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KSA (Knowledge, Skill and Attitude) Assessment of Frontline worker's in Rajasthan (Case of Dungarpur District)

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ABSTRACT

Investment in maternal, newborn, and child health is not only a priority for saving lives, but it is also critical to advancing other goals related to human welfare, equity, and poverty reduction. The Convention on the Rights of the Child, ratified in 1989, guarantee right to children for the highest attainable standard of health. A CALL TO ACTION for committing to Child Survival was jointly launched in June 2012 by Government of India, Ethiopia and USA. MoHFW, Government of India also coincided launch of the RMNCH+A Strategy as a roadmap to fulfill the commitment towards child survival laying out goals for the next 5 years for a significant reduction of Infant Mortality Rate (IMR), Maternal Mortality Rate (MMR) and Total Fertility Rate (TFR).

State of Rajasthan is one of the EAG states has trailed in many health care indicators such as, maternal mortality (244per 100,000 live births, SRS, 2014), infant mortality rate (46 per 1000 live births in 2014, SRS). Even the exclusive breast-feeding practices and full immunization figures are not very encouraging. Only 65.5% of women exclusively breast feed their children between 0-5 months of age (DLHS-3) and 74.2% of the children are fully immunized (AHS12-13).

The three key front line workers are imparting the MCHN services along with other supervisory cadre i.e. ANM, AWW and ASHA these front line workers have certain role for which they must have basic minimum knowledge, skill and working attitude to achieving the required health status of mother and child for their survival. Quality of MCHN service is also depends on the availability of job aids and its use. In spite of its recent rapid economic growth, a large number of women and children in Rajasthan suffer from malnutrition. ICDS in India is the world's largest community-based child development programme, aimed at holistic development of children (0-6 years), expectant and nursing mothers from disadvantaged sections by providing a package of services comprising Supplementary Nutrition and Growth Monitoring, Immunization, Health Check-up, Referral, Pre-School Education and Health and Nutrition Education.
Present study tried to assess the KSA of front line workers and need of job aids by AAAs. Study recommends to reduce the gaps by ensuring the job aids in terms of standards PPTs or videos to impart the training by institutions and also provide job aids to the front line workers to strengthening the inter personal communication and relationship with clients at filed level.

KEYWORDS : Job Aids, AWC, ANTC, Training Need Assessment, MCHN Day, Children with severely Malnourished, Growth Monitoring, Use of MUAC Tape, Supplementary nutrition, MTC

Introduction :

Improved maternal and child health status has been top most priority to the government of India since its first five year plan (1951-56), in order to reduce both maternal and child mortality. The target continued to reinforce year after year and although India has witnessed success in terms of reducing both maternal and child mortality but still far beyond to achieve the goal. In spite of its recent rapid economic growth, a large number of women and children in Rajasthan suffer from malnutrition. The ICDS launched in 1975 in India, is the world's largest community-based child development programme, aimed at holistic development of children (0-6 years), expectant and nursing mothers from disadvantaged sections by providing a package of services comprising Supplementary Nutrition and Growth Monitoring, Immunization, Health Check-up, Health Referral Services, Pre-School Education and Health and Nutrition Education.

AWWs are the key functionaries for effective implementation of Integrated Child Development Service Schemes (ICDS) in India. They are formally trained for non-formal, pre-school education of children between three and six years of age, primary health care and first-aid to children under six years and pregnant and nursing mothers, supplementary feeding of children of ages 0 - 6 years, referral services for severely malnourished children, and assisting health staff in immunization.

On MCHN day (mostly recalled as *Teekakaran divas*), the primary clients are pregnant women, lactating mothers, children below five years and adolescent girls. Basic components of primary healthcare services, including early registration, de-worming, counseling on early breastfeeding, elimination of micronutrient deficiency, identification and referral of high risk cases of children and pregnant women, as well as basic ANC and PNC care along with Family Welfare services will be provided at community level.

A study was conducted by SIHFW in collaboration with Save the children. Main end result of the study is to assess the need of Job Aids and their use in strengthen MCHN services for which the gap analysis of need of job aids was done from the in service frontline workers from Dungarpur block of Dungarpur district. In which interviewed were conducted with AAA (ANM, AWW, and ASHA and their clients the pregnant women and lactating women. Facility assessment was also conducted to see the preparedness of service provider institutions includes-AWC, Sub centers, PHC and CHC to render the minimum quality RMNCH+A services to the people at village level.

Role and Responsibilities of ANM:

Department of medical health and family welfare has assigned some specific roles and responsibility of ANMs* some of the key roles of ANM in MCHN are:

- Registration of pregnancies, conduct the tests of urine for albumin sugar, Estimation of haemoglobin, Conducting deliveries, Refer difficult cases with abnormalities, Conduct PNC Visits; Promote exclusive breast feeding, Assess the growth and development of the infant and take necessary action required to rectify the defects Assist MO in ANC and PNC clinics
- Provide IUD and other family planning services with follow up and counseling
- Conduct MCHN Day at AWC or outreach Sites as per plan, Vaccination services to the children, and vitamin A administration, IFA distribution, Identify the cases of ARI and Diarroea control program and its management

Roles and responsibilities of AWW:

Department of WCD have assigned some specific roles and

responsibility of AWW* :

- These workers and helpers are envisaged as honourary workers from the local community who come forward to render their services, on part-time basis on an average 4-5 hours a day in the area of child care and development.
- The role and responsibilities of AWWs envisaged under the ICDS Scheme is as under:

I). To elicit community support, weigh each child every month, record the weight graphically on the growth card, referring cases of mothers/children to the sub-centers/PHC,organize supplementary nutrition feeding for children (0-6 years) and expectant and nursing mothers by planning the menu based on locally available food and local recipes.

ii). To provide health and nutrition education and counseling on breastfeeding/ Infant & young feeding practices to mothers, motivate married women to adopt family planning/birth control measures.

Job Aids and its use:

Job aids may be defined as repositories for information, processes, or perspectives that are external to the individual and that support work and activity by directing, guiding, and enlightening performance (Rossett and GautierDownes 1991). Elsenheimer (1998) defines job aids more succinctly as "the tools to provide just the help a performer needs to do a job, just when the performer needs it, and in just the form it is needed." Job aids are also known as "performance support tools". The function of a job aid is to extend cognitive ability by providing simplified procedures or tasks from which extraneous details have been removed. This approach also enhances memory by relieving workers of the need to remember excess details. A variety of items might be considered to be job aids in the field of health care. Examples include drug manuals, clinical guidelines, critical pathways, posters, flow charts, clinical algorithms, and physician- or nurse-initiated reminders. However, to be truly termed "a job aid," the item must be designed to make accessible the information, processes, or perspectives needed to do the job. (Rossett and Gautier-Downes 1991).

Assessment of Public health facilities and Knowledge Skill and Attitude (KSA) of front line workers Purpose of the study:

Objective:

1. Assessing the AWCs for the essential services delivered.
2. Qualitative and quantitative assessment of the maternal, newborn health services delivered at CHCs, PHCs, SCs in block Dungarpur.
3. Developing job aids on the basis of findings

Sample Framework:

Assessing CHC, PHC, SC and AWCs for the 50 intervened villages in Dungarpur block . Under the study 1 CHC, 1PHC 16 Sub Centers 73 AWCs and 140 Pregnant Women and 137 Lactating Mothers chosen for interviews.

Methodology:

This study was based on primary and secondary data, collected from the Women & Child Development (W&CD) department at state level, Anganwadis as well as Sub centers along with PHC and CHC of the Dungarpur block through various schedules designed for this purpose.In order to collect primary data 73 Aganwadi centers were selected in Dungarpur block along with the 1 PHC and 1 CHC of that block.

Tools of the study:

To collect the field data interview schedules and check list were used for each kind of stakeholders includes:

Aganwadi worker, ASHA, ANM, Pregnant Women and Lactating Mothers and Health Facility

- None of the AWCs were running in rented place or AWW's house showing a sense of awareness about the importance of infrastructure for the AWCs.
- 44 % of AWCs needed immediate some kind of repair
- 83% of AWCs did not had a functional toilet

Results and Discussion:

The findings of the present assessment study has covered the demographic characteristic of AWW, Infrastructure, Training, Equipment and supplies, Coverage of services, Work schedule, Community involvement and Perceptions among community members

Demographic Characteristics of AWW:

None of the AWCs were running in rented place or AWW's house showing a sense of awareness about the importance of infrastructure for the AWCs. 44 % of AWCs needed immediate some kind of repair 83% of AWCs did not had a functional toiletThe success of the programme in terms of delivery of the package of services wholly depends upon the efficiency and competency of the AWWs. Average age of the AWWs interviewed was 36.6 yrs. Age wise distribution of AWWs revels that out of the total 65 AWW interviewed, 47.70% were in the middle age group 30-39yrs res were 20% were less than 30 and 20% above 40 years of the age. With to education qualification of AWW it was revealed that all the AWWs were full filled the minimum education criteria and out of total 67.70 % were metric pass. 21.5% had higher secondary education while 14% were having qualification of graduation and above.

Infrastructure:

n reference to the AWCs, 93% of the AWCs were situated within the village, it showing the easy access of the centers. It was observed that 93% of the AWCs were housed in pucca buildings, 3 percent in semi-pucca houses and another 4.3 percent have been accommodated in kaccha houses.

Like-wise, other facilities such as toilet and washing facilities were highly compromised. 83% of AWCs did not have a functional toilet, highlighted the availability of poor infrastructure and need of immediate action on this. **Only 50 % of the AWCs had a proper boundary wall**, highlighting the risk of the children of the age group 3-6 yrs. 38.57% of the AWCs were not having separate space for cooking highlighting the need to address the infrastructural gap that needs to address on priority bases.

Trainings:

95.38% of the anganwadi workers interviewed said that they have attended the orientation training. 67.70% received refresher training in the last 2 years. **Growth Monitoring Skills; Maintenance of records; Latest information on health & Nutrition** areas that need further training (as per the AWWs).Job aids needs to be developed in order to cater the needs and improve the skills of AWWs

Equipment, Supply & Logistics:

Apart from the kind of training received the quality of service that reaches out to the beneficiaries will largely depend on the availability of support material. Therefore, an assessment of the materials that were supplied and available in the AWC was carried

out randomly in reference to the MCHN services.

Growth Monitoring:
With regard to the equipment available at the Anganwadi centers, it was observed that most of the centers did have a weighing machine one or the other type for growth monitoring. But availability of both growth charts (Balak and Balika) for plotting weight to monitor child's growth was reported to be available only in half the number of AWCs who have weighing scales.

Three type of weighing scale were supplied at AWCs – Infant salter scale, Child spring Scale and adult weighing machine. If seen individually, only 45.7% of the AWCs had fully functional infant weighing machine, **Only 13 %(9) AWCs had all the three weighing machine in fully functional form.**

B. Equipment/instrument status at AWC:
For complete general, and obstetrical examination (Hb estimation, BP and urine examination) conducted for pregnant female on MCHN day.The equipments required for ANC were not available at majority of AWCs and it was found that ANM brings with her all the required equipments and instruments on MCHN Day. But items like examination table which is necessary for the examination of pregnant females are not available at 62.9% of the AWCs. No bed screen to ensure the privacy of a female at the time of examination was observed at 91.4% of AWCs.

C.Medical Kit:
As a vital input to provide the essential services of health check up and referral services each anganwadi centre get supply of medicine kit regularly which contains medicines of common ailments like cough and common cold, skin infections etc. As per the provision of the ICDS revised guidelines, each and every AWC should have a medical kit. This medical kit should contain essential drugs and first aid items. But it was found that the medical kits were generally provided on the regular bases and is used by the community also. From the table it is observed medicines such as Chloroquin (91.4%), cough syrup (85.7%) was not available at most of the AWCs and paracetamol is only available at 75.7% AWCs

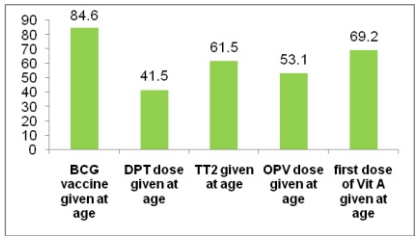
Records and Registers of coverage of service delivery:
Anganwadi Centre is the focal point of delivery of services under the ICDS Scheme. Therefore, all the data pertaining to the services and the beneficiaries has to be captured at this level. This data capturing is done by the anganwadi worker through maintenance of several registers which are updated periodically.These register have to be updated regularly by the Anganwadi Worker and the Supervisor has to ensure that the data is being properly entered. The following registers have to present at each anganwadi centre.

Registers:
Survey Register, Supplementary Nutrition and Pre-School Education, Immunization, Services for Pregnant and Lactating Mothers registers, Mortality register, Daily diary:

- Most of the AWCs had all the type of records and registers.93% of AWC had updated register of services for pregnant and lactating mothers but daily diary and medical stock register were the most neglected part in terms of updation.
- One of the observation was that preparation of due list for MCHN services was done by ANM.ANM shares the due list with ASHA.The due list is basically designed for immunization services while on MCHN day other services are also given such as ANC, Anaprasan, Godbhari, SN distribution etc.
- A need of job aid has to be prepared for strengthening MCHN services in which all the services are enlisted provided on MCHN day.Growth monitoring Chart is a very important record for proper growth and malnutrition monitoring. At 48.6% of AWCs, charts were not found updated. The reasons when explored for the non updation the poor understanding of filling growth monitoring chart was observed.

Job and Responsibility of AWW:
AWWs were asked about all the activities to be carried out at AWC. Responses were collected from 65 AWWs. the responses of AWW on what her job and responsibilities were help in organizing MCHN day 84% ,elicit community support and participation in running the programme 33.8% weigh each child and record the weight and if required refer 75.4% provide supplementary nutrition feeding for children (0-6 years) and expectant and nursing mothers 70% Conducting home visit 73%. Identification of disability among children and refer was the most ignored responsibility given to AWW.

Skill Assessment of AWW:
In reference to MCHN services, few questions regarding growth monitoring, malnutrition, and immunization were asked to AWWs. Only 36% AWW were able to hang the scale correctly and 33.8 %AWW were able to weigh the child correctly. The responses of the AWW on SN, Time of supply of RTEF, its quantity to Pregnant Women and lactating Mothers and frequency of SN given to children the knowledge of AWW was limited to the 70% to 85%.



Immunization, Health Checkup and Referral Services:
AWW keeps a record of immunization status of children and pregnant women. From the graph, it is clear that training to improve the knowledge of AWWs is required. Only 41.5% of the AWW could answer correctly about when the DPT dose should be given to the child

MCHN Services:
MCHN day is to be organized once in a month (on Thursday) on AWC. Out of 65 AWW interviewed, 51% agreed that MCHN day is conducted every month. For rest of the AWCs, MCHN day is organized every alternate month.95.4% of AWW said that beneficiaries are informed well in advance for MCHN day. When asked about the list of beneficiaries in due list, No proper designed format for due list was available to AWW. Only immunization beneficiaries' list head is available in the due list .It was also observed that due list is prepared by ANM not by AWW or ASHA. Organizing Godbhari and Annprasan was not a practice in Dungarpur. 81.2% of AWW mentioned vaccination as a major activity on MCHN day. 89.1% of AWW could correctly mention that adolescent girls are of the age group 11-18 yrs.74/6% said that IFA tablets are given to adolescents on weekly basis to those girls who are not enrolled in the school.

Community Involvement:
The findings also suggested that overall; the involvement of community was very poor. This is interpreted from the data on nutrition-health sessions attended by mothers. Less than one-fifth of the mothers participated in nutrition and health education counseling sessions in group or in group meetings. In these sessions, their involvement was only limited to take supplementary food from the centre. It was reported that other services were utilized only when they were called for, which was very rare. Thus, the community did not perceive an Anganwadi centre to be one that could offer lot more from an integrated package of health nutrition and education services for well-being of their children.

Job and Responsibility of ASHA:
ASHA is a third worker of ICDS placed at AWC. She is supposed to mobilize community to obtain the RMNCH+A services. Under the study Asha were assessed in various parameters includes their

knowledge and skills their performance and reporting and use of job adis and their use. Total 65 ASHAs interviewed at Dungarpur. Out of total 51 % were 8th pass rest 49% were above qualifications. When information was collected about the residence and daily visit of ASHAs at AWCs, 95.4% (62) ASHAs were residing in same village where they are working and 59 ASHAs daily visited AWC .It shows that those ASHAs residing in same village are more punctual & focus on her work. When a child is found to be malnourished, AWW has to advice the family to take special care of children, make the child to eat/feed frequently, how to feed and if required refer the child.

Home Visit by ASHAs:

The most important task of the ASHAs is home visits and counseling the pregnant, lactating women, parents of new born & sick child. Forty five (69.2%) ASHAs were daily visited 7-10 homes in a day & 26 % said they are covering only 5-7 homes in a day. Majority 64 (98.5%) of the ASHAs were given priority to visits the home where pregnant & lactating women.

Knowledge of temporary methods of contraceptive:

ASHA provides counseling to the eligible couples for adopting family planning methods as per the findings only 1 ASHA out of total speak out the all 4 temporary methods 63.1% could not remember more than 1 method of family planning. **On the basis of these results a reorientation program is require for of the ASHAs on family planning methods.**

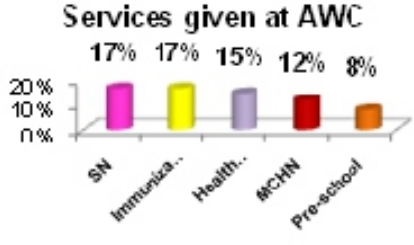
Feedback from Beneficiaries:

Aaganwadi centers are the central point where pregnant women, lactating mothers & children get services provided by ICDS & Health department through ASHA, AWW & helper. Various activities are running in AWCs for the above mentioned beneficiaries, some beneficiaries are interviewed and try to make an assessment of the services which are providing to them.

Pregnant Females and lactating Mothers Opinion about the AWC:

Majority of the respondents 119 knew about the Aganwadi center in her village & they are familiar with the name of AWW. Out of 137 respondents who visited to AWCs, 86 % (118) beneficiaries said that they visit AWC once in a week and only 14 % said they visit once in two weeks and only one said that she visit only on MCHN day. This gives a remark that beneficiaries were aware about the functioning of AWCs.

When the lactating mothers were asked that is there Anganwadi center available in their village then out of 140 respondents 138 said yes it is present in the village and 125 respondents said that they visit to the center ones in a week ,7 says ones in two weeks and 6 says only on MCHN day. When the names of the AWW were asked then out 138, 123 respondents know the name of their Anganwadi woker. Opening of AWC daily shows the functioning of the center in order to delivery services timely.133 respondents said that the AWC opens daily out of which only 64% (85) says that AWC opens for 4 hours in a day ,31% (41) says for 3 hours and remaining 5 % (7) respondents says for 1-2 hours. Out of 139 respondents who visit to the AWC, 99 % (137) were satisfied from the services provided by the AWC.



Available services at AWC:

The knowledge of the services provided by AWCs were assessing from the respondents. Majority of the respondent 89% (121) were familiar that AWCs providing Supplementary nutrition, immunization, & health check-ups services. But the least respondents had knowledge of Godbharai. From 122 beneficiaries who received IFA only 81%(119) were consuming it routinely. Counseling is an important part of the AWC functioning, because it plays an important role in guiding the females about health issues and also deliver government schemes to them. Out of 137 females 88 %(112) beneficiaries says that were counseled by ASHA on various health related issues and same number of respondents said that they were counseled with ANM ,92 % (127) says that they get their health checkups done by ANM.

When further asked what all checks were done majority of the beneficiaries accepted that they get health check-ups by ANM like-BP, weight, Hb. But least of the respondent named about abdomen & urine test done by ANM.

Referral:

When the females were asked do they faced any problem during pregnancy. Out of total 137 pregnant females 31 %(42) accepted that they have faced health related problem during pregnancy & they contacted health personals. Out of (42) who accepted 81 %(34) were contacted ASHAs and remaining 19%, (9) were contacted to ANM for the consultation or referral. According to the findings ASHA is the more faithful person in the community for the time of any health related problem during pregnancy and only she can assist for the referral services.

Supplementary Nutrition:

Under the ICDS program, supplementary nutrition should be given by AWCs for the Children below 6 years & Pregnant & Lactating Mother. They avail of supplementary feeding support for 300 days in a year. This helps to detect growth faltering and helps in assessing nutritional status of the child & provide nutrients to the pregnant women. Majority 98.5% of the respondents accepted that AWW or helper has requested them to collect the supplementary nutrition from the AWCs & 134 (97.8%) respondents accepted that AWW also counseled them about how to consume it. The packets of the supplementary nutrition were given for a week. All the pregnant women (100%) were accepted that they are using the supplementary nutrition.

When we asked about the need of supplementary nutrition 37 % (51) respondents out of 137 said, it is required for normal growth of the child & pregnant women get nutrients by this supplement. But a large number 48 (35%) were not aware about the benefits of Supplementary Nutrition; few respondents said it is a government scheme, that's why it is distributed & some give other reasons.

Opinion about AWW & ASHA Sahyogini:

Anganwadi Worker is an agent of social change, mobilizing community support for better care of young children, girls and women. When we asked about the attitude of the Anganwadi Worker towards the respondents (pregnant women) all the respondents (100%) were agreed that AWW is very polite & they were satisfied with her work. Out of 140, lactating Mothers 98 %(136) of the beneficiaries were satisfied from the work of AWW and they said that the AWW speaks and explains politely to them. This shows that AWW has a strong repot in the community and it reflects the positive image of AWCs among the community.

They have no problem with the AWW. We collect the information from the respondents that they know ASHA, out of total 137 PW respondents, 120 (88%) accepted that they know who the ASHA of her area is & 119 (86.9%) respondents said that she frequently visited to homes. And they all were explained the reasons for the coming at home for counseling (JSY benefit, Registration, ANC visit & birth preparedness. Majority of the ASHA 54.7% (75), told that she came for counseling (JSY benefit, Registration, ANC visit & birth preparedness) & other 32. 8 %(45) respondents said she was only coming to give information about MCHN day. Out of 140 Lactating

Mother beneficiaries 92 %(129) beneficiaries says that that they know ASHA sahyogni of their area and she visited to their home regularly.

When the beneficiaries were asked that during their institutional deliveries does anyone accompanied except family member then 66 % (92) says that ASHA has accompanied them, and remaining 7 % says that they accompanied by AWW,ANM and Sahiyka. When asked that when ASHA came to meet you at your home then 6 beneficiaries says that she came on 3rd day, 7 says on 7th day, 6 says on 14th day,6 says on 2st day,2 says on 42th day and only 1 says she came to home on 1st and 2nd day after delivery.

When asked from the beneficiaries that does ASHA use any tool for the counseling during the home visit then from 78 beneficiaries who said that ASHA came to home for the visit, 42 % (58) says that ASHA is not using any tool and 41% (57) says that ASHA is using some kind of tool and when further asked what kind of tools were used then among 57 beneficiaries 95% (54) says she is using flip books and only 5 % (3) says that she is using Flip Chart.

This shows that ASHA is not aware about the importance of the counseling tools. And when the reasons were asked for not using the tool then she mentioned that i.e. the size of the flip book is large and difficult to carry daily, difficult to use, hinders the fluency of communication with the client. A proper training needs to be done in order to tell the usage and importance of tools, and new user friendly tools needs to be developed. When the beneficiaries were asked that about their satisfaction towards ASHA then all the beneficiaries says that the ASHA of their village is working well and they all are very happy with her deliverables.

Services at AWC:

The knowledge about the services received at the AWC was assessed by the respondents. 17%(23) beneficiaries said supplementary food for the children, for pregnant females and lactating women,17%(23) beneficiaries says immunization services ,15%(21) says health checkups,12%(17) says MCHN day, and remaining 8%(11) says preschool education and growth monitoring. None of the beneficiaries said that Godbharai is done at AWCs. **It is repeatedly noticed that the service of Godbhari is not practicing in AWCs; there is need to emphasize on the service provided by AWC**

Refer Service:

Only 13 beneficiaries who said that they faced problem during pregnancy 47 %(6) said that AWW/ANM refer to the hospital and remaining 53 % (7) said that they won't get any suggestion from AWW regarding hospital.

Supplementary Nutrition:

Out of 140 respondents 94 % beneficiaries agreed that AWW and sahayika asked them to take the supplementary nutrition and even tell the procedure of consuming. This shows that the AWWs understand the importance of supplementary nutrition. When asked that after receiving the supplementary nutrition have you consumed the nutrition then it was observed that 99 %(132) beneficiaries have consume the nutrition after understanding how to consume it. When the beneficiaries were asked that does AWW and Sahayika tells you about the importance of supplementary nutrition then 97 % says yes and when they were further asked to explain the reason then 46%(61) says that it is used to prevent malnutrition, 11%(14) says that it is a government scheme, 11%(14) says it is just to eat no other reason and remaining 33 %(41) beneficiaries says that they don't know the reason of receiving the supplementary food. This shows the lack of awareness among the beneficiaries and the AWW that inspite of giving the supplementary nutrition the reasons of giving and consuming not known. Therefore job aid needs to be developed for AWW. When the beneficiaries were asked that do they receive any counseling from the AWW then out of total 140, 88% (123) respondents said that she focused on cleanliness, supplementary food, family planning methods, immunization, breastfeeding, Importance of Colostrum & Growth monitoring of the baby etc.

Assessment of ANM and its Knowledge and skill and use of job Aids:

During the study, total 16 SCs were observed and 17 ANMs were interviewed. Looking at the disperse distribution of households, the number of SCs needs to be increased. 75% of the SCs had a separate room identified as Labour Room but deliveries were carried out only in 18.75% of the labour room. Majority of the SCs (93.75%) were not having electricity supply in the labour room whereas 87.50% were not having any provision of 24 hrs running water arrangement. Adequate training contributes more than any other factor to the successful performance of ANM .When asked then it was observed that out of 17 ANM interviewed, 47% trained in SBA,58.82% in RI and 41% in PPIUCD.

Essential Equipments in the Labour Room:

It was observed that Infant weighing machine was not available at 56.25% of the SCs. Labour table was not available at 12.5% of the SCs which needs immediate attention Functional examination table was present at only 81.25% of the SCs. Arrangement for sterilization was not available at 56.25 % of SCs visited. When the 17 ANM were asked about the post natal visits of ASHA in the community, majority of them could mention the days correctly i.e.94.12% showing the good degree of involvement of ANM with ASHA's working in the community.When asked about the records and registers at the SCs, SDR which is the main service register for ANM was found updated at all the SCs

Anprashan and **Godbharai** is a component added in the functioning of AWCs. When asked on this component only 3 said that they celebrate Anprashan on MCHN day and only 2 says that celebrate Godbharai ceremony. When asked about what APGAR stands for which is actually Appearance, Pulse, Grimace, Activity, Response, none of the ANM could tell the meaning this shows poor skill and knowledge about the neonatal services.

Recommendations & Conclusion:

AWCs should be well equipped with trained staff and equipment

Infrastructure and equipments:

Proper provision should be made for renovation of AWCS and provision of functional toilet should also be made, as 44 % of AWCs needed some kind of repair immediately and 83% of AWCs did not have a functional toilet. Provision for regular supply of food stuffs and basic equipment should also be made as.

Skills:

- Keeping in view the educational background of AWWs, Job aids should be developed; training should be imparted to them. The knowledge and efficiency of AWWs should be enhanced through use of these job aids
- Weighing a child and recording the weight is the skill that needs further practice. growth monitoring skill is poor ,Knowledge regarding immunization services and referral services also need to be reinforced ,hence it is recommended to develop job aid on organizing MCHN Day, Immunization ,Counseling during Home Visit,Check list for ANC/PNC, IYCF/Growth Monitoring, Contraception /Spacing, Maternal/ Infant Death Registration ,Incentives to ASHA.Other area in which knowledge of AWW is to be enhance is Referral services
- Since AWW, ANM and ASHA are supposed to work in a coordinated manner, hence it is recommended to three on them should jointly be provided training on related issues.
- Skill enhancement in the area of breast feeding and Hand –washing is also recommended.
- An effective system of referrals from AWs should be developed through joint consultation with health and ICDS functionaries

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