

COMMUNITY HEALTH WORKERS' AND NURSES' PERFORMANCE DURING HOME BASED NEWBORN CARE VISITS FOR 0-2M YOUNG INFANTS IN TRIBAL GUJARAT, INDIA



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Background

Home Based Newborn Care (HBNC) visits have been effective in improving neonatal health outcomes even in remote villages. However, lack of monitoring and supportive supervision results in missed opportunities for training and motivating accredited social health activists (ASHAs) and female health workers (FHWs/ANMs).

Aim

This study was carried out to understand service delivery by ASHAs/FHWs during HBNC-visits for 0-2M young infants (YI).

Methods

- List of births was obtained from ASHAs/ANMs in predominantly tribal district of Gujarat, India.
- Total of 321 such newborns were visited, of which 235 were available at the time of study visit.
- A structured questionnaire was used to assess maternal perception about activities undertaken by ASHAs/ANMs during HBNC-visits.
- Child health record (Mamta Card) was audited, where possible, to verify record keeping.
- Surveys were conducted from December 2017 to March 2018.



Table: ASHA and ANM Performance during HBNC Visit

Anticipated Role	ASHA (%)	ANM (%)
Physical Examination of a Child	89	67
Measuring Body Temperature	49	17
Breastfeeding Counseling	84	64
Vaccination Counseling	85	73

Results

- ~54% YI were male, and 56% mothers were illiterate.
- ~85% and 14% delivered at public and private health facilities, respectively.
- <25% newborns received >4 HBNC-visits compared to 6 scheduled visits in first 6 weeks of life.
- ~85% mothers perceived that ASHAs reviewed and filled newborn assessment information in Mamta Card.
- Whereas 50% mothers perceived that ANMs reviewed Mamta Card but only 26% perceived that ANMs filled any information in Mamta Card.

Conclusion

- Despite ASHAs are incentivized for completing six HBNC-visits, hardly 20% mothers reported such visits.
- In one of the studies in Dahod, we learnt that ASHAs and ANMs lack role clarity on which portion of Mamta Card (clinical and developmental history recording tool for mother and child) to be filled by whom, which severely hampers availability of reliable medical records with parents.
- Geo-tagging and use of mobile applications may help track and monitor HBNC-visits, quality of newborn assessment and provide real-time feedback.