Home Based New Born Care
An Update

National Health Systems Resource Centre,
October 22, 2012, New Delhi
Background

• Stagnant neonatal mortality, even where IMR has fallen.
• In several states about one third to one half of under 5 deaths are in the neonatal/post–neonatal period
• Home based *new-born* care and home based illness care need to be scaled up to reach every home.
• Need to scale up institutional care for sick newborn
Response

• Part of a comprehensive approach to build competency of ASHA to address community level care for Maternal, newborn, and Child Health and Nutrition

• Addresses care of normal and sick newborn

• Involves skill building, on site mentoring, provision of basic set of equipment and communication material,

• HBNC Guidelines issued in October 2011

• Reporting on a set of performance indicators (issued April 2012)
Key Components of Home Based New Born Care

• A set of six home visits- if home delivery then within the first 24 hours of birth
• Undertaking a set of specified tasks in each visit, using the forms as a checklist
• Supported by a facilitator through on site observation and mentoring
• Reporting on a set of performance indicators
What is the Support Required by the ASHA?

1. A review meeting at least once a month
2. A visit to her field site by a facilitator – at least once a month
3. Refresher trainings once every three months at least.
4. An ID card and official acknowledgement of her contribution.
5. Her referral to the facility being honored.
6. Drug refill in her drug kit/Equipment kit and communication kit
7. Her payments made on time and with dignity.
8. Encouragement and support from officials within the village and outside.
9. A functional VHSC/women's health committee
10. Grievances to be addressed promptly.
Training and Support Strategy

- Trainers are trained in a community setting.
- Must be exposed to working with and even learning from ASHAs. Training in facility/tertiary care setting is not encouraged.
- Trainers must be dedicated to this task for two to three years.
- Three national training sites and three to five state training sites developed.
- Training for ASHAs in four rounds of 5 days each. (5+5+5+5)
- Training for ASHA facilitators in four rounds: 10+5+5+5
- Training for ASHA trainers in three Rounds of 14 days+7 days+5 days
- Training for state trainers in three rounds of 17 days + 8 days + 7 days.
- Even well qualified trainers benefit. (Training ASHAs is very different from medical education.).
- In-build training evaluation. Trainers at state/district level have to be accredited.
- ASHAs would need to be certified.
- Facilitators provide on the job training and supportive supervision
# Key tasks

**ASHA**

1. **Mobilise mothers to attend ANC**

2. Home visits to counsel family on ANC, nutrition, rest, protection from malaria, danger signs of complications,

3. Help prepare birth plan

4. Support institutional delivery, including arrange for transport and escort to facility

5. Visit at delivery – provide essential newborn care at birth- ensure baby is kept warm, weighed, promote breast feeding within 1 hour and exclusive breast feeding

6. Visits to the newborn (Days 3,7,14,21 & 28)- support breast feeding, counsel mother on danger signs in mother/newborn for early recognition of complications for rapid referral.

7. Counsel and facilitate family planning measures

8. Support ANM in updating MCH card
ASHA Kits

- Drug kit
- Equipment kit
- Communication kit
- ASHA Register, Diary and forms
- Drug kit stock register
Module 6

• **PART A: Being an ASHA**
• **PART B: Maternal Health**
  1. Pregnancy Diagnosis
  2. Birth Preparedness for a Safe Delivery
  3. Management of Anaemia
  4. Identifying complications during Pregnancy and Delivery
  5. Care during Delivery
  6. Post-Partum Care
• **PART C: Newborn Health**
  1. Care of the Baby at the time of Delivery
  2. Schedule of Home Visits for the care of the Newborn
  3. Examining the Newborn at Birth
  4. Breastfeeding
  5. Keeping the Newborn Warm
  6. Management of fever in newborn
Module 7

• PART A: Child Health & Nutrition
  1. Infant and Young Child Feeding
  2. Assessment of Malnutrition
  3. Update on Immunisation
  4. Assessing the Sick Child
  5. Assessing and Classifying Fever
  6. Management of Diarrhoeal Disease-
  7. Management of Acute Respiratory Infection (ARI)

• PART B: Women’s Reproductive Health
  1. Safe Abortion – enabling access.
  2. Family Planning – which contraceptive to advice, which practices to promote.
  3. Reproductive Tract Infections (RTIs) and Sexually Transmitted Infections (STIs)
Module 7- contd.

- **PART C: Newborn Health**
  1. High Risk Assessment and Management of Low Birth Weight/Pre-Term Babies
  2. Breastfeeding Low Birth Weight/Pre-Term babies
  3. Neonatal Sepsis: Diagnosis and Management

- **PART D: Introduction to Infectious Diseases** – suspecting malaria; making a blood smear/RDK, suspecting TB, knowing how to support.
Performance Indicators

- Newborn visits within first day at home
- Set of home visits for new born care as specified in the HBNC guidelines (six visits in case of Institutional delivery and seven in case of a home delivery)
- Attending VHNDs / Promoting immunization
- Supporting institutional delivery / escorting women to the institution
- Management of childhood illness – especially diarrhea and pneumonia
- Household visits with nutrition counseling
- Fever cases seen/ malaria slides made in malaria endemic area
- ASHAs acting as DOTS provider
- Holding village/ VHSNC meeting
- Successful referral of IUD/ female sterilization/ male sterilization cases
- Successfully referred – People who were counseled by ASHA for use of family planning measures and who got the procedure
Grading of functionality

- Grade A – Blocks where of the total ASHAs >75% ASHAs are functional on each of the tasks 1-10 and the total of 6/10 tasks
- Grade B – Blocks where of the total ASHAs 50-75% ASHAs are functional on each of the tasks 1-10 and the total of 6/10 tasks
- Grade C – Blocks where of the total ASHAs 25-50% ASHAs are functional on each of the tasks 1-10 and the total of 6/10 tasks
- Grade D – Blocks where of the total ASHAs <25% ASHAs are functional on each of the tasks 1-10 and the total of 6/10 tasks
Achievements so far

- ASHAs trained
- Support structures established
- ASHAs with drug and equipment kit
- Establishment of a performance monitoring system
ASHA trained in Module 6 & 7 – EAG States

<table>
<thead>
<tr>
<th></th>
<th>Bih</th>
<th>Chh</th>
<th>Jhar</th>
<th>MP</th>
<th>Oris</th>
<th>Raj</th>
<th>UP</th>
<th>UK</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASHA selected</td>
<td>84138</td>
<td>66023</td>
<td>40964</td>
<td>56019</td>
<td>43370</td>
<td>51500</td>
<td>136094</td>
<td>11086</td>
</tr>
<tr>
<td>Trained Round 1</td>
<td>35699</td>
<td>60092</td>
<td>28990</td>
<td>20143</td>
<td>22824</td>
<td>5905</td>
<td>39172</td>
<td>10313</td>
</tr>
<tr>
<td>Trained Round 2</td>
<td>1826</td>
<td>60092</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10064</td>
</tr>
<tr>
<td>Trained Round 3</td>
<td></td>
<td>60092</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10209</td>
</tr>
</tbody>
</table>

CG has a different set of training modules & UP has trained ASHAs in CCSP
Support Structures

• All levels – Assam; UK, Bihar, Chhattisgarh,
• Up to Block level – Orissa, Rajasthan,
• Up to District level – Jharkhand,
• In most high focus states, states have been managing with existing structures
ASHA trained in Module 6 & 7 – North East States

<table>
<thead>
<tr>
<th>State</th>
<th>ASHA selected</th>
<th>Trained Round 1</th>
<th>Trained Round 2</th>
<th>Trained Round 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ass</td>
<td>29172</td>
<td>14885</td>
<td>3627</td>
<td>3878</td>
</tr>
<tr>
<td>A P</td>
<td>3757</td>
<td>3627</td>
<td>3878</td>
<td>5780</td>
</tr>
<tr>
<td>Manip</td>
<td>3878</td>
<td>3878</td>
<td>5780</td>
<td>1000</td>
</tr>
<tr>
<td>Megh</td>
<td>6258</td>
<td>5891</td>
<td>5780</td>
<td></td>
</tr>
<tr>
<td>Miz</td>
<td>987</td>
<td>987</td>
<td>987</td>
<td></td>
</tr>
<tr>
<td>Naga</td>
<td>1700</td>
<td>1576</td>
<td>1571</td>
<td></td>
</tr>
<tr>
<td>Sikk</td>
<td>666</td>
<td>666</td>
<td>666</td>
<td></td>
</tr>
<tr>
<td>Trip</td>
<td>7367</td>
<td>7257</td>
<td>7009</td>
<td></td>
</tr>
</tbody>
</table>
ASHA trained in Module 6 & 7 - Non High Focus States

The data for Karnataka & Maharashtra is as on 31 July 2012
<table>
<thead>
<tr>
<th>S.No</th>
<th>Name of States</th>
<th>Number of State Trainers</th>
<th>Number of District Trainers</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Bihar</td>
<td>Round I =13, Round II = 12</td>
<td>Round I =960</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Madhya Pradesh</td>
<td>Round I =29, Round II = 20</td>
<td>Round I = 586</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Jharkhand</td>
<td>Round I= 13, Round II=14</td>
<td>Round I =422</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Odisha</td>
<td>Round I = 16, Round II=12</td>
<td>Round I =186</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Rajasthan</td>
<td>Round I =11, Round II =9</td>
<td>Round I = 224</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Uttarakhand</td>
<td>Round I =6, Round II =5</td>
<td>Round I= 231, Round II =203</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Uttar Pradesh</td>
<td>Round I =22, Round II=0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Chhattisgarh</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# North Eastern states

<table>
<thead>
<tr>
<th>S.No</th>
<th>Name of States</th>
<th>Number of State Trainers</th>
<th>Number of District Trainers</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Assam</td>
<td>Round I =13</td>
<td>Round II =12</td>
<td>Round I=153</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Round I =12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Arunachal Pradesh</td>
<td>Round I =3</td>
<td>Round II=4</td>
<td>Round I =28</td>
</tr>
<tr>
<td>3</td>
<td>Manipur</td>
<td>Round I =3</td>
<td>Round II=3</td>
<td>Round I =62</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Round I =3</td>
<td>Round II=62</td>
<td>Round II=62</td>
</tr>
<tr>
<td>4</td>
<td>Mizoram</td>
<td>Round I =3</td>
<td>Round II=3</td>
<td>Round I =28</td>
</tr>
<tr>
<td>5</td>
<td>Meghalaya</td>
<td>Round I =3</td>
<td>Round II=3</td>
<td>Round I =66</td>
</tr>
<tr>
<td>6</td>
<td>Nagaland</td>
<td>Round I =3</td>
<td>Round II=3</td>
<td>Round I =60</td>
</tr>
<tr>
<td>7</td>
<td>Sikkim</td>
<td>Round I =3</td>
<td>Round II=4</td>
<td>Round I =20</td>
</tr>
<tr>
<td>8</td>
<td>Tripura</td>
<td>Round I=5</td>
<td>Round II=5</td>
<td>Round I=89</td>
</tr>
</tbody>
</table>
## Non –EAG states

<table>
<thead>
<tr>
<th>S.No</th>
<th>Name of States</th>
<th>Number of State Trainers</th>
<th>Number of District Trainers</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Andhra Pradesh</td>
<td>Round I= 12</td>
<td>Round I= 12</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Round I=11</td>
<td>Round I=11</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Delhi</td>
<td>Round I=</td>
<td>Round I=</td>
<td>Going to start</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Round I=</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Gujarat</td>
<td>Round I= 4</td>
<td>Round I= 160</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Round I=4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Haryana</td>
<td>Round I = 9</td>
<td>Round I=</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Round II=9</td>
<td>Round I=</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Jammu and Kashmir</td>
<td>Round I=5</td>
<td>Round I=225</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Round II=6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Karnataka</td>
<td>Round I =15</td>
<td>Round I=240</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Round II=10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Maharastra</td>
<td>Round I=15</td>
<td>Round I =412</td>
<td></td>
</tr>
</tbody>
</table>
## Non –EAG states

<table>
<thead>
<tr>
<th>S.No</th>
<th>Name of states</th>
<th>Number of State Trainers</th>
<th>Number of District Trainers</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Punjab</td>
<td>Round I=5</td>
<td>Round I=326</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>West Bengal</td>
<td>Round I=17 Round II =13</td>
<td>Round I =310</td>
<td></td>
</tr>
</tbody>
</table>
In conclusion....

• It is an intensive process.....
• We need to be inclusive– bring in more partners
• But it is worth it.....
  – In terms of health outcomes- saving lives of newborns
  – In terms of community empowerment
  – In terms of women’s empowerment.
Basic Content of Equipment Kit
Equipment s of ASHA Kits

Keeping Newborn warm

**Front view of Warm Bag**
- Hood to cover head
- Collar tie to tie the hood
- Machine stitches

**Inside view of Warm Bag**
- Mackintosh (Rubber Sheet) inside
  - 24 cm
  - 33 cm

See next
ASHA training material
HOME BASED NEWBORN CARE
Operational Guidelines

Ministry of Health and Family Welfare
Govt. of India, 2011
Thank You.