Norway India Partnership Initiative

HOME BASED POST NATAL CARE

HOME VISITS BY ASHA TO DELIVER POST NATAL SERVICES TO THE MOTHER & NEWBORN

UNOPS NIPI Programs

BACKGROUND/RATIONALE

Providing basic care to newborns at home has been identified as a critical intervention that helps in preventing newborn deaths. However, postnatal care has not received adequate attention until recently and NFHS-III records only a small percentage of women or children being visited by a health worker during the first month of life. NRHM includes a comprehensive package of newborn and child health interventions for implementation, the aim being “a decisive breakthrough in neonatal, infant and child mortality”. The strategy encompasses home, community and facility level care to reflect a "continuum of care".

HBPNC HISTORY

2009 HBPNC initiative is launched in the NIPI focus states
2011 HBPNC 5 day skill based training for ASHA completed in Rajasthan and Orissa. Currently ongoing in Bihar

STATUS OF HBPNC

HBPNC is extended to 13 NIPI focus districts with a population of approximately 20 million; in Bihar, Madhya Pradesh, Orissa and Rajasthan. 14684 ASHAs has been oriented and are following up deliveries in their communities. Approximately 440 000 mother baby cohorts have been provided HBPNC.

Third party external supervisors supervise ASHAs; in Bihar supervision was undertaken by a Social Science Institute – a Semi Government agency, in Orissa an NGO supervises the ASHAs, in Rajasthan the Chain of ASHA Supervisors under the NRHM system is also overlooking HBPNC.

The HBPNC Coverage in the districts is targeted at 80% of estimated deliveries. The intervention assists increase in identification and referral of sick newborns to health facilities, and to reduce neonatal mortality. Apart form these three indicators intermediate outputs like; weight, birth dose immunization and initiation of breastfeeding is also being closely monitored. Software for analysis of PNC cards has been developed.
The package covers one month before expected delivery and builds on the ANC facilitated by ASHA under JSY norms. The 8th month visit is used for preparing the family for the birth, establishing a mutually agreeable birth plan and motivating the mother and family members for institutional delivery. The month after birth is the critical period for the newborn and for the mother after delivery (it is not must for ASHA to be present during the delivery) ASHA will undertake 6-7 home visits.

**Expected Outputs**

Outputs expected from this package are:

- Early breast feed initiated
- BCG and Zero dose polio completed
- Birth weight recorded
- Birth Registration done
- Neonate/Maternal Death recorded
- Key messages on maternal and newborn care provided to Mother and Family Members.
- Delivery of basic newborn care provided at home
- Danger signs identified and Newborn and mother with danger signs referred

**Key Components of HBPNC Package**

1) Capacity building of ASHA to provide HBPNC services
2) Delivery of basic newborn care at home and identification of danger signs in newborn and mother by ASHA
3) Creating an enabling environment for ASHA to provide HBPNC services
   - Provision of performance based incentive to ASHA
   - Provision of kit
   - Referral transport funds
4) Supportive supervision
5) Data capture and analysis

**What ASHA does during Home Visits**

During these visits, ASHA examines the baby, ensures warmth by wrapping the baby properly, cord care, skin care, assists in starting breastfeeding, identifies problems if any and guides accordingly, counsels about nutrition and rest for the mother, guides about the immunization schedule, VHND and family planning. During each of these visits ASHA records her findings in a postnatal card. Day wise tasks mentioned in the next table

**Home Visit Schedule:**

- 1st visit (Day 1- Day of birth)
- 2nd visit (Day 2-3 after birth)
- 3rd visit (Day 5-7 after birth)
- 4th visit (Day 14-17 after birth)
- 5th visit (Day 23-28 after birth)
- 6th visit (42-45 days after birth)

**Capacity Building**

ASHAs are trained by the NRHM System for 28 days. Building on that they are specifically oriented on HBPNC. Nationally reputed bodies like National Neonatology Forum, National Institute of Health and Family Welfare, Department of Pediatrics, AIIMS & Safdarjung Hospital have guided the process of developing training materials for building capacity of ASHA and ASHA Supervisors on HBPNC.

Capacity building is carried out as a 2 step exercise:

- First a Two-day orientation is a preparatory phase focusing on developing ASHA’s skills on basic newborn care to enable ASHAs to be in a better position to assimilate the comprehensive five-day training.
- The Five day Comprehensive skill based training, rolled out in a cascade manner starting with a TOT of state level master trainers, at national level, then Block TOTs. Trained block trainers then impart training to ASHAs at selected blocks, that are suitable for intensive residential ASHA training. ASHAs also receive on the job, hands-on training support by trained ASHA supervisors and ANMs.

To ensure consistency in training quality, extensive guidelines on organizing this training have been provided to the Block Program Manager and others involved in the training organization.
As a value addition to NRHM, a three-pronged strategy has been put in place to support ASHA in providing HBPNC services.

1) The State Health Society provides ASHA an incentive of INR 200 per completed card.
2) ASHA is provided a kit containing basic equipments she needs in the field for providing HBPNC
3) Delay in identification of danger signs and referral is a serious contributor to newborn deaths. To combat this a referral fund at ASHA’s disposal has been established for referral of sick newborn.

Creating an Enabling Environment for ASHA

A SET OF MATERIALS IS AVAILABLE
1. Field Guide for implementation of HBPNC
2. Field Guide for HBPNC Supervisors
3. Flip book for ASHA
4. Facilitator’s Manual for training ASHA in Delivery of Home Based Care for mothers and newborns
5. Organizer’s Manual for training ASHA in Delivery of Home Based Care for mothers and newborns
6. Home Based Newborn Care – Reference booklet for ASHA.
7. Infant Nutrition - Reference booklet for ASHA.
8. Referral of sick newborn - Reference booklet for

CONTENTS OF THE ASHA KIT
- Baby weighing scale - Tubular spring type (for ease of carrying in the field)
- Thermometer
- Gentian violet
- Cotton
- Gauze
- Soap & soap case
- Flip book
- PNC cards
- Referral slips

Depending on the choice of the state the contents may vary.

Innovations

Focused Training Package

Short, focused training package for HBPNC has been developed. It is taken up by states as a building block for more elaborate trainings like IMNCI and Module 6-7 for ASHA, as an immediate action towards reducing maternal and newborn mortality.

Supervisory Mechanism

A strong supervision element is believed to be vital to the implementation and subsequent running of this intervention. For this purpose, an agency was deputed in each state for a period of 6-12 months. The agency appoints one supervisor per 20-30 ASHAs. These Supervisors were based at Primary Health Centre level from where they accompanied each ASHA for the home visit every month to mentor the ASHA, motivate her and build her capacity. Supervisors were expected to provide technical support and help solve problems. The Supervisors were also expected to streamline the financial, administrative and logistic requirements/processes of HBPNC.

It is hoped that eventually, the supervisory tasks will be taken over by the ASHA coordinators/ supervisors placed through the system.

Mobile Money Transfer of Incentive Payments to ASHA

To ensure the timely and reliable payment of incentives to ASHA, a new payment system has been introduced in Sheikpura, Bihar as a Private-Public-Partnership to pilot the use of technology to improve efficiency of payment disbursal. The new system is seen to reduce administrative hassle and delays in payments and is improving transparency and accountability for ASHA payments. In addition it facilitates monitoring of ASHAs participation in various schemes.
DATA CAPTURE

The Post Natal Card (PNC) is a tool for data capture and also acts as a checklist for ASHA’s reference. One PNC card is used for one mother-baby cohort for up to 6 visits. The PNC card has identification details of the newborn. ASHA records data related to the well being of the mother and newborn, danger signs and referrals. The card captures the topics covered during counseling given by ASHA to the family. During each home visit, ASHA fills out the relevant column in the PNC card. As proof of the visit a family member must countersign the card at the end of each visit.

Upon receipt of the completed PNC card, a block based data entry operator enters the information from the PNC card into special software. The software is used to compile and analyze data at various levels. A major challenge has been to ensure accuracy and completeness of the PNC data. A data verification process has been put in place to combat this problem.