक्त देगा?	1.परिवार का सदस्य/रिश्तेदार 2.मित्र/पड़ोसी 3.अन्य (स्पष्ट करें)	1 2 3	
23	प्रसव की तैयारी के लिए क्या–क्या सुझाव दिये गये?	1.अस्पताल 2.परिवहन 3.धन 4.सूती कपड़ा 5.मित्रों/रिश्तेदारों से सहायता 6अन्य (स्पष्ट करें)	1 2 3 4 5 6	
24	क्या आपने घर पर प्रसव के लिए स्वच्छ सामान पहले से तैयार कर लिये थे?	1. हाँ 2 नहीं	1 2	
25	घर पर प्रसव के लिए क्या –क्या सामान तैयार किया था?	1. साबुन 2. नया ब्लेड 3. धागा 4. साफ कपड़ा 5. साफ कमरा 6. अन्य (स्पष्ट करें)	1 2 3 4 5 6	
26	क्या प्रसव के समय आपको कोई कठिनाई हुई?	1. हाँ 2 नहीं	1 2	
27	यदि हाँ तो क्या आशा ने आपकी सहायता की थी?	1. हाँ 2 नहीं	1 2	

भाग–3
जन्म और प्रसवोपरान्त देखभाल

क्रम सं0	प्रश्न	श्रेणी	सही उत्तर पर गोला बनाएं	पर जाये
1	प्रसव कहाँ हुआ था?	**सरकारी** 1. उपकेन्द्र 2. प्राथमिक स्वास्थ्य केन्द्र 3. सामुदायिक स्वास्थ्य केन्द्र 4. यूएचसी / यूएचपी / यूएफडब्लूसी 5. डिस्पेंसरी / क्लीनिक 6. जिला अस्पताल 7. आयुष अस्पताल **प्राइवेट** 8. डिस्पेन्सरी / क्लीनिक 9. अस्पताल 10. आयुष अस्पताल / क्लीनिक 11. एन0जी0ओ या ट्रस्ट का अस्पताल / क्लीनिक 12. घर पर 13. अन्य (स्पष्ट करें)	1 2 3 4 5 6 7 8 9 10 11 12 13	यदि कोड 12 तो प्रश्न संख्या 5 पर जाये।
2	प्रसव हेतु अस्पताल तक जाने के लिए परिवहन की व्यवस्था किसके द्वारा की गई थी?	1. परिवार द्वारा व्यवस्था की गई। 2. आशा द्वारा व्यवस्था की गई। 3. पंचायत द्वारा व्यवस्था की गई। 4. आवश्यकता नहीं थी (1 कि.मी. से कम था) 5 अन्य (स्पष्ट करें)	1 2 3 4 5	
3	स्वास्थ्य केन्द्र तक प्रसव के लिए पहुंचने के लिए परिवहन का मुख्य साधन क्या था?	1. एम्बुलेंस 2. जीप / कार 3. मोटरसाइकिल / स्कूटर 4. बस / रेल 5. टेम्पों / आटो / ट्रैक्टर 6. रिक्शा / बैलगाड़ी 7. पैदल 8. अन्य (स्पष्ट करें)	1 2 3 4 5 6 7 8	
4	प्रसव के पश्चात कितने समय तक अस्पताल में रहे थे?	1 12 घंटे से कम 2 24 घंटे तक 3 48 घंटे तक 4 अन्य .....(दिन में बताएं)	1 2 3 4	

क्रम सं0	प्रश्न	श्रेणी	सही उत्तर पर गोला बनाएं	पर जाये
5	यदि आपका प्रसव घर पर हुआ था तो प्रसव किसके द्वारा कराया गया।	1. डाक्टर 2. नर्स/एएनएम/ एलएचवी 3. प्रशिक्षित दाई 4. अप्रशिक्षित दाई 5. परिवार के सदस्य/ रिश्तेदार /मित्रगण	1 2 3 4 5	
6	घर पर प्रसव होने के क्या कारण थे?	1 पहले से योजना बनायी गयी थी। 2 परिवहन के साधन का न मिलना 3 धन न होना 4 परिवार सहमत नही थी 5 संस्था में अच्छा अनुभव नही था। 6 अन्य (स्पष्ट करें)	1 2 3 4 5 6	
7	घर पर प्रसव होने के उपरान्त 48 घंटे के भीतर क्या किसी के द्वारा आपका चेकअप किया गया था।	1. हाँ 2 नहीं	1 2	
8	क्या आपने प्रसूति संबंधी किसी योजनान्तर्गत कोई वित्तीय सहायता प्राप्त की थी?	1.जननी सुरक्षा योजना 2.कोई अन्य (स्पष्ट करें) 3.कोई सहायता नहीं ली	1 2 3	
9	क्या प्रसव सामान्य, सिजेरियन व सहायतित था?	1.सामान्य 2 सिजेरियन 3 सहायतित	1 2 3	
10	प्रसव के समय क्या आपको इस बच्चे के जन्म से संबंधित कोई समस्या हुई थी?	1 समयपूर्व पीड़ा 2 अत्यधिक रक्तस्राव 3 लम्बे समय तक पीड़ा (12 घंटे से अधिक समय) 4 बाधित पीड़ा (आब्सट्रेक्टेड लेबर) 5 उल्टा बच्चा। 6 ऐंठन/उच्च रक्तचाप 7 अन्य (स्पष्ट करें)	1 2 3 4 5 6 7	
11	प्रसवोपरान्त देखभाल के लिए चेकअप कब किया गया?	1. 24 घंटे के भीतर 2. 24 से 72 घंटे के भीतर 3. 4 से 7वें दिन के भीतर 4. 7वें दिन के पश्चात 5. कोई चेकअप नही किया गया	1 2 3 4 5	यदि कोड 5 तो प्रश्न संख्या 15 पर जाये।

क्रम सं0	प्रश्न	श्रेणी	सही उत्तर पर गोला बनाएं	पर जाये
12	प्रसवोपरान्त सेवाओं के लिए आप कहाँ जाती हैं ?	**सरकारी** 1. उपकेन्द्र 2. प्राथमिक स्वास्थ्य केन्द्र 3. सामुदायिक स्वास्थ्य केन्द्र 4. यूएचसी / यूएचपी / यूएफडब्लूसी 5. डिस्पेंसरी / क्लीनिक 6. जिला अस्पताल 7. आयुष अस्पताल / क्लीनिक **प्राइवेट** 8 डिस्पेंसरी / क्लीनिक 9 अस्पताल 10 आयुष अस्पताल / क्लीनिक 11 एन0जी0ओ / ट्रस्ट अस्पताल / क्लीनिक 12 घर पर 13 अन्य (स्पष्ट करें)	 1 2 3 4 5 6 7 8 9 10 11 12 13	
13	प्रसव के बाद घर पर किसके द्वारा चेक अप किया गया?	1. डाक्टर 2. ए0एन0एम0 3. एल0एच0वी0 4. आशा 5. अन्य (स्पष्ट करें)	1 2 3 4 5	
14	प्रसवोपरान्त सेवाओं के दौरान क्या जॉच / सलाह दी गई?	1 पेट की जांच की गयी 2 स्तनपान की सलाह 3 बच्चे की देखभाल पर परामर्श 4 परिवार नियोजन का परामर्श	1 2 3 4	
15	क्या अस्पताल से डिस्चार्ज होने से पहले आपके बच्चे का टीकाकरण किया गया था?	1. हाँ 2. नहीं	1 2	
16	प्रसव के पश्चात कितनी बार आशा आपके यहाँ आयी थी?	संख्या में बतायें		
17	प्रसव के पश्चात आशा घर आने पर क्या इन कार्यों को करती थी?	1. 0–2 माह के शिशु के लिए प्रपत्र भरना। 2. स्तनपान कराने के तरीके का पर्यवेक्षण 3. अस्पताल जाने की सलाह 4. शरीर का तापमान बनाये रखना (कंगारू पद्धति) 5. स्वच्छता 6. कुपोषण 7. अन्य (स्पष्ट करें)	1 2 3 4 5 6 7	

भाग–4

नवजात शिशु की देखभाल की प्रक्रियायें

क्रम सं0	प्रश्न	श्रेणी	सही उत्तर पर गोला बनाएं	पर जाये
1	क्या प्रसव के पश्चात नवजात शिशु का वजन लिया गया था?	1. हाँ 2 नहीं	1 2	यदि कोड 1 तो प्रश्न संख्या 3 पर जाये।
2	शिशु का वजन न लिये जाने का क्या कारण था?	1. सुविधा नहीं थी 2. प्रथा के विरूद्ध था 3. जानकारी नही थी 4. अन्य (स्पष्ट करें)	1 2 3 4	
3.	शिशु का वजन कब लिया गया?	1. उसी दिन 2. 3 दिन के भीतर 3. 7 दिन के भीतर 4. 7 दिन के बाद 5. याद नहीं	1 2 3 4 5	
4.	शिशु का वजन कितना था?	..... किलोग्राम		
5.	क्या जन्म के तुरन्त बाद शिशु को अपने सीने से त्वचीय सम्पर्क के लिए लगाया था?	1. हाँ 2 नहीं	1 2	
6	क्या आपने शिशु का टीकाकरण कराया था? (यदि हाँ तो कार्ड देखें।)	1. हाँ 2 नहीं	1 2	

भाग–5

नवजात शिशु /बच्चे को स्तनपान कराना

क्रम सं0	प्रश्न	श्रेणी	सही उत्तर पर गोला बनाएं	पर जाये
1	शिशु के लिए सर्वोत्तम भोजन क्या है?	1. मां का दूध 2. घुट्टी/शहद 3. अन्य (स्पष्ट करें)	1 2 3	
2	आपने अपने बच्चें को पहली बार स्तनपान कब कराया था?	1. शिशु के जन्म के 1 घंटे के भीतर 2. जन्म के 1 से 24 घंटे के भीतर 3. 2–3 दिन में 4. तीन दिन बाद 5. कभी भी स्तनपान नहीं कराया	1 2 3 4 5	
3	क्या आपने शिशु के जन्म के कुछ दिनों के भीतर बहने वाले नवदुग्ध/खीस को अपने बच्चे को पिलाया था?	1. हाँ 2 नहीं	1 2	
4	क्या आप इस समय अपने शिशु को स्तनपान करा रही हैं?	1. हाँ 2 नहीं	1 2	
5	एक दिन में कितनी बार अपने बच्चे को स्तनपान कराती हैं?	1. 7–8 बार 2. 4–5 बार 3. 3 बार 4. दो या इससे कम	1 2 3 4	
6.	आपने अपने बच्चे को कितने दिन/माह केवल स्तनपान ही कराया/करायेंगी?	माह..... दिन.....		
7.	क्या आप अपने बच्चे को अपने दूध के अलावा कुछ और (पानी भी नहीं) देती है/थीं? (6 माह से पहले)	1. हाँ 2. नहीं	1 2	यदि कोड 2 तो भाग–6 पर जाये।
8	अपने दूध के अलावा अपने बच्चे को और क्या खिलाती हैं?	1. तरल पदार्थ 2. अर्द्ध ठोस भोजन (दाल इत्यादि) 3. ठोस भोजन 4. अन्य (स्पष्ट करें)	1 2 3 4	
9	स्तनपान के अलावा अन्य कोई भोजन किस आयु से बच्चे को देना प्रारम्भ किया?	आयु माह में ————————		

भाग–6

स्वास्थ्य संबंधी व्यवहार और बीमार शिशु का संदर्भन

क्रम सं0	प्रश्न	श्रेणी	सही उत्तर पर गोला बनाएं	पर जाये
1	क्या आपका शिशु दो माह की आयु के भीतर अस्वस्थ हुआ था?	1. हाँ 2 नहीं		
2	दो माह की आयु के भीतर अस्वस्थ होने पर आप अपने शिशु को उपचार के लिए कहाँ ले गये?	1 सरकारी अस्पताल 2 स्वास्थ्य उपकेन्द 3 प्राईवेट अस्पताल 4 अन्य	1 2 3 4	
3	क्या आपके शिशु का सरकारी स्वास्थ्य केन्द्र पर उपचार किया गया?	1. हाँ 2 नहीं	1 2	
4	क्या आपने आशा को शिशु की अस्वस्थता के बारे में बताया?	1. हाँ 2 नहीं	1 2	
5	यदि हॉ तो क्या वह स्वास्थ्य केन्द्र तक ले जाने में सहायता करती थी?	1. हाँ 2 नहीं	1 2	
6	क्या शिशु को कभी तीव्र श्वसन संक्रमण (ARI) हुआ था?	1. हाँ 2 नहीं	1 2	
6 अ	क्या शिशु को उपचार दिया गया था?	1. हाँ 2 नहीं	1 2	
7	क्या शिशु को कभी बुखार हुआ था?	1. हाँ 2 नहीं	1 2	
7 अ	क्या शिशु को उपचार दिया गया?	1. हाँ 2 नहीं	1 2	
8	क्या शिशु को कभी दस्त (डायरिया) हुआ था?	1. हाँ 2 नहीं	1 2	
8 अ	क्या आशा ने दस्त की रोकथाम के लिए आपको जानकारी दी थी?	1. हाँ 2 नहीं	1 2	
9	क्या आपने बच्चे को घरेलू तरल पदार्थ/ ओरल रिहाईड्रेशन थेरेपी/ओ0आर0एस0 और जिंक दिया था?	1. हाँ 2 नहीं	1 2	

भाग–7

समुदाय और स्वास्थ्य केन्द्र के मध्य संदर्भ किये जाने वाले सम्पर्क

क्रम सं0	प्रश्न	श्रेणी	सही उत्तर पर गोला बनाएं	पर जाये
1	शिशु की बीमारी की दशा में कौन आपकी सहायता करता है?	1 आशा 2 ए0एन0एम0 3 आँगनवाडी 4 प्रधान 5 अन्य (स्पष्ट करें)	1 2 3 4 5	
2	आपके घर से निकटतम स्वास्थ्य केन्द्र कितनी दूर है? (किलोमीटर में उत्तर दें)	कि0मी0.....		

साक्षात्कार लेने का प्रेक्षण/विचार – (बातचीत समाप्त होने के बाद भरा जाय)
सामान्य टिप्पणी

किसी विशेष प्रश्न पर टिप्पणी/प्रेक्षण

कोई अन्य टिप्पणी / प्रेक्षण

पर्यवेक्षक का प्रेक्षण
सामान्य टिप्पणी

उत्तर प्रदेश में राष्ट्रीय ग्रामीण स्वास्थ्य मिशन (एन0आर0एच0एम0) के अन्तर्गत समेकित बाल संरक्षण कार्यक्रम का मूल्यांकन

15 वर्ष से 49 वर्ष की आयु के मध्य की पात्र महिलाएं जिन्होंने जीवित बच्चे को जन्म दिया

आशा के लिए सर्वेक्षण प्रश्नावली

संन्दर्भ अवधि (1 जनवरी, 2012 से 31 दिसम्बर, 2012)

राज्य	उत्तर प्रदेश			
जिला			कोड	
ब्लाक			कोड	
गाँव			कोड	
गाँव की जनसंख्या				
प्राथमिक स्वास्थ्य केन्द्र का नाम				
सामुदायिक स्वास्थ्य केन्द्र का नाम				
उपकेन्द्र का नाम				
ए0एन0एम0 का नाम				
आशा का नाम	आयु	शैक्षिक योग्यता	इस गाँव में कब से कार्यरत हैं।	
			महीना	वर्ष

फील्ड अन्वेषक का नाम .....हस्ताक्षर

पर्यवेक्षक का नाम .... हस्ताक्षर

आशा का नाम ... हस्ताक्षर

साक्षात्कार का दिनांक ..... दिन..... महीना..... वर्ष.....

भाग–1

सामान्य जानकारी

क्रम सं0	प्रश्न	श्रेणी	सही उत्तर पर गोला बनाएं	पर जाये
1	क्या आपने ए0एन0एम0 के साथ 10 दिनों तक समेकित बाल संरक्षण कार्यक्रम का आवासीय प्रशिक्षण पूरा किया है?	1 हाँ 2.नहीं	1 2	यदि नहीं तो प्रश्न संख्या 13 पर जायें।
2	प्रशिक्षण कैसा था?	1.उत्कृष्ट 2.अच्छा 3औसत	1 2 3	
3	समेकित बाल संरक्षण कार्यक्रम प्रशिक्षण का क्या उद्देश्य था?			
4	इस प्रशिक्षण से आपने क्या सीखा?			
5	क्या समेकित बाल संरक्षण कार्यक्रम प्रशिक्षण के उपरान्त आपकी कार्यकुशलता में बढोत्तरी हुई?	1 हाँ 2.नहीं	1 2	
6	क्या इससे समुदाय की बेहतर ढंग से सेवा करने में सहायता मिलेगी?	1 हाँ 2.नहीं	1 2	
7	क्या आप समझती हैं कि अब आप नवजात शिशु की स्वास्थ्य संबंधी स्थिति को बेहतर ढंग से संभाल सकती हैं?	1 हाँ 2.नहीं	1 2	
8	क्या समेकित बाल संरक्षण कार्यक्रम प्रशिक्षण के पश्चात आपने समुदाय की सेवा और शिशु के बचाव के लिए कोई शपथ ली?	1 हाँ 2.नहीं	1 2	
9	क्या आप समझती हैं कि सी0सी0एस0पी0 के अन्तर्गत प्रशिक्षित होने के पश्चात आपकी छवि और अच्छी हो गयी है?	1 हाँ 2.नहीं	1 2	
10	क्या गांव के लोग आपको अपना शुभचिन्तक मानते हैं?	1 हाँ 2.नहीं 3.पता नहीं	1 2 3	
11	सी0सी0एस0पी0 कार्यक्रम की किन किन शर्तो को पूरा करने पर आपको प्रोत्साहन राशि मिलती है?	1 2 3		
12	आपके प्रोत्साहन राशि के भुगतान की क्या स्थिति है?	1. मासिक 2. द्विमासिक 3. त्रैमासिक 4. छमाही 5. वार्षिक	1 2 3 4	

क्रम सं0	प्रश्न	श्रेणी	सही उत्तर पर गोला बनाएं	पर जाये
13	आप कितनी जनसंख्या को सेवायें देती हैं?	1–1000 से कम 2–1000 से 2000 3–2000 से अधिक	1 2 3	
14	क्या आप अपनी भूमिका और दायित्वों को जानती हैं?	1 हाँ 2.नहीं	1 2	
15	यदि हाँ, तो दायित्वों की सूची बनायें (कृपया स्पष्ट करें)			
16	क्या आपके पास अपने क्षेत्र के लिए किसी स्वास्थ्य कर्मियों की कोई सूची है जिनका सम्पर्क सूत्र भी है?	1 हाँ 2.नहीं	1 2	
17	यदि हाँ, तो कृपया सूची दिखायें।			

भाग–2

समेकित बाल संरक्षण कार्यक्रम

सी0सी0एस0पी0 अन्तर्गत आशा द्वारा गांव समुदाय को दी जाने वाली सेवायें

प्रसवपूर्व अवधि

क्रम सं0	प्रश्न	श्रेणी	सही उत्तर पर गोला बनाएं	पर जाये
1	क्या गर्भावस्था के दौरान इनमें से किसी पर सलाह दी है?	1–पूर्व प्रसव देखभाल का पंजीकरण 2–गर्भावस्था के दौरान जटिलता की दशा में 3– प्रसव में सहायता 4– प्रसव के समय जटिलता में सहायता 5– प्रसवोपरान्त देखभाल 6– टीकाकरण 7– परिवार नियोजन 8– परिवहन 9– अन्य	1 2 3 4 5 6 7 8 9	
2	क्या आपने गर्भवती महिला को बच्चे के जन्म की तैयारी के लिए परामर्श दिया है?	1 हाँ 2.नहीं	1 2	
3	क्या आपने गर्भवती महिला को संस्थागत प्रसव के लिए परामर्श दिया है?	1 हाँ 2.नहीं	1 2	
4	क्या आप सर्वेक्षण के पश्चात वी0एच0आइ0आर0 में 1 वर्ष तक के बच्चों और गर्भवती महिलाओं की प्रविष्टि करती हैं?	1 हाँ 2.नहीं	1 2	
5	क्या आप पूर्व प्रसव देखभाल के लिए गर्भवती महिला को अस्पताल/उपकेन्द्र तक साथ ले जाती हैं?	1 हाँ 2.नहीं	1 2	
6	क्या आपने घरों में किसी प्रचलित कुप्रथा की सूची बनायी जो बच्चे के हित में न हो?	1 हाँ 2.नहीं	1 2	
7	यदि हाँ, तो यह प्रथाएं कौन सी हैं?			
8	गर्भावस्था के दौरान जटिलता होने पर आप महिला को कहाँ ले जाती हैं?	1– उपकेन्द्र 2– पीएचसी 3– सीएचसी 4– जिला अस्पताल 5– निजी अस्पताल 6– अन्य	1 2 3 4 5 6	

क्रम सं0	प्रश्न	श्रेणी	सही उत्तर पर गोला बनाएं	पर जाये
9	क्या आपने उन महिलाओं को चिन्हित किया है जिन्हें पिछले प्रसव के समय जटिलता हुई थी?	1 हाँ 2.नहीं	1 2	
10	क्या आपने ऐसी किसी गर्भवती महिला को स्वास्थ्य केन्द्र तक ले जाने में सहायता की है जिसे पिछले प्रसव के दौरान ऐसी जटिलताएं हुई थी।	1– हाइपरटेंशन 2– छोटा कद 3– खून की अत्यधिक कमी 4– जुड़वा की संभावना 5– मृत भ्रूण का पूर्व इतिहास 6– सिजेरियन का इतिहास 7– मल्टी पैरा 8– किशोर गर्भावस्था अथवा 35 वर्ष के बाद की गर्भवती	1 2 3 4 5 6 7 8	
11	क्या आप किसी गर्भवती महिला को अस्पताल/उपकेन्द्र तक प्रसव के लिए ले गयी हैं?	1 हाँ 2.नहीं	1 2	
12	क्या गर्भवती महिला के लिए आप परिवहन के साधन की व्यवस्था करती है?	1 हाँ 2.नहीं	1 2	
13	यदि हाँ, तो क्या आपके पास गांव के वाहन स्वामियों/चालकों के संपर्क सूत्र हैं?	1 हाँ 2.नहीं	1 2	
14	वर्ष 2012 के दौरान आपने गर्भवती महिलाओं को कौन–कौन सी सहायता सेवायें उपलब्ध करायी?	**सेवाएं** 1–पूर्व प्रसव देखभाल 2–प्रसव 3–प्रसवोपरान्त देखभाल 4–पुरूष नसबंदी 5–महिला नसबन्दी 6–घर पर जाकर नवजात की देखभाल करना।	 1 2 3 4 5 6	
15	जन्म की तैयारी के संबंध में आपने क्या सहायता/सेवायें प्रदान की है?	1–प्रसव योजना 2–संस्थागत प्रसव 3–गर्भावस्था के समय टीकाकरण 4–जन्म से पहले स्वच्छता सामग्री 5–स्वास्थ्य केन्द्र का चयन	1 2 3 4 5	
16	घर पर प्रसव की दशा में क्या आप सावधानी बरतने के लिए परामर्श देती हैं?	1 हाँ 2.नहीं	1 2	

क्रम सं0	प्रश्न	श्रेणी	सही उत्तर पर गोला बनाएं	पर जाये
17	यदि हाँ, तो घर पर प्रसव के समय आपने किन सावधानियों के लिए परामर्श दिया?	1– स्वच्छ कमरा 2– स्वच्छ चादर 3– बिना प्रयोग किया हुआ ब्लेड 4– धागा 5– साबुन 6– अन्य	1 2 3 4 5 6	
18	क्या आपने प्रसव के समय इनमें से किसी पर परामर्श दिया है?	1– प्रसव का स्थान 2– यातायात की व्यवस्था 3– सबके लिए प्रचुर धन की व्यवस्था 4– प्रसव के लिए ले जाना 5– प्रसव से संबंधित जटिलताओं के संबंध में 6– आवश्यक होने पर रक्तदानकर्ता को तैयार रखना 7– प्रसव के दौरान प्रयोग आने वाली वस्तुएं तैयार रखना जैसे सूती कपड़ा, साबुन, धागा, ब्लेड, प्रसव के लिए साफ कमरा।	1 2 3 4 5 6 7	

भाग–3

सी0सी0एस0पी0 के अन्तर्गत आशा द्वारा गांव समुदाय को दी जाने वाली सेवायें

माता और शिशु देखभाल

क्रम सं0	प्रश्न	श्रेणी	सही उत्तर पर गोला बनाएं	पर जाये
1	आपने शिशु के स्वास्थ्य के लिए क्या ऐसा कोई कार्य किया है जिसे समुदाय ने अपनाया हो और उसकी प्रशंसा की हो?			
2	क्या सी0सी0एस0पी0 प्रारूप पर आपने ए0एन0एम0 को रिपोर्ट की है?	1 हाँ 2.नहीं	1 2	
3	क्या आपने सी0सी0एस0पी0 के लिए इनमे से कोई वस्तु प्राप्त की है?	1–लेखन सामग्री 2– दवाईयॉ 3– संदर्भ कार्ड 4– वजन बताने वाली मशीन 5– अन्य	1 2 3 4 5	
4.	वह कौन सी वस्तुएं हैं जिन्हें आप प्रसव के पश्चात महिला के घर जाने पर ले जाती हैं?	1– 0–2 माह शिशु का फार्म 2– वजन बताने वाली मशीन 3– घड़ी 4– थर्मामीटर 5– संदर्भ कार्ड 6– घर पर जाने की संख्या 7– अन्य	1 2 3 4 5 6 7	
5.	प्रत्येक बार घर जाने पर किन बिन्दुओं पर मां और शिशु के लिए परामर्श देती हैं?	1– ऊष्मा (कंगारू मां पद्धति) 2– स्तनपान की शुरूआत 3– मौसमी कपड़े 4– व्यक्तिगत सफाई 5– शिशु की देखभाल के लिए कब अस्पताल जाना है।	1 2 3 4 5	

क्रम सं0	प्रश्न	श्रेणी	सही उत्तर पर गोला बनाएं	पर जाये
6	समेकित बाल संरक्षण कार्यक्रम के संदर्भ में क्या आप इन्हें मानती है/पालन करती है?	1–संस्थागत प्रसव 2– केवल स्तनपान 3– बच्चे को एक सप्ताह तक स्नान नही करना चाहिए। 4–नाभि की नाल पर कुछ भी नही लगाया जाना चाहिए। 5– समय से टीकाकरण	1 2 3 4 5	
7	क्या प्रसव के समय या जन्म के 42 दिन के भीतर किसी शिशु की मृत्यु हुई है?	1 हाँ 2.नहीं	1 2	
8	यदि हाँ, तो क्या कारण थे?			
9	क्या प्रसव के समय या 42 दिन भीतर किसी मां की मृत्यु हुई है?	1 हाँ 2.नहीं	1 2	
10	यदि हाँ, तो क्या कारण थे?			
11	आप प्रसव के कितने दिन पश्चात मां से मिलती हैं?	1– प्रसव के तुरन्त बाद 2– तीन दिन के भीतर 3– एक सप्ताह के भीतर 4– एक माह के भीतर 5– कभी नहीं	1 2 3 4 5	
12	घर पर नवजात शिशु से मिलने कितनी बार जाती हैं?	संख्या....		
13	जन्म के पश्चात (42 दिन के भीतर) किसी जटिलता की दशा में क्या आप बच्चे को स्वास्थ्य केन्द्र तक ले गयी?	1 हाँ 2.नहीं	1 2	

क्रम सं0	प्रश्न	श्रेणी	सही उत्तर पर गोला बनाएं	पर जाये
14	सी0सी0एस0पी0 प्रशिक्षण के उपरान्त आपने शिशु देखभाल के लिए क्या क्या प्रचार–प्रसार किया।			
15	आपने अब तक गॉव से दो माह तक कितने अस्वस्थ शिशुओं को अस्पताल रेफर किया।	संख्या....		
16	आपके द्वारा रेफर किये गये कितने शिशुओं को सरकारी अस्पताल में समुचित इलाज मिला।	संख्या....		

भाग–4

अभिलेखों का रखरखाव

क्रम सं0	प्रश्न	श्रेणी	सही उत्तर पर गोला बनाएं	पर जाये
1	क्या आप कोई अभिलेख रखती है?	1. हाँ 2. नहीं	1. 2.	
2.	यदि हाँ तो कौन सा रजिस्टर रखती हैं? (स्पष्ट करें)	1. 2. 3. 4.		
3	आप इन रजिस्टरों में मां और शिशु के स्वास्थ्य के विषय में क्या लिखती हैं?	1. 2. 3 4		
4	क्या आप शिशु और गर्भवती महिलाओं की सूची को नियमित रूप से अद्यतन करती है और ए0एन0एम0 को रिपोर्ट भेजती है?	1. हाँ 2.नहीं	1 2	

भाग–5

सी0सी0एस0पी0 के क्रियान्वयन में आशा द्वारा अनुभव की गयी समस्यायें और कठिनाईयां

क्रम सं0	सी0सी0एस0पी0 प्रोटोकाल के पालन में आशा द्वारा अनुभव की जा रही समस्यायें और कठिनाईयां	सी0सी0एस0पी0 के अन्तर्गत सेवाओं में सुधार के लिए आशा द्वारा सुझाव

उत्तर देने वाले का नाम हस्ताक्षर

दिनांक

भाग–6

बातचीत करने वाले का प्रेक्षण/विचार (साक्षात्कार की समाप्ति के पश्चात भरा जाय)

सामान्य टिप्पणी

विशेष प्रश्नों पर टिप्पणी/ प्रेक्षण

अन्य कोई टिप्पणी / प्रेक्षण

पर्यवेक्षक का प्रेक्षण

सामान्य टिप्पणी

उत्तर प्रदेश में राष्ट्रीय ग्रामीण स्वास्थ्य मिशन (एन0आर0एच0एम0) के अन्तर्गत समेकित बाल संरक्षण कार्यक्रम का मूल्यांकन
15 वर्ष से 49 वर्ष की आयु के मध्य की पात्र महिलाएं जिन्होंने जीवित बच्चे को जन्म दियाए0एन0एम0 के लिए सर्वेक्षण प्रश्नावली
संन्दर्भ अवधि (1 जनवरी, 2012 से 31 दिसम्बर, 2012)

राज्य	उत्तर प्रदेश			
जिला		कोड		
ब्लाक		कोड		
गाँव		कोड		
गाँव की जनसंख्या				
प्राथमिक स्वास्थ्य केन्द्र का नाम				
सामुदायिक स्वास्थ्य केन्द्र का नाम				
उपकेन्द्र का नाम				
ए0एन0एम0 के रूप में कार्य करने की अवधि (वर्षों में)				
इस केन्द्र के अधीन आशा की संख्या				
इस केन्द्र के अधीन गाँवों की संख्या				
उस आशा का नाम जिसका साक्षात्कार लिया गया हो तथा जिनके कार्य का मूल्यांकन इस केन्द्र द्वारा किया गया है।	आशा का नाम		योग्यता	
ए0एन0एम0 का नाम	आयु	शैक्षिक योग्यता	इस केन्द्र पर कब से कार्य	
			महीना	वर्ष

फील्ड अन्वेषक का नाम .....हस्ताक्षर

पर्यवेक्षक का नाम .... हस्ताक्षर

साक्षात्कार का दिनांक ..... दिन..... महीना..... वर्ष.....

भाग–1

सामान्य जानकारी

क्रम सं0	प्रश्न	श्रेणी	सही उत्तर पर गोला बनाएं	पर जाये
1	इस केन्द्र में आप कितने समय से कार्य कर रही है?	संख्या (वर्ष में).....		
2	क्या आप इसी उपकेन्द्र के गांव की निवासी हैं?	1. हाँ 2. नहीं	1 2	
3	यदि हाँ, तो आप कब से इस गांव में रह रही हैं?	1.तीन वर्ष से कम 2.तीन वर्ष से अधिक	1 2	
4	यदि नहीं, तो आप कहाँ रहती हैं ?	गांव का नाम.....		
5	इस केन्द्र से आपके गांव की दूरी? (कि.मी.में)	.....कि0मी0		
6	आपके घर से उपकेन्द्र तक पहुंचने में कितना समय लगता है?	1.एक घंटा 2.दो घंटा 3.दो घंटे से अधिक	1 2 3	
7	आप कितनी जनसंख्या को सेवायें देती हैं ?	1. 3000 से 5000 2. 5000 से 10000 3. 10000 से अधिक	1 2 3	
8	आप कितने गांवों में सेवायें देती हैं ?	संख्या...		
9	आपके उपकेन्द्र के अधीन कितनी आशा कार्य कर रही हैं?	संख्या		
10	क्या आपने आशा के साथ 10 दिनों की सी0सी0एस0पी0 का आवासीय प्रशिक्षण पूरा किया है?	1. हाँ 2. नहीं	1 2	
11	यदि हाँ, तो क्या आप और आशा सी0सी0एस0पी0 प्रोटोकाल का पालन करती हैं?	1. हाँ 2. नहीं	1 2	
12	सी0सी0एस0पी0 प्रशिक्षण के दौरान आपने कौन सी नयी बातें सीखी?			
13	सी0सी0एस0पी0 से संबंधित प्रोत्साहन राशि के आशा द्वारा प्रस्तुत भुगतान वाउचरों को क्या आप सत्यापित करती है?	1. हाँ 2. नहीं	1 2	
14	क्या आप आशा को उसके वाउचरों का भुगतान पाने में सहायता करती है?	1. हाँ 2. नहीं	1 2	
15	क्या आप अपने उपकेन्द्र पर प्रसव कराती हैं?	1. हाँ 2. नहीं	1 2	

भाग–2

समेकित बाल संरक्षण कार्यक्रम (सी0सी0एस0पी0) के अन्तर्गत सहायता सेवाएं

क्रम सं0	प्रश्न	श्रेणी	सही उत्तर पर गोला बनाएं	पर जाये
1	सी0सी0एस0पी0 के संबंध में आपको आशा से किस प्रकार की सहायता प्राप्त होती है?	1– प्रसवपूर्व देखभाल का पंजीकरण 2– टीकाकरण 3– संस्थागत प्रसव 4– घर पर प्रसव 5– गर्भावस्था के दौरान जटिलता होने पर सहायता 6– प्रसव के दौरान जटिलता होने पर सहायता 7– परिवार नियोजन 8–जन्म और मृत्यु 9– अन्य (स्पष्ट करें)	1 2 3 4 5 6 7 8 9	
2	क्या आशा टीकाकरण में आपकी सहायता करती है?	1. हाँ 2. नहीं	1 2	
3	गांव से कितने प्रसव संस्था में और कितने प्रसव घर पर कराये गयें?	1. संस्था ..... (संख्या) 2. घर पर ..... (संख्या)	1 2	
4	आपके क्षेत्र 1 जनवरी, 2012 से 31 दिसम्बर, 2012 के दौरान मातृ मृत्यु तथा शिशु मृत्यु की संख्या?	1. मातृ मृत्यु ....(संख्या) 2. शिशु मृत्यु..... .....(संख्या)	1 2	
5	क्या आप आशा के साथ पात्र महिला के यहाँ जाती हैं?	1. हाँ 2. नहीं	1 2	
6	क्या ब्लाक स्तर पर होने वाली मासिक बैठक में सी0सी0एस0पी0 पर चर्चा होती है?	1. हाँ 2. नहीं	1 2	

क्रम सं0	प्रश्न	श्रेणी	सही उत्तर पर गोला बनाएं	पर जाये
7	क्या आप उन प्राचीन परम्पराओं से अवगत हैं जो गर्भवती मॉ और होने वाले बच्चे के स्वास्थ्य के लिए ठीक नही है?	1 हाँ 2 नहीं	1 2	
8	यदि हाँ, तो क्या आपने ऐसी कुप्रथाओं को मिटाने के लिए समुदाय को संगठित करने के लिए कोई कदम उठाये है?	1 हाँ 2 नहीं	1 2	
9	क्या आपने समुदाय में व्याप्त किसी ऐसी कुरीतियों की सूची बनायी है ? विस्तार से बताएं।			
10	क्या आपने ऐसी गर्भवती महिलाओं की सूची बनायी है जिन्हें प्रसव के दौरान जटिलता हो सकती है?	1. हाँ 2. नहीं	1 2	
11	यदि हाँ, तो वह क्या मापदण्ड है जिनके आधार पर इन मामलों की पहचान करती हैं?			

भाग–3

ए0एन0एम0 का आशा के साथ सहयोग

क्रम सं0	प्रश्न	श्रेणी	सही उत्तर पर गोला बनाएं	पर जाये
1	क्या आशा आपके साथ सहयोग करती है और टीकाकरण के दिन टीकाकरण केन्द्र पर महिलाओं/ बच्चों को लाती है?	1. हाँ 2. नही	1 2	
2	ब्लाक स्तर की बैठक होने के पहले क्या आप आशा के कार्य निष्पादन को सत्यापित करती हैं?	1. हाँ 2. नहीं	1 2	
3	सी0सी0एस0पी0 के संबंध में आशा की जानकारी का क्या स्तर है?			
4	क्या सी0सी0एस0पी0 प्रोटोकाल के अनुसार आशा नवजात शिशु के घर जाती है और माता को सलाह देती है?	1. हाँ 2. नही	1 2	

भाग–4

आशा को भुगतान की प्रक्रिया

क्रम सं0	प्रश्न	श्रेणी	सही उत्तर पर गोला बनाएं	पर जाये
1	क्या आप आशा द्वारा प्रस्तुत सी0सी0एस0पी0 से संबधित वाउचरों के भुगतान को सत्यापित करती हैं ?	1. हाँ 2. नही	1 2	
2	क्या आप वाउचरों को प्रस्तुत किये जाने पर आशा को समय पर भुगतान कराने हेतु प्रयास करती हैं?	1. हाँ 2. नहीं	1 2	

भाग–5

सी0सी0एस0पी0 के क्रियान्वयन में सेवाओं के सुधार के लिए ए0एन0एम0 द्वारा अनुभव की जा रही समस्यायें, कठिनाईयाँ और सुझाव

क्रम सं0	ए0एन0एम0 द्वारा अनुभव की जा रही समस्यायें और कठिनाईयाँ	सेवाओं में सुधार के लिए ए0एन0एम0 द्वारा सुझाव
1		
2		
3		
4		
5		

उत्तर देने वाले का नामः

हस्ताक्षर :

दिनांक

भाग–6

बातचीत करने वाले का प्रेक्षण/विचार (साक्षात्कार की समाप्ति के पश्चात भरा जाय)

सामान्य टिप्पणी

विशेष प्रश्नों पर टिप्पणी/ प्रेक्षण

अन्य कोई टिप्पणी / प्रेक्षण

पर्यवेक्षक का प्रेक्षण

सामान्य टिप्पणी

सघन साक्षात्कार गाइड – प्रभारी चिकित्साधिकारी-MOIC/HEO

समेकित बाल संरक्षण कार्यक्रम का मूल्यांकन

15 वर्ष से 49 वर्ष की आयु के मध्य की पात्र महिलाएं जिन्होंने जीवित बच्चे को जन्म दिया

संन्दर्भ अवधि (1 जनवरी, 2012 से 31 दिसम्बर, 2012)

(सभी प्रश्नों को पढ़े और विशिष्ट प्रश्नों की जांच करें यदि अनुत्तरित हों)

परिचय और सामान्य प्रश्न

नाम .....

पदनाम .....

ब्लाक .....

जिला .....

शैक्षिक योग्यता .....

इस ब्लाक में आप कब से कार्य कर रहे हैं?

आप कितनी जनसंख्या को सेवायें प्रदान करते हैं?

स्वास्थ्य संबंधी कार्यकलाप

1 समेकित बाल संरक्षण कार्यक्रम (सी0सी0एस0पी0) के तहत आपके अस्पताल में एन0आर0एच0एम0 के कौन–कौन से कार्यक्रम चल रहे है?

2 क्या आपको एफ0आई0एम0एन0सी0आई0 का प्रशिक्षण मिला है?

3 क्या आपके चिकित्सालय के प्रसव कक्ष में न्यू बॉर्न केयर कार्नर बना है?

4 क्या न्यू बॉर्न केयर कार्नर क्रियाशील है?

5 क्या न्यू बॉर्न केयर कार्नर में सभी उपकरण और सामग्री उपलब्ध है? कृपया इसकी सूची दें।

6 क्या न्यू बॉर्न केयर कार्नर (एन0बी0सी0सी) में निम्न सुविधाएँ उपलब्ध है?

I नवजात शिशु का ठंड से बचाव

II नवजात शिशु के श्वांस में गतिरोध का प्रबन्धन

III नवजात शिशु का वजन

IV शीघ्र स्तनपान हेतु प्रोत्साहन

7 विगत वर्ष 01.01.2012 से 31.12.2012 के दौरान पी0एच0सी0/सी0एच0सी0 में न्यू बार्न केयर कार्नर में कितने नवजात शिशुओं को सेवायें दी गई?

8 आपके चिकित्सालय में कितने शिशुओं को श्वांस देने की आवश्यकता पडी?

9 आशाओं द्वारा कितने नवजात शिशुओं को आपके चिकित्सालय में सन्दर्भित किया गया?

10 प्रतिमाह औसत क्या होगा?

11 आपके चिकित्सालय से एफ0आर0य0/सिविल अस्पताल/एन0सी0यू0/अन्य को कितने नवजात शिशुओं के मामले संदर्भित किये गये?

12 यदि हाँ, तो कृपया अभिलेख दिखायें।

13 कितने मान्यता प्राप्त उपकेन्द्र हैं जहाँ प्रसव कराये जाते हैं ?

14 उन केन्द्रों पर कराये गये प्रसवों की संख्या –

15 आप मान्यता प्राप्त उप केन्द्रों पर कब–कब जाते हैं?

सी0सी0एस0पी0 से संबंधित प्रशिक्षण

1 ब्लाक में कितनी आशा/ए0एन0एम0/स्टाफ नर्स/डाक्टर हैं?
2 सी0सी0एस0पी0 के अन्तर्गत प्रशिक्षित आशाओं/ए0एन0एम0/स्टाफ नर्स/डाक्टरों की संख्या?
3 आपके ब्लाक के अन्तर्गत जिन केन्द्रों पर प्रसव सेवायें दी जा रही हैं वहॉ पर तैनात ए0एन0एम0/स्टाफ नर्स/डाक्टर सी0सी0एस0पी0 के अन्तर्गत प्रशिक्षित हैं? कितने प्रशिक्षित और कितने अप्रशिक्षित हैं। लिखें।
4 ब्लाक की अप्रशिक्षित आशाओं/ए0एन0एम0/स्टाफ नर्सो/डाक्टरों के प्रशिक्षण हेतु आपकी क्या कार्ययोजना है?
5 अन्तिम बार प्रशिक्षण कब दिया गया था?
6 प्रशिक्षण की विषय वस्तु क्या थी?
7 सी0सी0एस0पी0 कार्यक्रम के अन्तर्गत ब्लाक/ गांव में जागरूकता के लिए क्या–क्या गतिविधियॉ की गई हैं?
8 सी0सी0एस0पी0 कार्यक्रम में सीबीओ/एनजीओ की सहभागिता कैसे सुनिश्चित की जाती है?
9 क्या आप अनुभव करते हैं कि प्रशिक्षण के पश्चात ए0एन0एम0/स्टाफ नर्सों/ डाक्टरों की कुशलता में कोई परिवर्तन आया है?
10 क्या सी0सी0एस0पी0 प्रशिक्षण प्रोटोकाल का पालन किया जा रहा है और रिपोर्ट देने के लिए निर्धारित प्रपत्रों पर सूचना दी जा रही है?
11 सी0सी0एस0पी0 प्रशिक्षण सत्रों में आई0ई0सी0 सामग्री का उपयोग कितने प्रभावी तरीके से किया गया था?
12 सी0सी0एस0पी0 प्रशिक्षण सत्रों के पश्चात प्रचार प्रसार सामग्री का उपयोग कैसे किया गया?

सी0सी0एस0पी0 के संबंध में समुदाय की जानकारी

1 सी0सी0एस0पी0 कार्यक्रम से संबंधित सेवाओं के संबंध में समुदाय को कितनी जानकारी है?
2 स्वास्थ्य सेवा प्रदाता के रूप में समुदाय में प्रसव एवं प्रसवोपरान्त गतिविधियों से संबंधित भ्रांतियों का सामना आप किस प्रकार करते हैं?
3 क्या सी0सी0एस0पी0 के क्रियान्वयन के बाद जन्म के तुरन्त पश्चात शिशु को नहलाना, नाभि की नाल पर कुछ भी न लगाना, शिशु के जन्म के तुरन्त पश्चात स्तनपान शुरू करना और 6 माह तक मां के दूध के अलावा कुछ न देना जैसी बातों का समुदाय के व्यवहार में किसी महत्वपूर्ण परिवर्तन को आपने देखा है?

नवजात शिशु देखभाल

1 न्यू बॉर्न केयर कार्नर को विकसित करने का क्या उददेश्य है?
2 न्यू बॉर्न केयर कार्नर के संबंध में आपका अनुभव कैसा रहा?
3 इन सुविधाओं के उपयोग में सुधार के लिए आपके क्या सुझाव है?

नवजात और बीमार शिशुओं के उत्कृष्ट देखभाल के लिए प्रशिक्षित स्टाफ की उपलब्धता

1 नवजात शिशु देखभाल के लिए लगाया गया स्टाफ सी0सी0एस0पी0/एन0एस0एस0के0 के अन्तर्गत प्रशिक्षित है अथवा नही?

समुदाय और जन स्वास्थ्य केन्द्र के बीच संदर्भ की कड़ी

1 आपके चिकित्सालय से निकटतम संदर्भित स्वास्थ्य केन्द्र/एफ0आर0यू0 का नाम क्या है? कितनी दूरी है?
2 इन संदर्भ केन्द्रों तक नवजात शिशु कैसे पहुॅचता है?
3 उपलब्ध संदर्भ स्वास्थ्य केन्द्र कितने सक्षम हैं?
4 नवजात शिशु की देखभाल के लिए संदर्भ केन्द्रों को और सुदृढ़ करने के लिए आपके क्या सुझाव है?

आपके समय के लिए आपको धन्यवाद
(उत्तरदाता को धन्यवाद देते हुए समापन करें)

सघन साक्षात्कार गाइड जिला स्तरीय प्रशिक्षक (CCSP) (बाल रोग विशेषज्ञ)
समेकित बाल संरक्षण कार्यक्रम का मूल्यांकन
15 वर्ष से 49 वर्ष की आयु के मध्य की पात्र महिलाएं जिन्होंने जीवित बच्चे को जन्म दिया
संन्दर्भ अवधि (1 जनवरी, 2012 से 31 दिसम्बर, 2012)

(सभी प्रश्नों को पढ़ें और विशिष्ट प्रश्नों की जांच करें यदि अनुत्तरित हों)

परिचय और सामान्य प्रश्न

नाम.....

पदनाम .....

जिला .....

शैक्षिक योग्यता .....

इस जिले में आप कब से कार्य कर रहे हैं?

1. सी0सी0एस0पी0 के विषय में आप क्या जानते हैं?
2. जिला स्तरीय प्रशिक्षक के रूप में कितनी आशा/ए0एन0एम0 आपके द्वारा प्रशिक्षित की गयी हैं?
3. प्रशिक्षण का उददेश्य क्या है और इस प्रशिक्षण की क्या विशेषताऍ है?
4. जनपद में यह कार्यक्रम किस प्रकार से अलग है?
5. आप इस प्रशिक्षण के प्रभाव के बारे में क्या अनुभव करते हैं?
6. जब से आप सी0सी0एस0पी0 कार्यक्रम से जुडे हैं, अब तक सी0सी0एस0पी0 प्रोटोकाल के अन्तर्गत आपके पास कितने संदर्भित मामले आये हैं?
7. सी0सी0एस0पी0 कार्यक्रम को प्रभावी बनाने के लिए आप क्या सुझाव देना चाहेंगे।

आपके समय के लिए आपको धन्यवाद

(उत्तरदाता को धन्यवाद देते हुए समापन करें)

VIMARSH
THE CONSULTANCY GROUP

विस्तृत साक्षात्कार गाइड जिला कार्यक्रम प्रबन्धक (NRHM)

समेकित बाल संरक्षण कार्यक्रम का मूल्यांकन

15 वर्ष से 49 वर्ष की आयु के मध्य की पात्र महिलाएं जिन्होंने जीवित बच्चे को जन्म दिया

संन्दर्भ अवधि (1 जनवरी, 2012 से 31 दिसम्बर, 2012)

(सभी प्रश्नों को पढ़ें और विशिष्ट प्रश्नों की जांच करें यदि अनुत्तरित हों

नाम.....

पदनाम .....

जिला .....

शैक्षिक योग्यता.....

1. इस पद पर इस जिले में आप कब से कार्य कर रहे हैं? .....
2. समेकित बाल संरक्षण कार्यक्रम के तहत एन0आर0एच0एम0 के अन्तर्गत क्या कार्यक्रम जनपद में चल रहे है? .....
3. जनपद में कितने न्यू बॉर्न केयर कार्नर (एन0बी0सी0सी0) पूर्णतया क्रियाशील हैं ?.....
4. जनपद में कितने केन्द्रों पर प्रसव कराये जाते हैं? .....
5. इन केन्द्रों पर कराये गये प्रसवों की संख्या– .....
6. 1 जनवरी, 2012 से 31 दिसम्बर, 2012 के दौरान संदर्भित मामलों की संख्या.....
7. आप कब–कब स्वास्थ्य उपकेन्द्र/प्राथमिक/सामुदायिक स्वास्थ्य केन्द्रों पर जाते हैं?
8. सी0सी0एस0पी0 कार्यक्रम के संबंध में ब्लाक/गांव में कौन सी जागरूकता गतिविधियां संचालित होती हैं?
9. सीबीओ या एनजीओ की सहभागिता कैसे सुनिश्चित की जाती हैं? यदि कोई हो ?
10. जागरूकता उत्पन्न करने के लिए कौन सी आईईसी सामग्री उपयोग में लायी जाती हैं?
11. क्या ए0एन0एम0/स्टाफ नर्सों/डाक्टरों को जो अपने–अपने केन्द्रों पर प्रसव कराने के लिए उत्तरदायी हैं, को एन0एस0एस0के0 के अन्तर्गत प्रशिक्षण दिया गया है?
12. क्या आप समझते हैं कि प्रशिक्षण के पश्चात ए0एन0एम0/स्टाफ नर्सो/डाक्टरों जैसी कुशलता में कोई परिवर्तन आया है?
13. क्या सी0सी0एस0पी0 प्रशिक्षण के पश्चात आशाओं को किट दिया गया हैं?
14. आखिरी बार प्रशिक्षण कब दिया गया था?
15. क्या आशा द्वारा सी0सी0एस0पी0 प्रोटोकाल का पालन किया जा रहा है और रिपोर्ट देने के लिए निर्धारित प्रपत्रों पर सूचना दी जा रही हैं?
16. आशा को प्रोटोकाल बनाये रखना चाहिए, इसके लिए क्या कदम उठाए गये हैं?
17. क्या आप जनपद स्तर पर आशा मेन्टोरिंग समूह की बैठक आयोजित करते हैं?
18. बैठक में लिये गये निर्णयों का अनुपालन किस हद तक हो पाता हैं?
19. क्या आप सुनिश्चित करते हैं कि आशा को समय से उनका प्रोत्साहन राशि और किट नियमित रूप से प्राप्त हो सके?
20. क्या आप सी0सी0एस0पी0 कार्यक्रम के क्रियान्वयन के उपरान्त समुदाय की सोच/व्यवहार में कोई बदलाव महसूस करते हैं?

आपके समय के लिए आपको धन्यवाद

(उत्तरदाता को धन्यवाद देते हुए समापन करें)

सघन साक्षात्कार गाइड – अपर मुख्य चिकित्साधिकारी/नोडल अधिकारी (RCH)
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परिचय और सामान्य प्रश्न

नाम .....
पदनाम .....
जिला .....
शैक्षिक योग्यता .....
इस जिले में आप कब से कार्यरत हैं?

स्वास्थ्य संबंधी कार्यकलाप

1 समेकित बाल संरक्षण कार्यक्रम के सुधार के लिए एन0आर0एच0एम0 के अन्तर्गत कौन कौन से विविध कार्यक्रम चल रहे है?
2 क्या प्राथमिक स्वास्थ्य केन्द्र/सामुदायिक स्वास्थ्य केन्द्र पर प्रसव कक्ष में न्यू बॉर्न केयर कार्नर अस्तित्व में है?
3 क्या ये सभी क्रियाशील है?
4 क्या इन सभी में पूरे उपकरण एवं सामग्री व्यवस्था उपलब्ध है?
5 जिले में प्रसव की कुल संख्या.....
6 जिले में संस्थागत प्रसव की कुल सख्या सरकारी..... निजी.....
7 उपकेन्द्रों/सी0एच0सी0/पी0एच0सी0 से एफ0आर0यू0/एस0एन0सी0यू0/ जिला अस्पताल को कितने बच्चे संदर्भित किये गये?
8 जिले में मान्यता प्राप्त उपकेन्द्रो की संख्या जहॉ पर प्रसव कराये जाते हैं?
9 जिले में मान्यता प्राप्त उपकेन्द्रों पर किये गये प्रसवों की संख्या.....
10 आप कितनी बार मान्यता प्राप्त ब्लाक/पी0एच0सी0/सी0एच0सी0/उपकेन्द्रों पर अनुश्रवण हेतु जाते हैं?

सी0सी0एस0पी0 से संबंधित प्रशिक्षण

1 सी0सी0एस0पी0 के अन्तर्गत प्रशिक्षित आशा/ए0एन0एम0 और स्टाफ नर्सों/डाक्टरों की संख्या कितनी हैं?.....
2 सी0सी0एस0पी0/एन0एस0एस0के0 के अन्तर्गत ब्लाकों में अप्रशिक्षित आशा/ए0एन0एम0 और स्टाफ नर्सों/डाक्टरों को प्रशिक्षण देने की क्या योजना है?
3 अतिम बार कब प्रशिक्षण दिया गया था?
4 क्या आप महसूस करते हैं कि प्रशिक्षण के पश्चात ए0एन0एम0/स्टाफ नर्सों/डाक्टरों की कुशलता में कोई परिवर्तन आया है?
5 क्या सी0सी0एस0पी0 प्रशिक्षण के बाद आशा को किट उपलब्ध करायी गयी है?
6 क्या आशा द्वारा सी0सी0एस0पी0 प्रोटोकाल का पालन किया जा रहा है और रिपोर्ट देने के लिए निर्धारित प्रपत्रों पर सूचना दी जा रही है?

7 प्रशिक्षण सत्रों के पश्चात फॉलोअप हेतु किये गये उपायों का वर्णन करें।

8 इस वर्ष के दौरान आशा/ए0एन0एम0 को प्रशिक्षण/रिफ्रेशर पाठयक्रम दिलाने की क्या योजनाएं हैं?

<u>रूग्ण नवजात देखभाल इकाई/प्रथम संदर्भीय इकाई</u>

1 जिले में एस0एन0सी0यू0/एफ0आर0यू0 की संख्या कितनी है .....

2 एस0एन0सी0यू0/एफ0आर0यू0 में उपलब्ध सुविधाओं का वर्णन करें?

3 क्या एस0एन0सी0यू0/एफ0आर0यू0 के लिए आवश्यक सभी उपकरण और सामग्री उपलब्ध है?

4 एस0एन0सी0यू0/एफ0आर0यू0 को विकसित करने के क्या उद्देश्य है?

5 समुदाय में एस0एन0सी0यू0/एफ0आर0यू0 के संबंध में जागरूकता पैदा करने के लिए क्या कदम उठाये जाते हैं?

6 एस0एन0सी0यू0/एफ0आर0यू0 के साथ आपका अनुभव कैसा रहा ?

7 इन केन्द्रों की उपयोगिता में सुधार के लिए आपके क्या सुझाव है?

<u>नवजात एवं रूग्ण शिशुओं की उत्कृष्ट देखभाल के लिए प्रशिक्षित नर्सों की उपलब्धता</u>

1 क्या सी0एच0सी0/पी0एच0सी0 में लगाया गया स्टाफ सी0सी0एस0पी0/एन0एस0एस0के0 के अन्तर्गत प्रशिक्षित है?

आपके समय के लिए आपको धन्यवाद
(उत्तरदाता को धन्यवाद देते हुए समापन करें)

NOTES

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Sponsoring Agency:
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