



HOME BASED CARE FOR YOUNG CHILD (HBYC)



BASELINE ASSESSMENT REPORT, JHARKHAND

August 2019



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Contents

ACKNOWLEDGEMENT	3
ABBREVIATIONS	4
1. Executive Summary	5
2. Introduction	7
3. Methodology	8
3.1 Study participants	8
3.2 Sample Size and Sampling method	8
3.3 Data collection	9
4. Preparedness of Health System for HBYC implementation	10
4.1 Preparedness at district level	10
4.2 Key findings: Health System Preparedness	11
5. Knowledge and practices of Sahiya (ASHA)	13
5.1 Home visitation and tasks as per HBYC protocol	13
5.2 Sahiya's (ASHAs) Knowledge on Complementary Feeding Practices	14
5.3 Sahiya's (ASHAs') Knowledge on Paediatric IFA supplementation and ORS preparation	15
5.4 Sahiya's Knowledge on danger signs, referral to facilities and availability of drugs	16
5.5 Summary of findings of Knowledge and Practices of Sahiya	18
6. Knowledge and child rearing practices of Mothers	19
6.1 Mothers knowledge and management of sickness, availability of ORS & IFA	19
6.2 Status of MCP cards, immunization, growth monitoring and ECD	20
6.3 Mothers' knowledge and practices of breastfeeding and complementary feeding	20
6.4 Summary of findings of Mothers' knowledge and child rearing practices	23
7. Knowledge and Practices of other Service Providers (Health and ICDS) on HBYC	24
7.1 Sahiya Sathi's knowledge on feeding, IFA supplementation and danger signs	24
7.2 Lady Supervisors' (ICDS) knowledge on growth monitoring & feeding practices.	25
7.3 AWWs' knowledge on feeding practices, growth monitoring	27
7.4 ANMs knowledge on feeding, IFA supplementation and referrals	28
7.5 Summary findings of knowledge and practices of other service providers from Health and ICDS	29
8. Conclusions	30
9. Recommendations	32
10. References	33
11. Annexures	34
11.1 Interview tools used during the survey	34
11.2 Data Collection Schedule	46
11.3 List of Block and Villages randomly selected for assessment	47

ACKNOWLEDGEMENT

We sincerely thank the JRHMS Ranchi, District Health Societies and the block level staff of Simdega, Lohardaga and West Singhbhum for conducting data collection and coordinating interviews with beneficiaries and service providers from Health Department and ICDS.

ABBREVIATIONS

ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AWC	Anganwadi Centre
AWW	Anganwadi Worker
DAM	District Accounts Manager
DPC	District Program Coordinator
DPM	District Program Manager
ECD	Early Childhood Development
GoI	Government of India
HBNC	Home Based New-born Care
HBYC	Home Based Care for Young Child
ICDS	Integrated Child Development Scheme
JRHMS	Jharkhand Rural Health Mission Society
MCP	Mother Child Protection
MUAC	Mid Upper Arm Circumference
NFHS	National Family Health Survey
NHM	National Health Mission
ORS	Oral rehydration solution
SPMU	State Program Management Unit
SNCU	Special New-born Care Units
USAID	United States Agency for International Development

1. Executive Summary

Improving the health of mothers and children continues to be a priority under National Health Mission as reflected in the National Health Policy 2017. The Government of India recently launched the Home Based care for Young Child (HBYC) program in 2018. Besides the HBNC home visits, HBYC envisages additional 5 home visits to all children between 3 to 15 months of age.

USAID Vridhhi project has committed its support to Government of Jharkhand for providing technical assistance in HBYC implementation at state level and three aspirational districts of Jharkhand i.e. Simdega, Lohardaga and West Singhbhum. As one of the first steps, USAID supported at state level in preparation of tools and guideline for baseline assessment and facilitated data collection in these three districts.

The key objectives of the Baseline Assessment were to assess the preparedness of the health system for HBYC implementation, assess knowledge and practices of mothers on child rearing practices and assess the knowledge & skills of service providers and their supervisors.

Findings of the assessment

Preparedness of the health system

- The program managers (DPM, DAM) at district level have limited knowledge about the HBYC guidelines and training strategy, Sahiya Sathi and Supervisors incentives
- The preparedness of the health system to implement HBYC has few challenges e.g. districts has not procured additional stock for Paediatric IFA Syrup and ORS required for HBYC program.
- The knowledge of program managers on mechanisms for convergence with ICDS, including roles & Responsibilities of ICDS providers was not adequate.

Sahiya's knowledge and practices

- A significant number of Sahiya (76%) were receiving quarterly supportive supervision visits. The knowledge of Sahiya on complementary feeding was good (timely initiation 97%; correct frequency 62%). However, knowledge about the quantity of complementary feeds to be provided was 24%.
- Most of the Sahiyas had correct knowledge of ORS preparation (97%) and availability of ORS packets (70%).
- Structured infant home visits beyond new-born period was not done by sahiya.
- Sahiya's knowledge on administration of Paediatric IFA syrup such as timely initiation (30%); correct frequency (39%); and correct dose (26%) need attention. Availability of Paediatric IFA syrup among sahiya was 6%.
- Knowledge and practices of Sahiya's on sickness management was not adequate. 30% Sahiya had knowledge of at least 3 critical danger signs that require referral.

• AWWs knowledge and practices

- All AWWs maintained records of infants 0-2 yrs.
- 79% AWWs had correct knowledge of plotting weight on growth chart in MCP cards and 92% had correct knowledge of identifying a child with severe malnutrition.
- AWWs with knowledge of exclusive breastfeeding (79%) and timely initiation of complementary feeding (92%)
- 39% Anganwadi Centers do not have functional weighing scales.

• Sahiya Sathi's knowledge and practices

- 100% of Sahiya Sathi had knowledge of ORS preparation, 96% knew about timely initiation and 67% knew about correct frequency of complementary feeding.
- Knowledge on correct quantity of complementary feeding was 54%.
- 50% Sahiya sathi were completing all the necessary tasks during supportive supervision.

- Their knowledge on Paediatric IFA supplementation was as follows, timely initiation (46%), correct frequency (63%) and correct dose (58%).
- Sahiya Sathi's knowledge of at least 3 critical danger signs for infant's referral was 75%.
- **ANMs' knowledge**
 - 100% ANMs had knowledge of timely initiation of complementary feeding.
 - All ANMs had knowledge of correct duration of treatment with zinc, knowledge of ORS preparation was 92% and correct dose of zinc during diarrhea was 54%.
 - Their knowledge on IFA supplementation was as follows- timely initiation (63%), correct frequency (38%) and correct dose (58%).
 - 58% of ANMs had knowledge of at least 3 critical danger signs for infant's referral.
- **Lady Supervisors' (AWW services) knowledge and practices**
 - All the lady supervisors had correct knowledge of plotting growth chart on the MCP cards and 83% were conducting monthly meetings with AWWs.
 - All lady supervisors were able to identify children with severe malnutrition and 33% knew about all the components of Poshan Abhiyaan
 - All the lady supervisors had knowledge of exclusive breastfeeding and timely initiation of complementary feeding.
 - 50% had knowledge of correct frequency and 67% had knowledge on correct quantity of complementary feeding.
- **Knowledge and practices of mothers**
 - Most of the mothers had MCP cards available with them (98%).
 - Exclusive breastfeeding was 83% and timely initiation of complementary feeding was 70%.
 - Infants receiving correct frequency of complementary food during each day was 23% and receiving adequate quantity was 49%.
 - Availability of ORS was 29% and Paediatric IFA syrup was 7% with mothers. Use of ORS for infants reported with diarrhea was 33% and 29% mothers knew correct method of preparing ORS.
 - Hand washing practices among mothers at critical times was 11%.
 - 20% infants had received age appropriate all vaccination.

Recommendations

1. **Orientation** of program managers at all levels (district and block) - on HBYC guidelines, incentive, training strategy, procurement and convergence with ICDS.
2. **Capacity building** of sahiya and their supervisors should focus on - complementary feeding, IFA supplementation, growth monitoring and sickness management.
3. Availability of functional weighing scales should be ensured at all AWCs, together with capacity building of AWWs and their supervisors to improve their skills for growth monitoring of children and identification of malnourished children.
4. Special focus is required for improving social behavior change communication and counselling skills of Sahiya and all service providers.
5. **Supportive supervision** needs strengthening through orientation of STT, BTT, Sahiya sathi and lady supervisors.
6. **Procurement:** An orientation of the Program managers/store In-charges at the district and blocks is recommended so as to ensure uninterrupted supplies of Sahiya Training Material (Sahiya Hand Book, Job Aids and HBYC Posters), ORS, IFA Syrup and HBYC Cards. Provisioning for adequate ORS and Paediatric IFA Syrup is to be ensured.

2. Introduction

Improving the health of mothers and children continues to be a priority under National Health Mission as reflected in the National Health Policy 2017. To fill the design gaps in the health and nutrition programs for children being implemented in the country, the Government of India recently launched the Home Based care for Young Child (HBYC) program in April 2018, with the objective to reduce child mortality and morbidity and improve nutrition status, growth and early childhood development of young children, through structured, focused and effective home visits by ASHAs (Sahiya) . In addition to the 6/7 visits to new-born and children up to 42 days after delivery under the home based new-born care program (HBNC), HBYC envisages additional 5 visits after the new-born period to all children between 3 to 15 months, with a focus on activities such as counselling for complementary feeding, growth monitoring, vaccination, WASH practices and sickness related counselling.

Home based care for young child program is to be implemented in all aspirational districts of India. USAID Vriddhi has committed its support to Government of India and Government of Jharkhand for providing technical assistance in the implementation of HBYC in 3 aspirational districts Jharkhand. For the year 2019-20, HBYC was approved in all districts of Jharkhand. As a part of its commitment, USAID Vriddhi team facilitated in baseline assessment of HBYC..

In Jharkhand all districts have been selected for initiating HBYC in FY 2019-2020. Baseline assessment was conducted in all districts of Jharkhand by Community mobilisation cell, NHM, Jharkhand. USAID Vriddhi team provided technical support at state level in designing tools and guideline for HBYC baseline assessment, orientation of district resource person on tools and guideline and facilitated data collection in three districts (Lohardaga, Simdega and West Singhbhum).

Objectives of HBYC baseline assessment

The key objectives of HBYC baseline assessment were:

- ❖ Assess the preparedness of the health system, for implementing and managing HBYC
- ❖ Assess knowledge and practices of mothers on Child Health
- ❖ Assess the knowledge & skills of ANMs, Sahiya (ASHAs), sahiyaSathi (ASHA facilitators), AWW and Lady Supervisor (ICDS) for fulfilling their roles under HBYC.

3. Methodology

HBYC baseline assessment was conducted in all districts of Jharkhand by CM Cell, NHM. USAID supported in data collection, compilation and report preparation in three districts-

- Lohardaga
- Simdega
- West Singhbhum

3.1 Study participants

The cross sectional assessment was conducted in two randomly selected blocks of each districts and interviews were conducted with NHM officials at districts; Sahiya (ASHA); Sahiya Sathi(ASHA facilitator); Mothers; Lady Supervisor (ICDS); AWWs and ANMs.

3.2 Sample Size and Sampling method

The sample size for Sahiya (ASHA) has been calculated using Sahiya's (ASHAs) knowledge of their role in Post Natal Care as sample proportion (p), while for mothers, Measles coverage in rural India was used as sample proportion (p).

Sample Size for Mothers

For calculation of sample size of mothers of infants for baseline assessment, following parameters have been used:

- Sample proportion: ">80% ASHAs knew their role in Post Natal Check-up, counselling women for Birth preparedness, safe delivery, exclusive Breast feeding, complementary feeding, Personal hygiene and sanitation"¹
 - Absolute error = $\pm 10\%$; p = 80.3%; q (1-p) = 19.7;
 - Design effect = 1.5;
 - Non response rate = 10%;
 - Z = 1.96 (set by convention according to the accepted α error for two-sided effect at 95% confidence interval).

Sample Size = $[(1.96)^2 \times (80.3) \times (19.7) \times (1.1) \times (1.5)] / (10)^2$. Total Sample Size of 100 Mothers per district.

Sample Size for Sahiya's (ASHAs)

For calculation of sample size of Sahiya's (ASHAs) for baseline assessment, following parameters have been used:

- Sample proportion: "80.3% Measles Coverage in rural India"²
 - Absolute error = $\pm 10\%$; p = 80.5; q (1-p) = 19.5;
 - Design effect = 1.5;
 - Non response rate = 10%;
 - Z = 1.96 (set by convention according to the accepted α error for two-sided effect at 95% confidence interval).

Sample Size = $[(1.96)^2 \times (80.5) \times (19.5) \times (1.1) \times (1.5)] / (10)^2$. Total Sample Size of 100 ASHAs per district.

Selection of Blocks and Villages: 2 blocks and 8 villages (4 villages in each block) were selected randomly by state in each of the districts.

Selection of Eligible mothers: In each randomly selected village, mothers with children 3 –15 months were selected through random walk method.

¹ Knowledge Status of Accredited Social Health Activist (ASHA) of Jaipur City, International Multispecialty Journal of Health (IMJH)), December 2016

² NFHS 4, 2015-16

3.3 Data collection

Data collection tool was developed at state level with technical support from USAID Vriddhi project. State level one day orientation on assessment tool of STTs and DPC from each district was held on 9th July 2019. After orientation each district prepared 2 teams (each having of 4 BTTs and 1 STT) for data collection. Orientation of BTTs on assessment tool was done by STT and DPC at district level. All the assessors were oriented on HBYC and trained on the assessment tools of scope of work of HBYC baseline assessment at district level.

During the assessment at district level District Program Managers, District Accounts Managers and District Program coordinator; at community level a total of 300 ASHAs (Sahiya) and 300 mothers were interviewed; and amongst other service providers 24 ASHA supervisors (Sahiya Sathi), 24 ANMs, 24 AWWs and 6 Lady Supervisors were interviewed in the 3 districts. Among mothers, 144 mothers had infants in the age group of 3 to 6 months and 156 mothers had infants in the age group of above 6 months up to 15 months. The sample size of three districts for each category of respondent is tabulated below:

Category Interviewed	Sample size
District Program Managers	3
District Finance Managers	3
District ASHA Managers	3
ASHAs	300
Mothers	300
ASHA supervisors	24
ANMs	24
AWWs	24
Lady Supervisor	6



Interviews with Mothers and Sahiya's during HBYC baseline data collection

4. Preparedness of Health System for HBYC implementation

For assessing the preparedness of the district health system, interviews were conducted with NHM officials at district level. At district level interviews were conducted with District Program Manager, District Program coordinator and District Accounts Manager.

4.1 Preparedness at district level

Indicators	No. of Districts (N = 3)
A nodal person appointed for HBYC at district level	2
DPM aware about HBYC operational guidelines	1
DPM having a copy of HBYC operational guidelines	2
DPM aware of tasks to be performed by ASHA and ANM under HBYC	2
District NHM conducted Joint planning exercise for HBYC with ICDS	0
DPM oriented on HBYC	0
Districts that have identified resource centre for conducting trainings of HBYC	2
DPM aware about monitoring indicators of HBYC program	0
Districts have procured additional stock of IFA Syrup for HBYC	1
Districts have procured additional stock of ORS for HBYC	1
HBYC training package available in local language	1

Source: District program manager interview

Community Mobilization cell, NHM is coordinating and implementing HBYC program in Jharkhand. State Program Coordinator, CM cell is the nodal person for HBYC at state level and DPC, CM cell is the nodal person at District level. Two out of three DPMs are aware of HBYC Guidelines released by Government of India. There is no awareness about the quarterly visitation schedule and very limited awareness about the specific tasks, monitoring indicators and supervisory mechanisms. State level HBYC training of district trainers (STT) and DPCs has been completed but DPM and DAM were not oriented by state on HBYC. Unlike HBNC, the Anganwadi workers shall play an important part in the HBYC program but there is no communication with ICDS on involvement of AWW at any level. Additional stock of IFA syrup and ORS is not procured by the district for HBYC program.

Indicators	No. of Districts (N = 3)
DPC aware about HBYC operational guidelines	3
DPC having a copy of HBYC operational guidelines	3
District NHM conducted Joint planning exercise for HBYC with ICDS	0
District established any supportive supervision mechanism for HBYC	2
HBYC training package available in local language	2
Districts that have identified resource centre for conducting trainings of HBYC	2

District training of trainer (ToT) plan for HBYC	1
DPC aware about key indicators to monitor the HBYC program	1
DPC aware about the recommended amount for each training batch of HBYC	0
DPC aware about recommended amount for ASHA incentive for HBYC	3
DPC aware about recommended amount for ASHA supervisor incentive for HBYC	0

Source: District Program coordinator interview

District Program Coordinators were aware about HBYC operational guidelines. Three days State ToT of DPC was done by the state in the month of May 2019. Jharkhand has a Sahiya (ASHA) supervisory cadre under which, at the district level there are two STTs (State Training Team) who work as trainer and supervisor. At the block level there are 2-3 BTTs (Block Training Team) who work as trainer and supervisor. At the HSC level there is one Sahiya Sathi (ASHA facilitator) for 20-30 Sahiyas. There is an understanding that the current monitoring and supervisory mechanism for Sahiya shall continue under all programs including HBYC.

State has pool of district and block level trainers as STT and BTT. DPC and STT were trained in HBYC ToT and they were aware on training duration, methodology, module, which shall serve as the guiding document for HBYC Trainings in the state. Planning with ICDS for training of AWW was not done by any district.

Table-3: District Accounts Manager (preparedness for HBYC implementation)

Indicators	No. of Districts (N = 3)
District Finance Manager having a copy of HBYC operational guidelines	2
District Finance Manager aware about budget proposed for HBYC in the current financial year	3
District Finance Manager aware about the recommended amount for each training batch of HBYC	0
District Finance Manager aware about recommended amount for ASHA incentive for HBYC	3
District Finance Manager aware about recommended amount for ASHA supervisor incentive for HBYC	0
District Finance Manager aware about recommended amount for HBYC monitoring	0

Source: District Accounts manager interview

Interviews were held with the District Accounts Managers in three aspirational districts and it was found that they knew about the budgets proposed for HBYC in the current financial year (PIP 2019-20). But there is limited awareness about the HBYC program or HBYC Guidelines. All DAMs know about recommended incentive of Rs. 250 (Rs. 50 per visit for five visits) for ASHAs under HBYC but they are not aware about recommended amount for ASHA Supervisor incentive for HBYC. They were also not aware about the HBYC periodic monitoring or any budgetary provisions for it.

4.2 Key findings: Health System Preparedness

- ❖ DPM and DAM were formally not oriented on HBYC.
- ❖ HBYC Guidelines are available in the district.

- ❖ There is very limited knowledge of HBYC Training package, the duration, content, methodology among DPM and DAM
- ❖ Current supplies of IFA Syrup and ORS are considered adequate, most districts have not made provision for procurement of more supplies.
- ❖ Program Managers are not aware about the recommended amount for ASHA Supervisor as incentive for HBYC.
- ❖ Joint planning exercise with ICDS department for the training of AWW under HBYC and their role in implementation of HBYC was not done by the districts.

5. Knowledge and practices of Sahiya (ASHA)

In this section of the report, we outline the key baseline findings as they relate to key knowledge and practices of Sahiya on HBYC. Interview with a sample of Sahiya was conducted and the analysis has been used to inform us about the baseline status of knowledge and practices of Sahiya regarding components of HBYC program. A total of 300 Sahiya (ASHA) were interviewed in three districts of Jharkhand.



5.1 Home visitation and tasks as per HBYC protocol

Specific questions were asked to Sahiya (ASHA) regarding their home visits to infants in the age group of 3 to 15 months (Table-4). Overall, 76% Sahiya's are receiving quarterly supervision visits by Sahiya Sathi. It is observed that Sahiya's are not conducting structured home visits as per HBYC protocol in Lohardaga, Simdega and West Singhbhum district.

Table-4: Sahiya's knowledge on home visitation and tasks as per HBYC protocol												
Indicators	Lohardaga			Simdega			West Singhbhum			Overall		
	Value	N	%age	Value	N	%age	Value	N	%age	Value	N	Overall
* Sahiyas conducting structured home visits as per HBYC protocol (%)	0	100	0%	0	100	0%	0	100	0%	0	300	0%
** Sahiyas conducting all the tasks as per HBYC protocol (%)	0	0	NA	0	0	NA	0	0	NA	0	0	NA
Checking availability of MCP card with family (%)	0	0	NA	0	0	NA	0	0	NA	0	0	NA
Checking growth chart on MCP card (%)	0	0	NA	0	0	NA	0	0	NA	0	0	NA
Checking immunization status of the infant (%)	0	0	NA	0	0	NA	0	0	NA	0	0	NA
Distributes ORS packets to Mothers (%)	0	0	NA	0	0	NA	0	0	NA	0	0	NA
Distributes Paediatric IFA Syrup to Mothers (%)	0	0	NA	0	0	NA	0	0	NA	0	0	NA
Provides counselling on exclusive breastfeeding (%)	0	0	NA	0	0	NA	0	0	NA	0	0	NA
Provides counselling on complementary feeding (%)	0	0	NA	0	0	NA	0	0	NA	0	0	NA
Provides counselling on hand washing (%)	0	0	NA	0	0	NA	0	0	NA	0	0	NA
Sahiyas receiving quarterly supervision visits from ASHA facilitators (%)	72	100	72%	74	100	74%	81	100	81%	227	300	76%

Note:
 * Only those counted where visitation was as per HBYC schedule (at 3,6,9,12 and 15 months)
 ** Only those counted where all the tasks conducted as per HBYC protocol (Checking availability of MCP card; Checking growth chart on MCP card; Checking immunization status of the infant; Distributes ORS packets to Mothers; Distributes Paediatric IFA Syrup to Mothers; Provides counselling on exclusive breastfeeding; Provides counselling on complementary feeding; Provides counselling on hand washing).
 %age represents the value of the indicator in percentage.
 'N' represents the sample size.
 Source: Sahiya's interview

5.2 Sahiya's (ASHAs) Knowledge on Complementary Feeding Practices

Sahiya were asked questions on their knowledge on complementary feeding practices including timely initiation, frequency and quantity during each feed. It was observed that 62% of the Sahiya had knowledge of correct frequency of meals during each day, while 24% had knowledge of timely initiation of complementary feeding (Table-5).

Table-5: Sahiya's Knowledge on Complementary Feeding Practices												
Indicators	Lohardaga			Simdega			West Singhbhum			Overall		
	Value	N	%age	Value	N	%age	Value	N	%age	Value	N	Overall
* Sahiyas with knowledge on timely initiation of complementary feeding (%)	96	100	96%	97	100	97%	98	100	98%	291	300	97%
** Sahiyas with knowledge of correct frequency of meals during each day (%)	74	100	74%	54	100	54%	59	100	59%	187	300	62%

*** Sahiyas with knowledge on adequate quantity of feeding during each meal (%)	20	100	20%	14	100	14%	38	100	38%	72	300	24%
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Note:
* 6 month or on completion of 6 month is considered as timely initiation of complementary feeding.
** More than and equal to 3 times a day considered as correct frequency.
*** Quantity more than and equal to half bowl during each feed considered as adequate quantity.
%age represents the value of the indicator in percentage.

5.3 Sahiya's (ASHAs') Knowledge on Paediatric IFA supplementation and ORS preparation

Sahiya were asked questions on their knowledge of preparing ORS and IFA supplementation. (Table-6). It was inferred that 97% Sahiya had knowledge on correct ORS preparation & only 26% had knowledge on correct dose of IFA syrup administration.

Indicators	Lohardaga			Simdega			West Singhbhum			Overall		
	Value	N	%age	Value	N	%age	Value	N	%age	Value	N	Overall
* Sahiyas with knowledge on correct ORS preparation (%)	98	100	98%	95	100	95%	99	100	99%	292	300	97%
** Sahiyas with knowledge on correct initiation of Paediatric IFA syrup (%)	40	100	40%	23	100	23%	26	100	26%	89	300	30%
*** Sahiyas with knowledge on correct frequency of Paediatric IFA syrup (%)	49	100	49%	33	100	33%	34	100	34%	116	300	39%
# Sahiyas with knowledge on correct dose of Paediatric IFA syrup (%)	35	100	35%	18	100	18%	25	100	25%	78	300	26%

Note:
* Use of one ORS packet in 1 litre or 4 to 5 glasses of water
** Paediatric IFA syrup initiated at 6 months of age
*** Paediatric IFA syrup given twice weekly
1 ml of Paediatric IFA syrup given during each dose
%age represents the value of the indicator in percentage.
'N' represents the sample size.
Source: Sahiya's interview

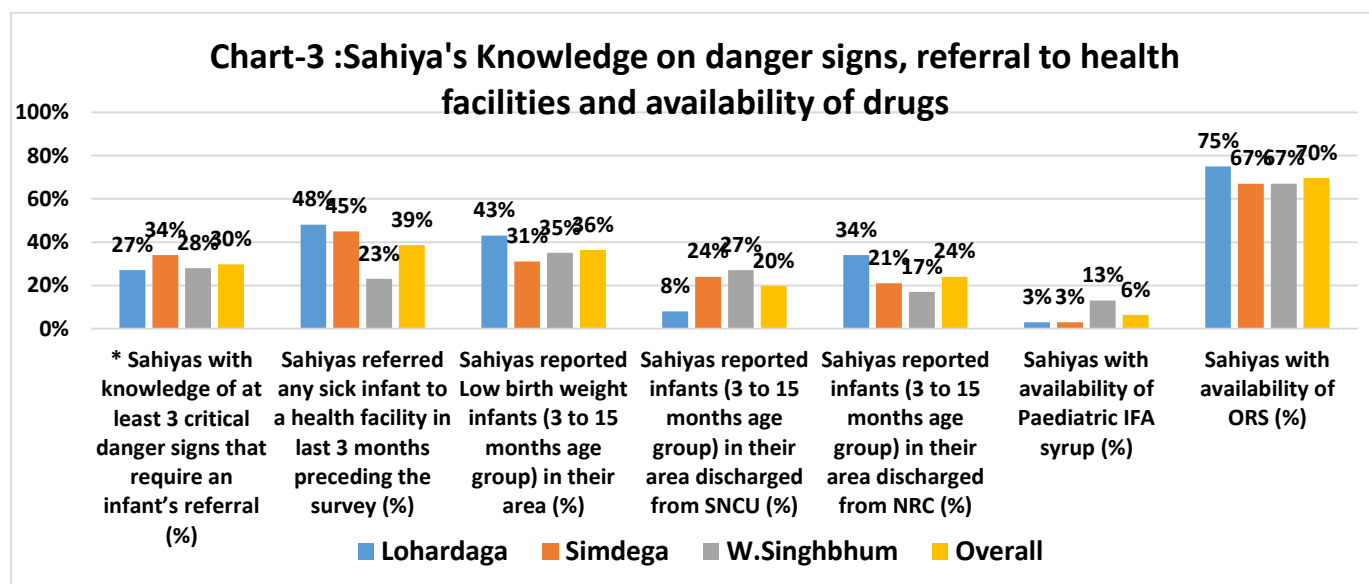
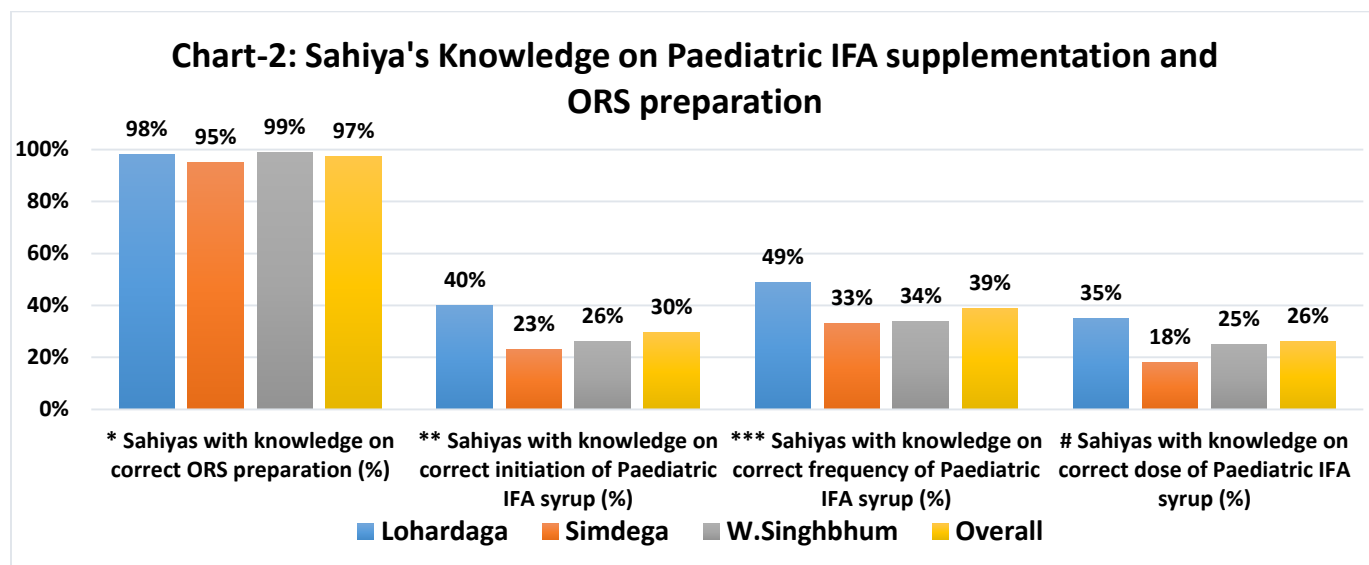
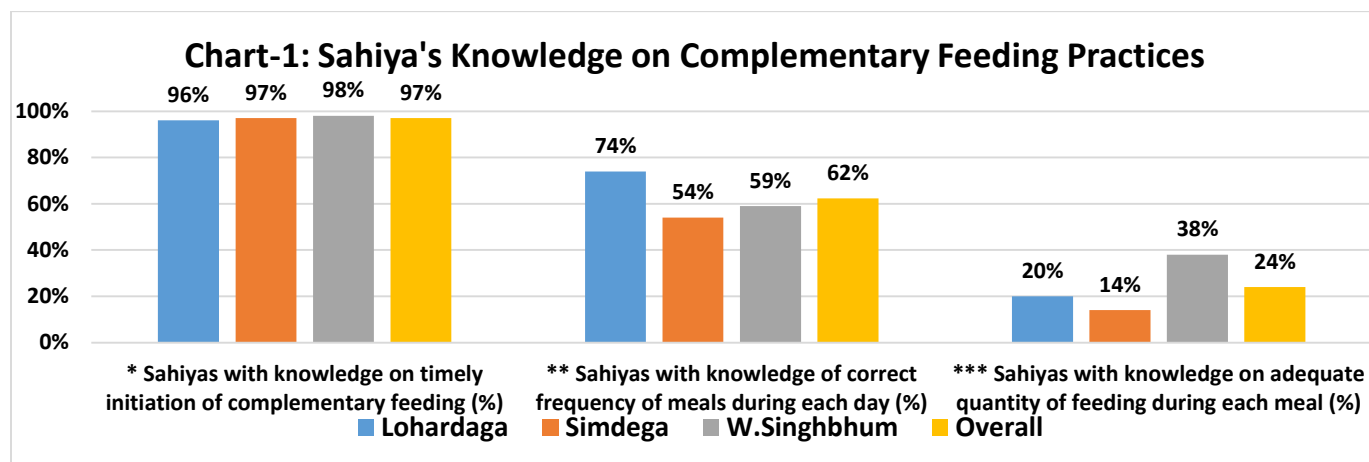
5.4 Sahiya's Knowledge on danger signs, referral to facilities and availability of drugs

Sahiya were asked questions regarding detection of danger signs, Sahiya with any infant (3-15 months) of low birth weight, SNCU discharged and NRC discharged in their area. 30% Sahiya knew at least 3 critical danger signs that require referral. 70% Sahiya had availability of ORS whereas only 6% Sahiya reported availability of IFA syrup. 20% Sahiya reported infants discharged from SNCU and 24% from NRC in their area. (Table-7).

Table-7: Sahiya's Knowledge on danger signs, referral to health facilities and availability of drugs												
Indicators	Lohardaga			Simdega			West Singhbhum			Overall		
	Value	N	%age	Value	N	%age	Value	N	%age	Value	N	Overall
* Sahiyas with knowledge of at least 3 critical danger signs that require an infant's referral (%)	27	100	27%	34	100	34%	28	100	28%	89	300	30%
Sahiyas referred any sick infant to a health facility in last 3 months preceding the survey (%)	48	100	48%	45	100	45%	23	100	23%	116	300	39%
Sahiyas reported Low birth weight infants (3 to 15 months age group) in their area (%)	43	100	43%	31	100	31%	35	100	35%	109	300	36%
Sahiyas reported infants (3 to 15 months age group) in their area discharged from SNCU (%)	8	100	8%	24	100	24%	27	100	27%	59	300	20%
Sahiyas reported infants (3 to 15 months age group) in their area discharged from NRC (%)	34	100	34%	21	100	21%	17	100	17%	72	300	24%
Sahiyas with availability of Paediatric IFA syrup (%)	3	100	3%	3	100	3%	13	100	13%	19	300	6%
Sahiyas with availability of ORS (%)	75	100	75%	67	100	67%	67	100	67%	209	300	70%

Note:
 * 6 critical danger signs that require an infant referral includes, Blood in stool; Fever for last 7 days; Convulsions; Not able to drink or feed anything; Very sleepy or unconscious; Red on MUAC strap
 %age represents the value of the indicator in percentage.
 'N' represents the sample size.
 Source: Sahiya's interview

District wise comparison of key indicators of Sahiya knowledge and Practices is shown below(chart 1-3):



5.5 Summary of findings of Knowledge and Practices of Sahiya

- ❖ Currently Sahiya's are not conducting structured home visits as per HBYC protocol for infants beyond the period of 42 days after birth.
- ❖ 24% Sahiya had knowledge on adequate quantity of feeding during each meal.
- ❖ A significant number of Sahiya (76%) were receiving quarterly supportive supervision visits.
- ❖ Most of the sahiya (97%) had correct knowledge about ORS preparation
- ❖ 30% Sahiya had knowledge of any three critical danger signs for referral
- ❖ 24 % Sahiya reported infants discharged from NRC in their area.
- ❖ 26% of the Sahiya had knowledge on correct dose of Paediatric IFA syrup.
- ❖ Availability of Paediatric IFA syrup with Sahiya was 6%.
- ❖ Availability of ORS with Sahiya was 70%

6. Knowledge and child rearing practices of Mothers

During the home visit, questions were asked to mothers regarding their knowledge and practices on child health. A total of 300 mothers with infants in the age group of 3 to 15 months were interviewed. Among these mothers, 144 mothers had infants in the age group of 3 to 6 months, whereas 156 mothers had infants in the age group of above 6 months up to 15 months.

6.1 Mothers knowledge and management of sickness, availability of ORS & IFA

28% mothers had ORS available with them. Out of the total Infants who were reported having diarrhoea in the last 2 weeks preceding the survey, 33% received ORS. Out of the total mothers who had given ORS to infants suffering from diarrhoea, 29% mothers had prepared ORS correctly. 7 % mothers reported having Paediatric IFA syrup at home and 3% providing the same to infant's bi-weekly. 11% mothers reported having washed their hands with soap and water at 4 critical times during the previous day. The knowledge of mothers about any two critical danger signs in infants that require referral to health facility was 13% (Table 8).

Indicators	Lohardaga			Simdega			West Singhbhum			Overall		
	Value	N	%age	Value	N	%age	Value	N	%age	Value	N	Overall
Mothers having ORS packet (%)	42	100	42%	15	100	15%	27	100	27%	84	300	28%
Children with diarrhea (reported) in the last 2 weeks preceding the survey (%)	30	100	30%	20	100	20%	1	100	1%	51	300	17%
Children with diarrhea received ORS (%)	13	30	43%	4	20	20%	0	1	0%	17	51	33%
*Mothers correctly prepared ORS (%)	3	13	23%	2	4	50%	0	0	NA	5	17	29%
Mothers having Paediatric IFA syrup at home (%)	6	100	6%	10	100	10%	4	100	4%	20	300	7%
** Mothers giving IFA syrup to infants at home (%)	2	100	2%	3	100	3%	4	100	4%	9	300	3%
*** Mothers washing hands on all critical times of the day (%)	9	100	9%	6	100	6%	17	100	17%	32	300	11%
# Mothers with knowledge of any two critical danger signs in infant that require referral (%)	9	100	9%	16	100	16%	15	100	15%	40	300	13%

Note:
 * Those mothers who have given ORS to infants have prepared it correctly.
 ** Mothers having Paediatric IFA syrup provided by health system and providing twice weekly to infant.
 *** Mothers washing hands on all 4 critical times of the day (After defecation; Before cooking; Before feeding the child; After washing the baby's bottom)
 # Critical danger signs for mothers to identify an infant that require referral includes, cannot drink or feed; Convulsions; Has blood in the stool; Breathing is fast or difficult.
 %age represents the value of the indicator in percentage.
 'N' represents the sample size.
 Source: Mother's interview

6.2 Status of MCP cards, immunization, growth monitoring and ECD

Besides checking the knowledge and practices of mothers on child health, few other essential indicators were also assessed during the home visits i.e. mothers having MCP card, vaccination and weight plotting on growth chart. 98% mothers had MCP card available with them at home. Infants with age appropriate all vaccination was 20 % . 3 % of children were having growth chart plotted on MCP card. 89% mothers were adequately interacting with their children (Table-9).

Indicators	Lohardaga			Simdega			West Singhbhum			Overall		
	Value	N	%age	Value	N	%age	Value	N	%age	Value	N	Overall
Mothers having MCP card (%)	96	100	96%	98	100	98%	99	100	99%	293	300	98%
* Infants with age appropriate vaccination (%)	17	100	17%	33	100	33%	9	100	9%	59	300	20%
** Infants with age appropriate weight plotted on growth chart in MCP card (%)	3	96	3%	6	98	6%	0	99	0%	9	293	3%
** Infants currently in red zone in growth chart in MCP card (%)	1	96	1%	2	98	2%	0	99	0%	3	293	1%
*** Mothers adequately interacting with infants during the day (ECD) (%)	89	100	89%	86	100	86%	92	100	92%	267	300	89%

Note:
 * Age appropriate vaccination dose of BCG, OPV, Hep-B, Penta, MR and Vitamin A at required age intervals with a margin of one month.
 ** Weight plotted at 3, 6, 9, 12 and 15 months on the growth chart given in the MCP card available with mothers
 *** Mothers smiled at or laughed or spent time naming, counting or drawing with the child many times during the day.
 %age represents the value of the indicator in percentage.
 'N' represents the sample size.
 Source: Mother's interview

6.3 Mothers' knowledge and practices of breastfeeding and complementary feeding

Mothers with infants in the age group of 3 to 6 months were asked questions relating to their knowledge on exclusive breastfeeding and mothers with infants in the age group above 6 months were asked about complementary feeding. 83% mothers reported practicing exclusive breastfeeding. 70% mothers with infants above 6 months initiated complementary feeding to their infants at the age of 6 months or on completion of 6 month. However, 23% infants received correct frequency of complementary food and 49% infants received adequate quantity of complementary food during each day. Infants receiving appropriate quality and variety of complementary food during each day was 67%. (Table-10)

Table-10: Mothers knowledge and practices of breastfeeding and complementary feeding

Indicators	Lohardaga			Simdega			West Singhbhum			Overall		
	Value	N	%age	Value	N	%age	Value	N	%age	Value	N	Overall
Infants less than 6 months receiving exclusive breastfeeding (%)*	23	30	77%	27	31	87%	23	27	85%	73	88	83%
Infants initiated with complementary feeding at appropriate age (after completion of 6 months)**	59	78	76%	43	78	55%	63	79	80%	165	235	70%
Infants receiving correct frequency of complementary food during each day (***)	22	78	28%	19	78	24%	14	79	18%	55	235	23%
Infants receiving adequate quantity of complementary food during each day (#)	33	78	42%	36	78	46%	45	79	57%	114	235	49%
Infants receiving appropriate quality and variety of complementary food during each day (##)	53	78	68%	49	78	63%	55	79	70%	157	235	67%

Note:

* Only infants less than 6 months old.

** Only infants at the age of 6 months or at completion of 6 months .

*** More than and equal to 3 times a day considered as correct frequency.

Quantity more than and equal to half bowl during each feed considered as adequate quantity.

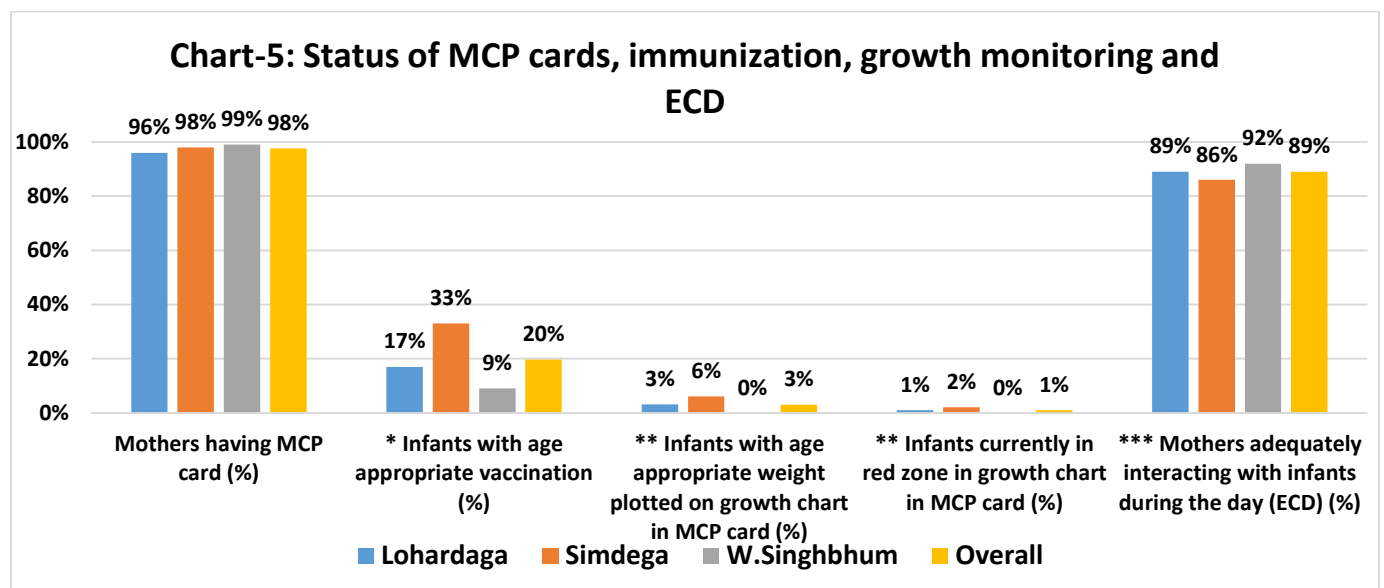
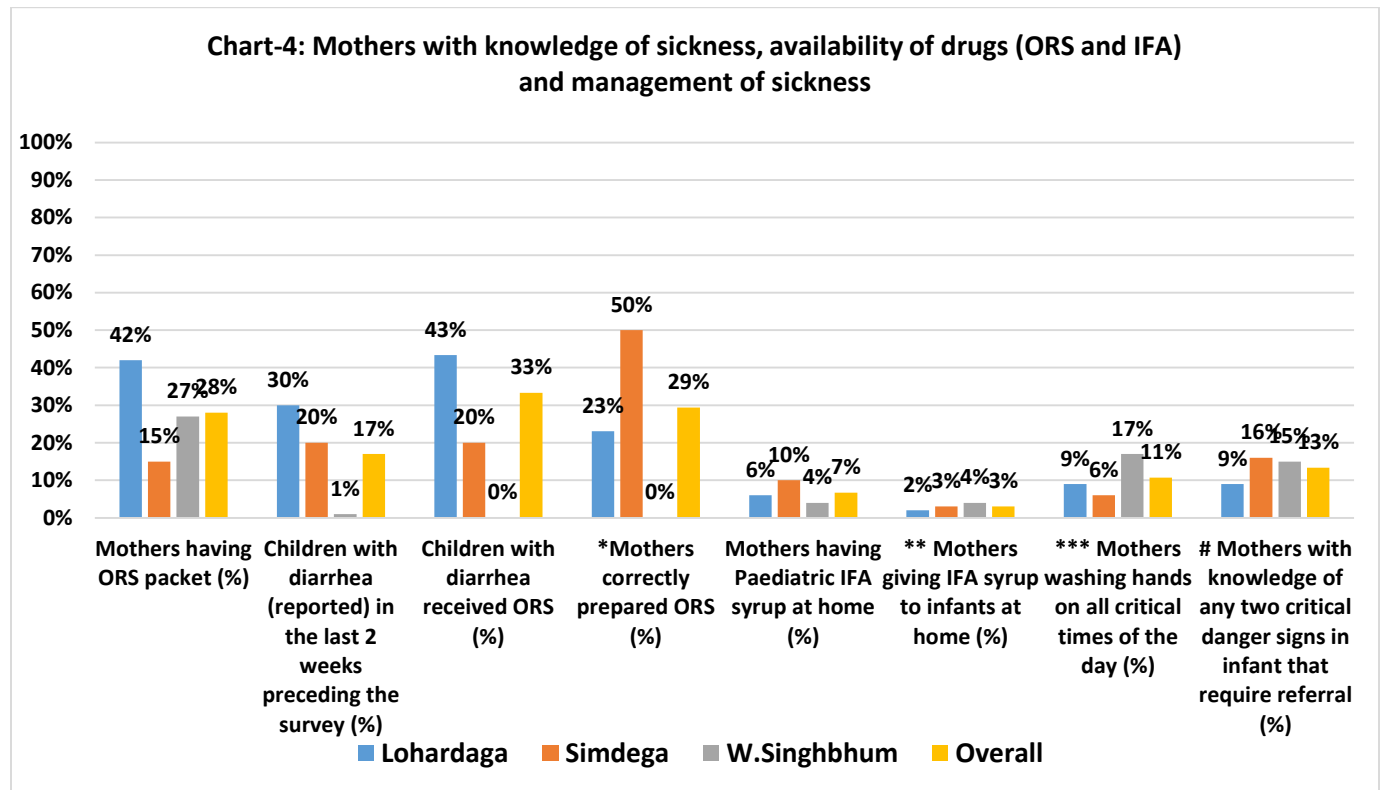
Infants receiving at least 2 types of food items during each day (Vegetables and Fruits; Meat and Poultry Products; Cereals; Pulses; Milk and Milk Products).

%age represents the value of the indicator in percentage.

'N' represents the sample size.

Source: Mother's interview

District wise comparison of key indicators of Mothers' Knowledge and Practices is shown in Chart 4 & 5 below.



6.4 Summary of findings of Mothers' knowledge and child rearing practices

- ❖ Most of the mothers had MCP cards with them (98%), however, few mother's had only half part of the MCP card
- ❖ The availability of ORS with mothers was 28 %. The ORS use rate was 33% among infants who were reported with diarrhea in the last 2 weeks preceding the survey. The correct knowledge of preparation of ORS amongst mother was 29%.
- ❖ 7% of mothers reported having Paediatric IFA syrup at home and 3% of mothers were providing bi-weekly dose to infants.
- ❖ 11% of mothers reported to have washed their hands on all 4 critical times on the previous day and 13% had knowledge of any two critical danger signs in infants that require referral to health facility.
- ❖ On examination of the MCP cards, it was found that 20% infants had received age appropriate all vaccination. Age appropriate vaccination doses received by infants - BCG, OPV, Hep-B, Penta, MR and Vitamin A as per the schedule, within a margin of one month, was assessed from the MCP card.
- ❖ The exclusive breastfeeding rate was 83%.
- ❖ The timely initiation of complementary feeding was good at 70%. However, two areas related to complementary feeding which need to be addressed on priority are correct frequency (23%) and adequate quantities (49%) of food.
- ❖ Most mothers (89%) were playing and communicating with their children adequately, for promoting early childhood development (ECD).

7. Knowledge and Practices of other Service Providers (Health and ICDS) on HBYC

7.1 Sahiya Sathi's knowledge on feeding, IFA supplementation and danger signs

Sahiya Sathi (ASHA Facilitator) were interviewed at the block office. They were asked specific questions to assess their knowledge on feeding practices, ORS use, Paediatric IFA supplementation and danger signs. Only 50% Sahiya Sathi were completing all the necessary tasks during their supportive supervision visits. 100% Sahiya Sathi had correct knowledge about ORS preparation. Their knowledge on Paediatric IFA supplementation was - timely initiation (46%), correct frequency (63%) and correct dose (58%). Sahiya Sathi's knowledge on complementary feeding seems to be good – timely initiation (96%) and frequency of complementary feeding (67%). However, knowledge on correct quantities of complementary food was 54%. Sahiya Sathi with knowledge of at least 3 critical danger signs that require an infant's referral is 75% (Table-11)

Table-11: Sahiya Saathi's knowledge on feeding practices, Paediatric IFA supplementation and danger signs

Indicators	Lohardaga			Simdega			West Singhbhum			Overall		
	Value	N	%age	Value	N	%age	Value	N	%age	Value	N	Overall
Sahiya Saathis trained on supportive supervision for HBYC (%)	0	8	0%	0	8	0%	0	8	0%	0	24	0%
Average no. of Sahiyas under each Sahiya Saathi	14	8	18	11	8	15	17	8	21	430	24	18
Sahiya Saathis who had the latest records related to supervisory visits (%)	7	8	88%	3	8	38%	4	8	50%	14	24	58%
* Sahiya Saathis completing all the necessary task during their supportive supervision visits (%)	7	8	88%	2	8	25%	3	8	38%	12	24	50%
** Sahiya Saathis with correct knowledge on ORS preparation (%)	8	8	100%	8	8	100%	8	8	100%	24	24	100%
*** Sahiya Saathis with knowledge on correct initiation of Paediatric IFA syrup (%)	4	8	50%	3	8	38%	4	8	50%	11	24	46%
# Sahiya Saathis with knowledge of correct frequency of Paediatric IFA syrup (%)	8	8	100%	2	8	25%	5	8	63%	15	24	63%
## Sahiya Saathis with knowledge of correct dose of Paediatric IFA syrup (%)	8	8	100%	2	8	25%	4	8	50%	14	24	58%
### Sahiya Saathis with knowledge on correct initiation of complementary feeding (%)	8	8	100%	7	8	88%	8	8	100%	23	24	96%
^ Sahiya Saathis with knowledge of correct frequency of complementary feeding (%)	8	8	100%	5	8	63%	3	8	38%	16	24	67%
^^ Sahiya Saathis with knowledge of correct quantity of complementary feeding (%)	5	8	63%	2	8	25%	6	8	75%	13	24	54%
^^^ Sahiya Saathis with knowledge of at least 3 danger signs that require an infant's referral (%)	4	8	50%	8	8	100%	6	8	75%	18	24	75%

Note:

* Sahiya Sathi's tasks includes checking Sahiya records, home visits with Sahiya and providing feedback to Sahiya after visit

** Use of one ORS packet in 1 litre or 4 to 5 glasses of water

*** Paediatric IFA syrup initiated at 6 months of age

Paediatric IFA syrup given twice weekly

1 ml of Paediatric IFA syrup given during each dose

6 months or at completion of 6 months considered as correct initiation of complementary feeding

^ More than and equal to 3 times a day considered as correct frequency

^^ Quantity more than and equal to half bowl during each feed considered as adequate quantity

^^^ 6 critical danger signs that require an infant referral includes, Blood in stool; Fever for last 7 days; Convulsions; Not able to drink or feed anything; Very sleepy or unconscious; Red on MUAC strap

%age represents the value of the indicator in percentage.

'N' represents the sample size.

Source: Sahiya Sathi interview

7.2 Lady Supervisors' (ICDS) knowledge on growth monitoring & feeding practices.

83% lady supervisors were conducting monthly meetings with AWWs and 33% lady supervisors knew about all the components of Poshan Abhiyaan. The knowledge of lady supervisors to identify children with severe malnutrition and on timely initiation of complementary was 100%. All the lady supervisors had correct knowledge of plotting growth charts on the MCP cards, detection of severe malnutrition however 83% had correct knowledge on exclusive breastfeeding, 50% had knowledge on frequency & 67% had knowledge on adequate quantity of complementary feeding. (Table-12)

Table-12: Lady Supervisors' (AWW services) knowledge on growth monitoring & feeding practices

Indicators	Lohardaga			Simdega			West Singhbhum			Overall		
	Value	N	%age	Value	N	%age	Value	N	%age	Value	N	Overall
Average no. of AWWs under each Lady Supervisor	177	2	88.5	81	2	40.5	86	2	43	344	6	57
Lady Supervisors conducting monthly meetings with AWWs (%)	2	2	100%	2	2	100%	1	2	50%	5	6	83%
Lady Supervisors with correct knowledge of weight plotting on the growth chart in MCP card (%)	2	2	100%	2	2	100%	2	2	100%	6	6	100%
* Lady Supervisor able to detect child with severe malnutrition (%)	2	2	100%	2	2	100%	2	2	100%	6	6	100%
^ Lady supervisors with knowledge on timely initiation of complementary feeding (%)	2	2	100%	2	2	100%	2	2	100%	6	6	100%
Lady supervisor with knowledge on exclusive breastfeeding of child (%)	2	2	100%	2	2	100%	1	2	50%	5	6	83%
*** Lady supervisor with knowledge on correct quantity of deworming tablets to be given to child above 1 years (%)	2	2	100%	0	2	0%	2	2	100%	4	6	67%
# Lady supervisor with knowledge of correct frequency of complementary feeding (%)	1	2	50%	1	2	50%	1	2	50%	3	6	50%
## Lady supervisor with knowledge of adequate quantity of complementary feeding (%)	2	2	100%	1	2	50%	1	2	50%	4	6	67%

### Lady supervisor with knowledge of all the components of "Poshan Abhiyan" (%)	1	2	50%	1	2	50%	0	2	0%	2	6	33%
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Note:

* Using MUAC tape for detecting severe malnutrition

** 6 months or at completion of 6 months considered as correct initiation of complementary feeding

*** 1 deworming tablet of 400 mg considered as correct dose

More than and equal to 3 times a day considered as correct frequency

Quantity more than and equal to half bowl during each feed considered as adequate quantity

Important tasks of Poshan Abhiyan, 'Growth Monitoring'; 'Distribution of Take Home Ration'; and 'Counselling of Mothers'

%age represents the value of the indicator in percentage.

'N' represents the sample size.

Source: Lady Supervisor's interview

7.3 AWWs' knowledge on feeding practices, growth monitoring

100% AWWs maintain records of infants (0-2 years) in their area. 79% AWWs had correct knowledge of plotting weight on growth chart in MCP cards. Nearly 92% AWWs had correct knowledge of detecting children with severe malnutrition. Regarding complementary feeding, 92% AWWs had knowledge of timely initiation of complementary feeding. 79% AWWs had knowledge of exclusive breastfeeding. 38% AWWs were maintaining length / height of every child and 71% Anganwadi Centres had functional weighing scales. 0% AWWs had knowledge of all the components of Poshan Abhiyan. (Table-13)

Table-13: AWWs' knowledge on feeding practices, growth monitoring

Indicators	Lohardaga			Simdega			West Singhbhum			Overall		
	Value	N	%age	Value	N	%age	Value	N	%age	Value	N	Overall
AWWs maintaining records of infants (0-2 years) in their area (%)	8	8	100%	8	8	100%	8	8	100%	24	24	100%
AWWs with correct knowledge of plotting weight on growth chart in MCP card (%)	8	8	100%	4	8	50%	7	8	88%	19	24	79%
* AWWs with knowledge of correctly detecting child with severe malnutrition (%)	8	8	100%	7	8	88%	7	8	88%	22	24	92%
** AWWs with knowledge of timely initiation of complementary feeding (%)	7	8	88%	8	8	100%	7	8	88%	22	24	92%
AWWs with knowledge of exclusive breastfeeding of child (%)	7	8	88%	6	8	75%	6	8	75%	19	24	79%
AWWs maintaining length / height of every child (%)	5	8	63%	0	8	0%	4	8	50%	9	24	38%
Availability of functional weighing scale at AWC (%)	7	8	88%	4	8	50%	6	8	75%	17	24	71%
*** AWWs with knowledge on correct quantity of deworming tablets to be given to child above 1 years (%)	5	8	63%	5	8	63%	3	8	38%	13	24	54%
# AWWs with knowledge on correct frequency of complementary feeding (%)	7	8	88%	6	8	75%	7	8	88%	20	24	83%
## AWWs with knowledge on correct quantity of complementary feeding (%)	6	8	75%	3	8	38%	4	8	50%	13	24	54%
### AWWs with knowledge of all the components of "Poshan Abhiyan" (%)	0	8	0%	0	8	0%	0	8	0%	0	24	0%

Note:

* Using MUAC tape or Red in Growth monitoring chart for detecting severe malnutrition

** 6 months or at completion of 6 months considered as correct initiation of complementary feeding

*** 1 deworming tablet of 400 mg considered as correct dose

More than and equal to 3 times a day considered as correct frequency

Quantity more than and equal to half bowl during each feed considered as adequate quantity

Three important tasks of Poshan Abhiyan are, 'Growth Monitoring'; 'Distribution of Take Home Ration'; and 'Counselling of Mothers'

%age represents the value of the indicator in percentage.

'N' represents the sample size.

Source: AWW interview

7.4 ANMs knowledge on feeding, IFA supplementation and referrals.

The knowledge of ANMs on timely initiation of complementary feeding (100%), correct duration of zinc to be provided to infants suffering from diarrhea (100%) and ORS preparation (92%) was found to be very good. However, knowledge of correct dosage of zinc tablet (54%), timely initiation of IFA (63%), correct frequency (38%) and correct dose (58%) of Paediatric IFA syrup needs improvement. 58% of ANMs had knowledge of at least 3 critical danger signs that require an infant's referral. (Table-14)

Table 14: ANMs knowledge on feeding, IFA supplementation and referrals

Indicators	Lohardaga			Simdega			West Singhbhum			Overall		
	Value	N	%age	Value	N	%age	Value	N	%age	Value	N	Overall
Average no. of Sahiyas under ANM (Mean)	41	8	5	41	8	5	47	8	6	129	24	5
* ANM with knowledge on correct initiation of complementary feeding (%)	8	8	100%	8	8	100%	8	8	100%	24	24	100%
** ANM with knowledge of correct ORS preparation (%)	8	8	100%	6	8	75%	8	8	100%	22	24	92%
*** ANM with knowledge on dosage of zinc tablet (%)	6	8	75%	6	8	75%	1	8	13%	13	24	54%
# ANM with knowledge of correct duration (no. of days) of zinc to be provided to infants suffering from diarrhea (%)	8	8	100%	8	8	100%	8	8	100%	24	24	100%
## ANM with knowledge on correct initiation of Paediatric IFA syrup (%)	5	8	63%	5	8	63%	5	8	63%	15	24	63%
### ANM with knowledge of correct frequency of Paediatric IFA syrup (%)	4	8	50%	2	8	25%	3	8	38%	9	24	38%
^ ANM with knowledge of correct dose of Paediatric IFA syrup (%)	3	8	38%	4	8	50%	7	8	88%	14	24	58%
^^ ANM with knowledge on danger signs that require an infant's referral (%) - at least 3 danger signs responded by ANM	6	8	75%	7	8	88%	1	8	13%	14	24	58%

Note:

* 6 months or at completion of 6 months considered as timely initiation of complementary feeding

** Use of one ORS packet in 1 litre or 4 to 5 glasses of water

*** Daily 1 tablet (20 mg) of zinc above 6 months of age

1 Tablet (20 mg) of zinc for 14 days

Paediatric IFA syrup initiated at 6 months of age

Paediatric IFA syrup given twice weekly

^ 1 ml of Paediatric IFA syrup given during each dose

^^ 6 critical danger signs that require an infant referral includes, Blood in stool; Fever for last 7 days; Convulsions; Not able to drink or feed anything; Very sleepy or unconscious; Red on MUAC strap

%age represents the value of the indicator in percentage.

'N' represents the sample size.

Source: ANM interview

7.5 Summary findings of knowledge and practices of other service providers from Health and ICDS

- ❖ 38% of AWWs were maintaining Length/Height of the infants.
- ❖ 100% of Lady Supervisors (ICDS) have knowledge of timely initiation of complementary feeding. Although 79% of AWWs have knowledge about exclusive breastfeeding and 54% of AWW have knowledge on correct quantity of complementary feeding.
- ❖ Most of the Sahiya Sathi have knowledge of timely initiation of complementary feeding and correct preparation of ORS.
- ❖ 46% Sahiya Sathi have knowledge on correct initiation of Paediatric IFA supplementation and 54% have knowledge on correct quantity of complementary feeding.
- ❖ Most of the AWWs & their supervisors were not aware about the components of Poshan Abhiyaan.
- ❖ 54% ANMs have correct knowledge of dose of zinc during diarrheal episodes and 58 % has knowledge of correct dose of IFA Supplementation.

8. Conclusions

1. Knowledge and Awareness levels of Program Managers

- State officials were oriented on HBYC at national orientation, however district officials (DPM, DAM) had not been oriented on HBYC by the state. Their knowledge about HBYC training, financial allocations, incentives, interventions & monitoring under HBYC was found to be limited.
- HBYC Guidelines are available at state or district level.
- There is very limited knowledge of HBYC Training package, the duration, content, methodology among DPM and DAM. DPCs were aware about training package and content.
- Current supplies of IFA Syrup and ORS are considered adequate, most districts have not made provision for procurement supplies for HBYC.
- Program Managers at district level are aware about the recommended incentive of Rs. 250 for ASHAs about are not aware about the recommended amount for ASHA Supervisor as incentive for HBYC
- There is no coordination with ICDS at district level for HBYC implementation.

2. Knowledge and Awareness levels of Sahiya (ASHA)

- Currently Sahiya's are not conducting structured home visits for infants after 42 days of birth.
- Most of the mothers did not received IFA syrup & ORS from the concerned Sahiya.
- A significant number of Sahiya (76%) were receiving quarterly supportive supervision visits, but the quality of these visits need improvement.
- Sahiya's knowledge on complementary feeding was found to be very good, however knowledge about the frequency and quality of complementary food needs improvement.
- Most Sahiya's (97%) had correct knowledge about ORS preparation, whereas Sahiya's knowledge on administration of Paediatric IFA syrup needs substantial improvement.
- Knowledge and practices of Sahiya's on sickness management requires attention.
- Sahiya's are not maintaining proper records for infants discharged from SNCU & NRC and the sick infants referred to health facilities in their respective areas.
- Sahiya's had adequate availability of ORS (70%), while availability of Paediatric IFA syrup was 6%.

3. Knowledge and Awareness levels of Mothers

- Most of the mothers (98%) had MCP cards but growth chart was not plotted on the MCP cards
- The availability of ORS with mothers was 28%. The ORS use rate was 33% among infants who reported diarrhea in the last 2 weeks preceding the survey. However the correct knowledge of preparation of ORS amongst mothers was 29%.
- 3% of mothers were giving IFA syrup to their children at home
- 11% mothers reported to have washed their hands on all 4 critical times on the previous day and 13% mothers had knowledge of any two critical danger signs in infants that require referral to health facility.
- 20% of the children (3-15 months) received all age- appropriate vaccination dose of BCG, OPV, Hep-B, Penta, MR and Vitamin A at required age intervals with a margin of one month.
- The exclusive breast feeding rate among infants of less than 6 months was 83%.
- The knowledge and practices on timely initiation of complementary feeding was 70%, however two of the areas related to complementary feeding which need attention are those on correct frequency (23%) and adequate quantities (49%) of complementary feeds.

- Most of the mothers (89%) reported adequate play and communication with their infants (ECD).

4. Knowledge and Awareness levels of AWWs, ANMs, Sahiya Sathi and Lady Supervisors

- Sahiya Sathi's knowledge on ORS preparation (100%) was good but knowledge on correct frequency (67%) and correct quantity of complementary feeding (61%) needs improvement. Their knowledge on timely initiation of Paediatric IFA supplementation was 58%. 50% of the Sahiya Sathi were completing necessary tasks during supportive supervision visits.
- Knowledge of AWWs about identifying children with severe malnutrition (92%) and timely initiation of complementary feeding (92%) seems to be adequate. Their knowledge on growth monitoring (79%), correct frequency (83%) & quantity (54%) of complementary feeding needs improvement. Most of the AWW and lady supervisors were not aware about all the components of Poshan Abhiyaan.
- The knowledge of ANMs on timely initiation of complementary feeding (100%) and use of ORS (92%) during a diarrhea episode was very good. However, their knowledge on zinc (54%) & IFA dose (58%) and danger signs for infant's referral (58%) needs strengthening.

9. Recommendations

1. Orientation of NHM Officials

- State and District level orientation on HBYC should be held for all relevant state level stakeholders, district & block level staff and PHC service providers from all districts.
- HBYC Baseline Assessment Document should be disseminated in the state and district level orientations and this should be used as the basis for tracking progress, monitoring and evaluation of the HBYC program in the future.

2. Capacity building of Sahiya/ Sahiya Sathi and other service providers

- HBYC training micro plans should be prepared by the districts in consultation with the block and ICDS to ensure the presence of the nominated program managers/service providers in all trainings.
- Training of district level trainers, Sahiyas and other service providers should attempt to cover the knowledge gap areas especially among Sahiyas, their supervisors and the mothers of infants such as:
 - Administration of Paediatric IFA supplementation
 - Appropriate use of ORS during diarrheal episodes
 - Timely, adequate and appropriate complementary feeding of infants above 6 months
 - Hand washing practices among mothers
 - Age appropriate immunization
 - Growth monitoring
 - Identification of sick and malnourished children who require referral
- Special focus is required for improving social behavior change communication and counselling skills of ASHAs and all service providers.

3. Supportive supervision needs strengthening through orientation of Sahiya Sathi and lady supervisors (ICDS)

4. Procurement

- An orientation of the In-charges of stores/warehouses at the district and blocks is recommended, to ensure uninterrupted supplies of Sahiya Training Material (Sahiya Hand Book, Job Aids and HBYC Posters), ORS, IFA Syrup and HBYC Cards.
- Provisioning of adequate ORS and Paediatric IFA Syrup bottles to be ensured.

5. Convergence with ICDS

- All orientations should mandatorily include ICDS administrator's/ program managers and functionaries at all levels. Joint planning exercise between NHM and ICDS on HBYC should also be conducted at State and district level.
- Availability of functional weighing scales should be ensured at all AWCs, together with capacity building of AWWs and their supervisors to improve their skills for growth monitoring of children and identification of malnourished children.

10. References

- I. Home Based Care for Young Child (HBYC): Strengthening of Health & Nutrition through Home Visits - Operational Guidelines. Ministry of Health and Family Welfare, Government of India, April 2018.
- II. Handbook for ASHA on 'Home Based Care for Young Child', Ministry of Health and Family Welfare, Government of India, September 2018.
- III. Job Aid for Home Visits by ASHA (Newborn and Young Child), Ministry of Health and Family Welfare, Government of India, September 2018.

11. Annexures

11.1 Interview tools used during the survey

माँ के लिए प्रश्न			
अपना परिचय दें और इस मूल्यांकन के उद्देश्य से अवगत कराएँ			
जिला		साक्षात्कारकर्ता का नाम	
प्रखंड		साक्षात्कार की तारीख	
गांव		साक्षात्कार शुरू होने का समय	
माँ का नाम		सहिया का नाम	
शिशु का नाम		शिशु की जन्म तिथि	
शिशु का लिंग	लड़का / लड़की	शिशु का उम्र (माह में)	
इस मूल्यांकन में उनकी भागीदारी के लिए मौखिक सहमति प्रदान की गई			हाँ / नहीं
प्र. सं.	माँ से निम्नलिखित प्रश्नों के उत्तर देने के लिए कहें	उत्तर	
1	क्या आपके पास MCP कार्ड है, कृपया MCP कार्ड दिखाएं	उपलब्ध है	उपलब्ध नहीं है
2	क्या आपके पास ORS पैकेट है, कृपया दिखाएं	उपलब्ध है	उपलब्ध नहीं है
3	क्या आपका बच्चा पिछले 2 हफ्तों में दस्त से पीड़ित था ?	हाँ	नहीं
4	यदि हाँ तो क्या आपने ORS का उपयोग किया ? यदि नहीं, तो प्रश्न सं० 6 पूछें (प्रश्न सं० 5 स्किप करें)	हाँ / नहीं / लागु नहीं	
5	यदि हाँ, तो आपने ओआरएस कैसे तैयार किया?	<input type="checkbox"/> ओआरएस के एक पैकेट में 1 लीटर पानी मिलाया <input type="checkbox"/> एक पैकेट में 4-5 गिलास पानी मिलाया <input type="checkbox"/> कोई अन्य जवाब?	
6	क्या आपके पास पीडियाट्रिक (छोटे बच्चों के लिए) IFA सिरप की बोतल है ? कृपया दिखाएं। यदि माँ कहती है कि पहले IFA सिरप की बोतल थी पर अभी नहीं है, तो उपलब्ध नहीं है को चुनें और प्रश्न सं० 8 पूछें (प्रश्न सं० 7 स्किप करें)	उपलब्ध है	उपलब्ध नहीं है
7	यदि हाँ तो कहाँ से प्राप्त हुआ	<input type="checkbox"/> सहिया <input type="checkbox"/> आंगनवाड़ी <input type="checkbox"/> स्वास्थ्य केंद्र	
8	क्या आप अपने बच्चे को IFA सिरप दे रहे हैं? (पिछले दो हफ्तों में कम से कम द्वि-साप्ताहिक)	हाँ	नहीं
9	क्या आप शिशु को स्तन पान करा रही हैं	हाँ	नहीं
10	क्या आप अपने शिशु को माँ के दूध के अलावा कुछ देती हैं? यदि नहीं, तो प्रश्न सं० 12 पूछें (प्रश्न सं० 11 स्किप करें)	हाँ	नहीं
11	अगर हाँ तो क्या देती हैं, और कैसे देती हैं	<p>पदार्थ का नाम लिखें:</p> <p>.....</p> <p>तरीके का नाम लिखें:</p> <p>कटोरी / बोतल / चम्मच</p>	
12	शिशु को उपरी आहार (दूध के अलावा), कितनी उम्र से शुरू किया गया (माह में)	संख्या:	
13	शिशु को प्रतिदिन कितनी बार खाना खिलाती है (दूध को छोड़कर)	<input type="checkbox"/> <3 बार <input type="checkbox"/> 3 से 4 बार <input type="checkbox"/> > = 5 बार <input type="checkbox"/> कोई अन्य	
14	प्रत्येक आहार के दौरान आप कितनी मात्रा देते हैं?	<input type="checkbox"/> हर बार एक कटोरी से कम <input type="checkbox"/> हर बार एक कटोरी <input type="checkbox"/> हर बार एक से अधिक कटोरी <input type="checkbox"/> कोई अन्य	

प्र. सं.	माँ से निम्नलिखित प्रश्नों के उत्तर देने के लिए कहें	उत्तर																														
15	पिछले 24 घंटों में, शिशु ने किस प्रकार के खाद्य पदार्थों का सेवन किया?	<input type="checkbox"/> सब्जियाँ और फल <input type="checkbox"/> मांस और पोल्ट्री उत्पाद <input type="checkbox"/> अनाज <input type="checkbox"/> दालें <input type="checkbox"/> दूध और दुग्ध उत्पाद																														
16	कल आपने किन अवसरों पर अपने हाथ साबुन और पानी से धोए? माँ को उत्तर ना बतायें। यदि माँ एक उत्तर बताती है, तो पूछें "और कब" हाथ धोती है। (कृपया सूची में से दिए गए उत्तरों पर टिक करें)	<input type="checkbox"/> शौच के बाद <input type="checkbox"/> खाना पकाने से पहले <input type="checkbox"/> बच्चे को खिलाने से पहले <input type="checkbox"/> बच्चे के मल को धोने के बाद																														
17	MCP कार्ड से सत्यापित करें, जो टीके बच्चे को दिए गए हैं:																															
	<table border="1"> <thead> <tr> <th>जन्म</th> <th>1 1/2 माह</th> <th>2 1/2 माह</th> <th>3 1/2 माह</th> <th>9 माह</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> OPV-0</td> <td><input type="checkbox"/> OPV-1</td> <td><input type="checkbox"/> OPV-2</td> <td><input type="checkbox"/> OPV-3</td> <td><input type="checkbox"/> MR-1</td> </tr> <tr> <td><input type="checkbox"/> Hep-B</td> <td><input type="checkbox"/> Penta-1</td> <td><input type="checkbox"/> Penta-2</td> <td><input type="checkbox"/> Penta-3</td> <td><input type="checkbox"/> JE -1</td> </tr> <tr> <td><input type="checkbox"/> BCG</td> <td><input type="checkbox"/> Rota-1</td> <td><input type="checkbox"/> Rota-2</td> <td><input type="checkbox"/> Rota-3</td> <td><input type="checkbox"/> Vit-A</td> </tr> <tr> <td></td> <td><input type="checkbox"/> PCV-1</td> <td></td> <td><input type="checkbox"/> PCV-2</td> <td><input type="checkbox"/> PCV Booster</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> IPV</td> <td></td> </tr> </tbody> </table>	जन्म	1 1/2 माह	2 1/2 माह	3 1/2 माह	9 माह	<input type="checkbox"/> OPV-0	<input type="checkbox"/> OPV-1	<input type="checkbox"/> OPV-2	<input type="checkbox"/> OPV-3	<input type="checkbox"/> MR-1	<input type="checkbox"/> Hep-B	<input type="checkbox"/> Penta-1	<input type="checkbox"/> Penta-2	<input type="checkbox"/> Penta-3	<input type="checkbox"/> JE -1	<input type="checkbox"/> BCG	<input type="checkbox"/> Rota-1	<input type="checkbox"/> Rota-2	<input type="checkbox"/> Rota-3	<input type="checkbox"/> Vit-A		<input type="checkbox"/> PCV-1		<input type="checkbox"/> PCV-2	<input type="checkbox"/> PCV Booster				<input type="checkbox"/> IPV		
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			<input type="checkbox"/> IPV																													
18	MCP में दिए गए विकास चार्ट पर निम्नलिखित महीनों के लिए वजन दर्ज किय गया	वजन (कि०ग्रा० में) / दर्ज नहीं / लागू नहीं																														
	3 माहकि०ग्रा० / दर्ज नहीं (NR) / लागू नहीं (NA)																														
	6 माहकि०ग्रा० / दर्ज नहीं (NR) / लागू नहीं (NA)																														
	9 माहकि०ग्रा० / दर्ज नहीं (NR) / लागू नहीं (NA)																														
	12 माहकि०ग्रा० / दर्ज नहीं (NR) / लागू नहीं (NA)																														
	15 माहकि०ग्रा० / दर्ज नहीं (NR) / लागू नहीं (NA)																														
19	वर्तमान में बच्चे का एम०सी०पी० कार्ड के अंतर्गत विकास वक्र का रंग क्षेत्र क्या है? (सही निशान करें)	(लाल / पीला / हरा) / दर्ज नहीं																														
20	कृपया उन खतरे के संकेतों के बारे में बताएं जिनमें स्वास्थ्य सुविधा के लिए शिशु को रेफर करने की आवश्यकता होती है। अगर माँ अन्य खतरे के संकेत बताती है, तो आखिरि ऑप्शन " उपयुक्त लक्षणों की जानकारी नहीं" को चिन्हित करें।	<input type="checkbox"/> खाने या पाने में कठिनाई <input type="checkbox"/> दौरा आना <input type="checkbox"/> मल में खून आना <input type="checkbox"/> साँस लेने में कठिनाई या तेज साँस <input type="checkbox"/> उपयुक्त लक्षणों की जानकारी नहीं																														
21	पिछली सुबह से आज की सुबह तक, आप कितनी बार शिशु के साथ मुस्कुराए हैं या हँसे हैं या अपने बच्चे के साथ नाम, गिनती या चित्रकारी में समय बिताया?	<input type="checkbox"/> कई बार <input type="checkbox"/> कभी-कभी <input type="checkbox"/> बिल्कुल नहीं																														

फॉर्म भरने में कितना समय लगा ? मिनट

सहिया के लिए प्रश्न			
अपना परिचय दें और इस मूल्यांकन के उद्देश्य से अवगत कराएँ			
जिला		सहिया के अंतर्गत जनसंख्या	
प्रखंड		सहिया साथी का नाम	
स्वास्थ्य उपकेन्द्र:		साक्षात्कारकर्ता का नाम	
गांव		साक्षात्कार की तारीख	
सहिया का नाम		ए0एन0एम0 का नाम	
सहिया का उम्र			
इस मूल्यांकन में उनकी भागीदारी के लिए मौखिक सहमति प्रदान की गई			हाँ / नहीं
प्र.सं.	प्रश्न (कुछ प्रश्नों के लिए, कृपया रजिस्ट्रों और अन्य स्रोतों से सत्यापित करें)	उत्तर	
1	क्या आप HBNC भ्रमण के बाद शिशुओं के लिए घर का दौरा कर रहे हैं? (यदि हाँ, तो उसकी आवृत्ति / भ्रमण संख्या और कार्य पूछें) हां तभी टिक किया जायेगा, जब एचबीवाईसी के विजिट शेड्यूल और कार्यों के अनुसार हो (दिशा-निर्देशों का पृष्ठ -25 आंकड़ा -4) यदि नहीं, तो प्रश्न सं0 2 पूछें (प्रश्न सं0 1.1 से 1.8 स्किप करें)	हाँ	नहीं
यदि हाँ, तो पूछें कि आप क्या कार्य करते हैं?			
1.1	परिवार के पास MCP कार्ड की उपलब्धता?	हाँ	नहीं
1.2	MCP कार्ड पर विकास चार्ट की जाँच?	हाँ	नहीं
1.3	टीकाकरण की स्थिति की जाँच?	हाँ	नहीं
1.4	ओआरएस पैकेट बांटती है?	हाँ	नहीं
1.5	पीडियाट्रिक (छोटे बच्चों के लिए) IFA सिरप की बोटल बांटती है ?	हाँ	नहीं
1.6	केवल स्तन पान पर सलाह देती हैं ?	हाँ	नहीं
1.7	पूरक आहार पर सलाह देती हैं ?	हाँ	नहीं
1.8	हाथ धोने के बारे में सलाह देती हैं ?	हाँ	नहीं
2	किस उम्र में पूरक आहार शुरू किया जाना चाहिए? (महीने में आयु)	संख्या:	
3	ओआरएस के एक पैकेट में कितनी मात्रा में पानी डालना चाहिए?	<input type="checkbox"/> 1 लीटर <input type="checkbox"/> 4-5 गिलास <input type="checkbox"/> कोई अन्य जवाब	
4	किस उम्र में IFA सिरप शुरू किया जाना चाहिए? (महीनों में)	संख्या:	
5	एक सप्ताह में कितनी बार आप बच्चों को आयरन सिरप देने की सलाह देते हैं?	संख्या:	

प्र.सं.	प्रश्न (कुछ प्रश्नों के लिए, कृपया रजिस्टरों और अन्य स्रोतों से सत्यापित करें)	उत्तर
6	एक खुराक में बच्चों को कितनी मात्रा (ml) आयरन सिरप दिया जाना चाहिए?	संख्या:
7	6 से 9 महीने के शिशु को प्रत्येक दिन कितनी बार भोजन दिया जाना चाहिए (दूध के अलावा) ?	<input type="checkbox"/> < 3 बार <input type="checkbox"/> 3 से 4 बार <input type="checkbox"/> > = 5 बार <input type="checkbox"/> कोई अन्य जवाब
8	प्रत्येक आहार के दौरान कितनी मात्रा दी जानी है?	<input type="checkbox"/> हर बार आधी कटोरी से कम <input type="checkbox"/> हर बार आधी से एक कटोरी <input type="checkbox"/> हर बार एक कटोरी से ज्यादा <input type="checkbox"/> कोई अन्य जवाब
9	कृपया उन खतरे के लक्षण के बारे में बताये जिनमें शिशु के रेफरल की आवश्यकता होती है? (कृपया सूची में से दिए गए उत्तरों पर टिक करें)	<input type="checkbox"/> 21 दिनों या उससे अधिक समय तक खासी <input type="checkbox"/> 14 दिनों या उससे अधिक समय तक दस्त <input type="checkbox"/> मल में खून <input type="checkbox"/> पिछले 7 दिनों से बुखार <input type="checkbox"/> दौरा पड़ना <input type="checkbox"/> कुछ भी पीने या खाने में सक्षम नहीं <input type="checkbox"/> सब कुछ उल्टी कर देना <input type="checkbox"/> छाती का धसना <input type="checkbox"/> बहुत नींद या बेहोशी <input type="checkbox"/> MUAC टेप पर लाल आना <input type="checkbox"/> दोनों पैरों में सूजन <input type="checkbox"/> अन्य (कृपया निर्दिष्ट करें)
10	पिछले तीन महीनों में आपके द्वारा 15 महीने से कम उम्र के कितने बीमार शिशुओं को स्वास्थ्य संस्थान में रेफर किया गया है ? (रिकॉर्ड्स से जांच करें)	संख्या:
11	3 से 15 महीने के कितने शिशु जन्म के समय कम वजन के थे ? (रिकॉर्ड देखें)	संख्या:
12	3 से 15 महीने के कितने शिशु एसएनसीयू से डिस्चार्ज हैं? (रिकॉर्ड देखें)	संख्या:
13	3 से 15 महीने के कितने शिशु कुपोषण उपचार केन्द्र (एम0टी0सी0) से डिस्चार्ज हैं? (रिकॉर्ड देखें)	संख्या:
14	मूल्यांकन के समय सहिया के पास उपलब्ध IFA बोतलों की संख्या?	संख्या:
15	मूल्यांकन के समय सहिया के पास उपलब्ध ORS पैकेट की संख्या?	संख्या:
16	पिछले 3 महीनों में VHND या नियमित कार्यक्रम बैठकों के अलावा सहिया साथी / पर्यवेक्षक से प्राप्त सहायक पर्यवेक्षण की संख्या?	संख्या:

फॉर्म भरने में कितना समय लगा ? मिनट

<p style="text-align: center;">आंगनवाड़ी सेविका के लिए प्रश्न</p> <p style="text-align: center;">अपना परिचय दें और इस मूल्यांकन के उद्देश्य से अवगत कराएँ</p>		
जिला	प्रखंड	स्वा. उपकेंद्र
गांव	आंगनवाड़ी सेविका का नाम	उम्र
साक्षात्कारकर्ता का नाम	साक्षात्कार की तारीख	
इस मूल्यांकन में उनकी भागीदारी के लिए मौखिक सहमति प्रदान की गई		हाँ
		नहीं
प्र.सं.	प्रश्न (कुछ प्रश्नों के लिए, कृपया रजिस्ट्रारों और अन्य स्रोतों से सत्यापित करें)	उत्तर
1	आपके क्षेत्र में (0 से 2 वर्ष) के शिशुओं की संख्या (रिकॉर्ड के अनुसार)	संख्या:
2	क्या वह MCP कार्ड में विकास चार्ट पर सही ढंग से वजन दर्ज करने में सक्षम है? (उसे खाली एमसीपी कार्ड देकर चेक करें और उसे भरने के लिए कहें)	सही
		ग़लत
3	आप अति गंभीर कुपोषण वाले बच्चे का पता कैसे लगाते हैं ?	सही
		ग़लत
4	किस उम्र में पूरक आहार शुरू किया जाना चाहिए? (महीने में आयु)	संख्या:
5	बच्चे को सिर्फ स्तनपान किस उम्र तक कराना चाहिए? (महीने में)	संख्या:
6	जाँचें कि क्या प्रत्येक बच्चे की लंबाई / ऊंचाई दर्ज की जा रही है? (उसके नवीनतम रिकॉर्ड से सत्यापित करें)	हाँ
		नहीं
7	जाँच करें कि क्या आंगनवाड़ी केंद्र पर 0 से 2 साल के बच्चों के लिए एक सही वजन मशीन उपलब्ध है। (वजन मशीन के सही रूप से काम करने पर ही हाँ लिखें)	हाँ
		नहीं
8	1 वर्ष से ऊपर के बच्चों को कृमि नाशक के लिए कितनी गोलियाँ दी जाती हैं?	सही
		ग़लत
9	6 से 9 महीने के शिशु को प्रत्येक दिन कितनी बार भोजन दिया जाना चाहिए (दूध के अलावा) ?	<input type="checkbox"/> <3 बार <input type="checkbox"/> 3 से 4 बार <input type="checkbox"/> > = 5 बार <input type="checkbox"/> कोई अन्य जवाब
10	प्रत्येक आहार के दौरान कितनी मात्रा दी जानी है?	<input type="checkbox"/> हर बार आधी कटोरी से कम <input type="checkbox"/> हर बार आधी से एक कटोरी <input type="checkbox"/> हर बार एक कटोरी से ज्यादा <input type="checkbox"/> कोई अन्य जवाब
11	“पोषण अभियान” के घटक क्या हैं?	<input type="checkbox"/> विकास की निगरानी <input type="checkbox"/> टेक होम राशन का वितरण <input type="checkbox"/> माताओं को परामर्श

फॉर्म भरने में कितना समय लगा ? मिनट

ए.एन.एम. के लिए प्रश्न

अपना परिचय दें और इस मूल्यांकन के उद्देश्य से अवगत कराएँ

जिला:

प्रखंड :

स्वा. उपकेंद्र:

ए.एन.एम. का नाम:

उम्र:

साक्षात्कारकर्ता का नाम:

साक्षात्कार की तारीख:

इस मूल्यांकन में उनकी भागीदारी के लिए मौखिक सहमति प्रदान की गई

हाँ

नहीं

प्र.सं.	प्रश्न (कुछ प्रश्नों के लिए, कृपया रजिस्ट्रों और अन्य स्रोतों से सत्यापित करें)	उत्तर
1	आपके क्षेत्र के अंतर्गत सहियाओं की संख्या?	संख्या:
2	किस उम्र में पूरक आहार देना चाहिए? (महीने में आयु)	संख्या:
3	6 माह से अधिक उम्र के बच्चों के लिए, ओआरएस के एक पैकेट में कितनी मात्रा में पानी डालना चाहिए?	<input type="checkbox"/> 1 लीटर <input type="checkbox"/> 4-5 गिलास <input type="checkbox"/> कोई अन्य जवाब
4	जिंक टैबलेट की एक बार में खुराक कितनी है (मि.ग्रा. में)?	संख्या:
5	डायरिया से पीड़ित शिशुओं को कितने दिनों तक जिंक की गोली दे जानी चाहिए?	संख्या:
6	किस उम्र में (महीनों में) IFA सिरप शुरू किया जाना चाहिए?	संख्या:
7	एक सप्ताह में कितनी बार आप बच्चों को आयरन सिरप देने की सलाह देते हैं?	संख्या:
8	एक खुराक में बच्चों को कितना (ml) आयरन सिरप दिया जाना चाहिए?	संख्या:
9	कृपया उन खतरे के लक्षण के बारे में बताये जिनमें शिशु के रेफरल की आवश्यकता होती है? (कृपया सूची में से दिए गए उत्तरों पर टिक करें)	<input type="checkbox"/> 21 दिनों या उससे अधिक समय तक खासी <input type="checkbox"/> 14 दिनों या उससे अधिक समय तक दस्त <input type="checkbox"/> मल में खून <input type="checkbox"/> पिछले 7 दिनों से बुखार <input type="checkbox"/> दौरा पड़ना <input type="checkbox"/> कुछ भी पीने या खाने में सक्षम नहीं <input type="checkbox"/> सब कुछ उल्टी कर देना <input type="checkbox"/> छाती का धसना <input type="checkbox"/> बहुत नींद या बेहोशी <input type="checkbox"/> MUAC टेप पर लाल आना <input type="checkbox"/> दोनों पैरों में सूजन <input type="checkbox"/> अन्य (कृपया निर्दिष्ट करें)

फॉर्म भरने में कितना समय लगा ? मिनट

सहिया साथी के लिए प्रश्न			
अपना परिचय दें और इस मूल्यांकन के उद्देश्य से अवगत कराएँ			
जिला	प्रखंड	स्वा. उपकेंद्र	सहिया
साथी का नाम		उम्र	
साक्षात्कारकर्ता का नाम		साक्षात्कार की तारीख	
इस मूल्यांकन में उनकी भागीदारी के लिए मौखिक सहमति प्रदान की गई			हाँ / नहीं
प्र. सं.	प्रश्न (कुछ प्रश्नों के लिए, कृपया रजिस्ट्रों और अन्य स्रोतों से सत्यापित करें)	उत्तर	
1	क्या आपको HBYC के लिए सहायक पर्यवेक्षण पर प्रशिक्षित किया गया है?	हाँ	नहीं
2	आपके क्षेत्र के अंतर्गत आने वाले सहिया की संख्या?	संख्या:	
3	कृपया अपनी पर्यवेक्षी भ्रमण से संबंधित नवीनतम रिकॉर्ड दिखाएं	हाँ	नहीं
4	सहायक पर्यवेक्षण भ्रमण के दौरान आप सामान्य रूप से क्या करते हैं?(लागू सभी पर टिक करें)	<input type="checkbox"/> सहिया रिकार्ड्स की जाँच <input type="checkbox"/> सहिया के साथ घर का दौरा <input type="checkbox"/> भ्रमण के बाद सहिया को फीडबैक / सलाह देना <input type="checkbox"/> कोई अन्य जवाब	
5	किस उम्र में पूरक आहार शुरू किया जाना चाहिए? (महीने में आयु)	संख्या:	
6	ओआरएस के एक पैकेट में कितनी मात्रा में पानी डालना चाहिए?	<input type="checkbox"/> 1 लीटर <input type="checkbox"/> 4-5 गिलास <input type="checkbox"/> कोई अन्य जवाब	
7	किस उम्र में IFA सिरप शुरू किया जाना चाहिए? (महीनों में)	संख्या:	
8	एक सप्ताह में कितनी बार आप बच्चों को आयरन सिरप देने की सलाह देते हैं?	संख्या:	
9	एक खुराक में बच्चों को कितना (ml) आयरन सिरप दिया जाना चाहिए?	संख्या:	
10	6 से 9 महीने के शिशु को प्रत्येक दिन कितनी बार भोजन दिया जाना चाहिए (दूध के अलावा) ?	<input type="checkbox"/> <3 बार <input type="checkbox"/> 3 से 4 बार <input type="checkbox"/> > = 5 बार <input type="checkbox"/> कोई अन्य जवाब	
11	प्रत्येक आहार के दौरान कितनी मात्रा दी जानी है?	<input type="checkbox"/> हर बार आधी कटोरी से कम <input type="checkbox"/> हर बार आधी से एक कटोरी <input type="checkbox"/> हर बार एक कटोरी से ज्यादा <input type="checkbox"/> कोई अन्य जवाब	
12	कृपया उन खतरे के लक्षण के बारे में बताये जिनमें शिशु के रेफरल की आवश्यकता होती है? (कृपया सूची में से दिए गए उत्तरों पर टिक करें)	<input type="checkbox"/> 21 दिनों या उससे अधिक समय तक खासी <input type="checkbox"/> 14 दिनों या उससे अधिक समय तक दस्त <input type="checkbox"/> मल में खून <input type="checkbox"/> पिछले 7 दिनों से बुखार <input type="checkbox"/> दौरा पड़ना <input type="checkbox"/> कुछ भी पीने या खाने में सक्षम नहीं <input type="checkbox"/> सब कुछ उल्टी कर देना <input type="checkbox"/> छाती का घसना <input type="checkbox"/> बहुत नींद या बेहोशी <input type="checkbox"/> MUAC टेप पर लाल आना <input type="checkbox"/> दोनों पैरों में सूजन <input type="checkbox"/> अन्य (कृपया निर्दिष्ट करें)	

फॉर्म भरने में कितना समय लगा ? मिनट

लेडी सुपरवाइजर के लिए प्रश्न

अपना परिचय दें और इस मूल्यांकन के उद्देश्य से अवगत कराएँ

जिला

प्रखंड

लेडी सुपरवाइजर का नाम

उम्र

साक्षात्कारकर्ता का नाम

साक्षात्कार की तारीख

इस मूल्यांकन में उनकी भागीदारी के लिए मौखिक सहमति प्रदान की गई		हाँ	नहीं
प्र. सं.	प्रश्न (कुछ प्रश्नों के लिए, कृपया रजिस्टरों और अन्य स्रोतों से सत्यापित करें)	उत्तर	
1	आपके क्षेत्र में आने वाली आंगनवाड़ी सेविका की संख्या	संख्या:	
2	क्या आप आंगनवाड़ी सेविका के साथ मासिक बैठक करते हैं?	हाँ	नहीं
3	क्या लेडी सुपरवाइजर MCP कार्ड में ग्रोथ चार्ट पर सही ढंग से वजन दर्ज कर सकती है? (उन्हे खाली एमसीपी कार्ड देकर भरने के लिए कहें और चेक करें)	सही	ग़लत
4	आप गंभीर कुपोषण वाले बच्चे का पता कैसे लगाते हैं ?	सही	ग़लत
5	किस उम्र में पूरक आहार शुरू किया जाना चाहिए? (महीने में आयु)	संख्या:	
6	बच्चे को सिर्फ स्तनपान किस उम्र तक कराना चाहिए? (महीने में)	संख्या:	
7	1 वर्ष से ऊपर के बच्चों को कृमि नाशक के लिए कितनी गोलियां दी जाती हैं?	सही	ग़लत
8	6 से 9 महीने के शिशु को प्रत्येक दिन कितनी बार भोजन दिया जाना चाहिए (दूध के अलावा) ?	<input type="checkbox"/> <3 बार	
		<input type="checkbox"/> 3 से 4 बार	
		<input type="checkbox"/> > = 5 बार	
		<input type="checkbox"/> कोई अन्य जवाब	
9	प्रत्येक आहार के दौरान कितनी मात्रा दी जानी है?	<input type="checkbox"/> हर बार आधी कटोरी से कम	
		<input type="checkbox"/> हर बार आधी से एक कटोरी	
		<input type="checkbox"/> हर बार एक कटोरी से ज्यादा	
		<input type="checkbox"/> कोई अन्य जवाब	
10	“पोषण अभियान” के घटक क्या हैं?	<input type="checkbox"/> विकास की निगरानी	
		<input type="checkbox"/> टेक होम राशन का वितरण	
		<input type="checkbox"/> माताओं को परामर्श	

फॉर्म भरने में कितना समय लगा ? मिनट

डी.पी.सी. के लिए प्रश्न

अपना परिचय दें और इस मूल्यांकन के उद्देश्य से अवगत कराएँ

जिला

डी.पी.सी. का नाम

साक्षात्कारकर्ता का नाम

साक्षात्कार की तारीख

इस मूल्यांकन में उनकी भागीदारी के लिए मौखिक सहमति प्रदान की गई		हाँ	नहीं
प्र. सं.	प्रश्न	उत्तर	
1	क्या आप HBYC परिचालन दिशानिर्देशों (ऑपरेशनल गाइडलाइन) के बारे में जानते हैं?	हाँ	नहीं
2	क्या आपके पास HBYC परिचालन दिशानिर्देश की प्रति है? (क्या आप मुझे दिशानिर्देश की प्रति दिखा सकते हैं)	हाँ	नहीं
3	यदि HBYC परिचालन दिशानिर्देशों के बारे में पता है, तो HBYC के तहत सहिया एवं आंगनवाड़ी सेविका के प्रमुख कार्यों के बारे में बताएं। (कृपया सूची में से दिए गए उत्तरों पर टिक करें)	<input type="checkbox"/> 6 माह तक केवल स्तनपान कराना <input type="checkbox"/> उम्र के अनुसार उपरी आहार एवं IFA सिरप सुनिश्चित करना <input type="checkbox"/> टीकाकरण सुनिश्चित करना <input type="checkbox"/> बच्चे के लिये उपयुक्त खेलकुद एवं संचार सुनिश्चित करना <input type="checkbox"/> बीमारी के लिए संपर्क, देखभाल एवं रेफर करना <input type="checkbox"/> वृद्धि निगरानी चार्ट में वजन सुनिश्चित करना	
4	क्या जिला द्वारा HBYC कार्यक्रम के लिए एनएचएम और आई.सी.डी.एस. की संयुक्त प्लानिंग बैठक की गयी है ?	हाँ	नहीं
5	यदि हाँ तो क्या आपके पास मीटिंग के मिनट्स की कॉपी है? (क्या आप मुझे बैठक के मिनट दिखा सकते हैं)	हाँ	नहीं
6	क्या जिले ने HBYC के लिए कोई सहायक पर्यवेक्षण तंत्र स्थापित किया है?	हाँ	नहीं
7	क्या स्थानीय भाषा में दिशानिर्देश उपलब्ध हैं?	हाँ	नहीं
8	एचबीवाईसी के टीओटी प्रशिक्षण के लिए जिले में कोई चिन्हित संस्थान या केंद्र है?	हाँ	नहीं
9	क्या जिला ने HBYC पर प्रशिक्षकों के प्रशिक्षण के लिए कोई योजना बनाई है?	हाँ	नहीं
10	HBYC कार्यक्रम की निगरानी के लिए प्रमुख संकेतों (इंडिकेटर) का उल्लेख करें। (दिशा-निर्देश के पेज 30 का संदर्भ लें और बताएं गये सही संकेतों की संख्या लिखें)	संख्या:	
11	प्रशिक्षण के प्रत्येक बैच के लिए अनुमानित राशि कितनी है?	संख्या:	
12	HBYC के अंतर्गत सहिया प्रोत्साहन के लिए अनुशंसित राशि कितनी है?	संख्या:	
13	HBYC के अंतर्गत सहिया साथी के लिए अनुशंसित राशि कितनी है?	संख्या:	

फॉर्म भरने में कितना समय लगा ? मिनट

जिला कार्यक्रम प्रबंधक के लिए प्रश्न			
अपना परिचय दें और इस मूल्यांकन के उद्देश्य से अवगत कराएँ			
जिला		साक्षात्कारकर्ता का नाम	
जिला कार्यक्रम प्रबंधक का नाम		साक्षात्कार की तारीख	
इस मूल्यांकन में उनकी भागीदारी के लिए मौखिक सहमति प्रदान की गई		हाँ	नहीं
प्र. सं.	प्रश्न	उत्तर	
1	क्या HBYC कार्यक्रम के लिए नोडल पदाधिकारी का चयन किया गया है?	हाँ	नहीं
2	क्या आप HBYC परिचालन दिशानिर्देशों (ऑपरेशनल गाइडलाइन) के बारे में जानते हैं?	हाँ	नहीं
3	क्या आपके पास HBYC परिचालन दिशानिर्देश की प्रति है? (क्या आप मुझे दिशानिर्देश की प्रति दिखा सकते हैं)	हाँ	नहीं
4	यदि HBYC परिचालन दिशानिर्देशों के बारे में पता है, तो HBYC के तहत सहिया एवं आंगनवाड़ी सेविका के प्रमुख कार्यों के बारे में बताएं। (कृपया सूची में से दिए गए उत्तरों पर टिक करें)	<input type="checkbox"/> 6 माह तक केवल स्तनपान कराना <input type="checkbox"/> उम्र के अनुसार उपरी आहार एवं IFA सिरप सुनिश्चित करना <input type="checkbox"/> टीकाकरण सुनिश्चित करना <input type="checkbox"/> बच्चे के लिये उपयुक्त खेलकूद एवं संचार सुनिश्चित करना <input type="checkbox"/> बीमारी के लिए संपर्क, देखभाल एवं रेफर करना <input type="checkbox"/> वृद्धि निगरानी चार्ट में वजन सुनिश्चित करना	
5	क्या जिला द्वारा HBYC कार्यक्रम के लिए एनएचएम और आई.सी.डी.एस. की संयुक्त प्लानिंग बैठक की गयी है ?	हाँ	नहीं
6	यदि हाँ तो क्या आपके पास मीटिंग के मिनट्स की कॉपी है? (क्या आप मुझे बैठक के मिनट दिखा सकते हैं)	हाँ	नहीं
7	जिले में HBYC कार्यक्रम के लिए अनुमोदित राशि क्या है? (राशि लाख में लिखें)	संख्या:	
8	क्या जिले ने HBYC कार्यक्रम का उन्मुखीकरण आयोजन किया है ?	हाँ	नहीं
9	HBYC के प्रशिक्षण के लिए जिले में कोई चिन्हित संस्थान या केंद्र है?	हाँ	नहीं
10	HBYC कार्यक्रम की निगरानी के लिए प्रमुख संकेतों (इंडिकेटर) का उल्लेख करें। (दिशा-निर्देश के पेज 30 का संदर्भ लें और बताए गए सही संकेतों की संख्या लिखें)	संख्या:	
11	क्या आपके जिले में HBYC कार्यक्रम के लिए अतिरिक्त IFA सिरप है ?	हाँ	नहीं
12	क्या आपके जिले में HBYC कार्यक्रम के लिए अतिरिक्त ORS पैकेट है ?	हाँ	नहीं
13	क्या स्थानीय भाषा में एचबीवाईसी के प्रशिक्षण के लिए मॉड्यूल उपलब्ध हैं?	हाँ	नहीं

फॉर्म भरने में कितना समय लगा ? मिनट

जिला लेखा प्रबंधक के लिए प्रश्न

अपना परिचय दें और इस मूल्यांकन के उद्देश्य से अवगत कराएँ

जिला

जिला लेखा प्रबंधक का नाम

साक्षात्कारकर्ता का नाम

साक्षात्कार की तारीख

इस मूल्यांकन में उनकी भागीदारी के लिए मौखिक सहमति प्रदान की गई		हाँ	नहीं
प्र. सं.	प्रश्न	उत्तर	
1	क्या आपके पास HBYC परिचालन दिशानिर्देश की (ऑपरेशनल गाइडलाइन) प्रति है? (क्या आप मुझे दिशानिर्देश की प्रति दिखा सकते हैं)	हाँ	नहीं
2	क्या चालू वित्तीय वर्ष 2019-20 में राज्य ने HBYC कार्यक्रम के लिए कोई वित्तीय प्रस्ताव किया है ?	हाँ	नहीं
3	यदि हाँ तो अनुमोदित राशि क्या है (राशि लाख में लिखें) ?	संख्या:	
4	क्या राज्य ने HBYC कार्यक्रम का उन्मुखीकरण आयोजन किया है ?	हाँ	नहीं
5	HBYC प्रशिक्षण के लिए प्रत्येक बैच के लिए कितनी राशि दी गयी है ?	संख्या:	
6	HBYC के अंतर्गत सहिया प्रोत्साहन के लिए अनुशंसित राशि कितनी है?	संख्या:	
7	HBYC के अंतर्गत सहिया साथी के लिए अनुशंसित राशि कितनी है?	संख्या:	
8	HBYC पर्यवेक्षण के लिए अनुमोदित राशि क्या है ?	संख्या:	

फॉर्म भरने में कितना समय लगा ? मिनट

11.2 Data Collection Schedule

District	Name of the Assessor		Assessment Date
	Team 1	Team 2	
Simdega	Deepak bilung -STT (TL)	kathrina khalkho- STT (TL)	23-24 July 2019
	Ramesh Manjhi - BTT	Turtan Kandulna- BTT	
	Ramkumar Sahu- BTT	Jonpusa soreng- BTT	
	Sima Kanti Kindo- BTT	Devnish Khalkho- BTT	
	Tarsiyus lugun- BTT	Gulab lakda- BTT	
West Singhbhum	Shylock Gopi- STT (TL)	Mohini Kumari- STT (TL)	30-31 July 2019
	Shiv Charan hessa - BTT	Shaluka sundi- BTT	
	Nand Kishor Nayak- BTT	Menka kumari- BTT	
	Bablu tubid- BTT	Phulchand hembram- BTT	
	Bijay Singh purti- BTT	Udit narayan mandal- BTT	
Lohardaga	Md Mustafa Ansari - STT (TL)	Chandrashekhar kumar- DPC (TL)	01-02 August 2019
	Usha devi- BTT	Birendra mahto - BTT	
	kalpana devi- BTT	Gita devi- BTT	
	dayamani minj- BTT	pranathi kumari - BTT	
	Anita devi- BTT	Sunil mahto - BTT	

11.3 List of Block and Villages randomly selected for assessment

List of Block and Villages randomly selected for assessment			
District	Block	HSC/Village	Remarks
LOHARDAGA	KISKO	SC:Hesapirhi Vil:Hesapirhi	Assessment done in Patratu, Hesapirhi, Salaiya and Tisiya village. Due to hard to reach & naxal issue in rest village Tisiya was selected by district.
LOHARDAGA	KISKO	SC:Makka Vil:Makka	
LOHARDAGA	KISKO	SC:Murmu Vil:Murmu	
LOHARDAGA	KISKO	SC:Patratu Vil:Patratu	
LOHARDAGA	KISKO	SC:Rorad Vil:Rorad	
LOHARDAGA	KISKO	SC:Salaiya Vil:Salaiya	
LOHARDAGA	SENHA	SC:Barhi Vil:Barhi	Assessment done in Barhi , Chitri , Gageya and Senha village. Due to hard to reach & naxal issue in rest village Senha was selected by district.
LOHARDAGA	SENHA	SC:Bazardaru Vil:Bazardaru	
LOHARDAGA	SENHA	SC:Chitri Vil:Chitri	
LOHARDAGA	SENHA	SC:Gayega Vil:Gageya	
LOHARDAGA	SENHA	SC:Mungo Vil:Mungo	
LOHARDAGA	SENHA	SC:Tuumu Vil:Tuumu	
WEST SINGHBHUM	JHINKPANI	SC:Bara Nurda Vil:BARA NURDA	Assessment done in Ruia, Dayaposi,Bigtopang, & Kelende village
WEST SINGHBHUM	JHINKPANI	SC:Bigtopang Vil:BIGTOPANG	
WEST SINGHBHUM	JHINKPANI	SC:Dayaposi Vil:DAYAPOS	
WEST SINGHBHUM	JHINKPANI	SC:Kelende Vil:KELENDE	
WEST SINGHBHUM	JHINKPANI	SC:Ruia Vil:RUIA	
WEST SINGHBHUM	JHINKPANI	SC:Tutgutu Vil:TUTGUTU	
WEST SINGHBHUM	CHAIBASA SADAR	SC:Barbil Vil:BARBIL	Assessment done in Barbil, Simbia, Pampara, & Matkamhatu village.
WEST SINGHBHUM	CHAIBASA SADAR	SC:Buruja Vil:URUJAL	
WEST SINGHBHUM	CHAIBASA SADAR	SC:Jaipur Vil:JAIPUR	
WEST SINGHBHUM	CHAIBASA SADAR	SC:Matkamhatu Vil:MATKUAMHATU	
WEST SINGHBHUM	CHAIBASA SADAR	SC:Pampara Vil:PAMPARA	
WEST SINGHBHUM	CHAIBASA SADAR	SC:Simbia Vil:SIMBIA	
SIMDEGA	BANO	SC:Boroseta Vil:Boroseta	Assessment done in Nawagaon, Boroseta, Genmer and Konsode village.
SIMDEGA	BANO	SC:Dumaria Vil:Dumria	
SIMDEGA	BANO	SC:Genmer Vil:Genmer	
SIMDEGA	BANO	SC:Konsode Vil:Konsode	
SIMDEGA	BANO	SC:Nawagawon Vil:Nawagawon	
SIMDEGA	BANO	SC:Olhan Vil:Olhan	
SIMDEGA	THETAITANGER	SC:Bambalkera Vil:Bambalkera	Assessment done in Kurpani, Tukupani, Konpalla & Raibahar village .
SIMDEGA	THETAITANGER	SC:Karramunda Vil:Karramunda	
SIMDEGA	THETAITANGER	SC:Konpalla Vil:Konpalla	
SIMDEGA	THETAITANGER	SC:Kurpani Vil:Kurpani	
SIMDEGA	THETAITANGER	SC:Raibahar Vil:Raibahar	
SIMDEGA	THETAITANGER	SC:Tukupani Vil:Tukupani	