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Original Research Article

Case Studies on State and District Level Stakeholders Perspective on Home Based Newborn Care Program in Uttar Pradesh, India

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Abstract

When ASHAs were introduced in NRHM in 2005, their primary aim was to visit homes of newborns as the first program in UP operated through the ASHAs was the Comprehensive Child Survival Program in 2008. Since then, tracking of all deliveries and all the newborns are an integral part of the work of ASHAs in all the primary health care programs operated by the NHM in UP (GOI, 2005, GOUP, 2013). The current article examines the role, work & approach of ASHAs through the feedback of the program managers at district & state level. Evaluation studies on the performance of ASHAs was done since 2011 as by then ASHAs had actually worked in the field for a minimum period of 5 years. It is to be noted that National Rural Health Mission was rolled out in April 2005 but it took about one to two years for the states to hire ASHAs and put things in place right from the state to the village level (GOUP, 2013). In this article, a comprehensive feedback is elicited from the program managers of newborn care program at the district & state level. The current study explores some of the crucial variables on the performance of ASHAs through the feedback of program mangers on the role of ASHAs in newborn & child health programs followed by their role in Home Based Newborn Care program. The article also includes the feedback of the program mangers on the work & approach of ASHAs. That's how the perception of the program managers in the state of UP is included in this article. The program managers responded about the performance of ASHAs based upon their experience in the work by ASHAs on Janani Surakhya Yojana (JSY), New Born Care (NBC) & Routine Immunization (RI) as these are the frontline programs for the states. They were purposefully selected as respondents as they were the nodal persons for rolling out newborn care related programs. The relevance of the study assumes significance as data on the details of the program awareness of managers on child health & newborn are not included in many surveys. Further, feedback details on the health personnel's performance is usually not collected from the nodal officers looking after the programs at district & state level. Such responses that collect feedback on the work & approach of ASHAs including the awareness of the program managers are not the focus in very large-scale health surveys. Such feedback on work & approach of ASHAs including the opinion & knowledge of program managers about the current implemented programs come under the ambit of social audits. The audits gain more teeth when the feedback is solicited from the people who manage the programs (GOI, 2016). It is important to note that social audit is an integral part of the National Health Mission document but it is not a priority activity of NHM. Usually, the responses, knowledge of trained health personnel are assessed in many studies while neglecting the response & perception of the program managers of the public health system. Here in this article, the managers talk about their own knowledge about the current programs, give feedback on the work & approach of ASHAs including the performance of ASHAs in the child health & newborn care programs. All these are trapped in 5 case studies of 5 stakeholders in 4

districts and one at state level. Here also it is seen that usually in social audits, the trained health personnel become the respondents as part of evaluation of their timely actions in many other studies. The uniqueness of the current study is that those who manage the programs are the respondents through their case studies. These managers become the pivot around which the contents of the current article revolve. A total of four districts of Uttar Pradesh were selected purposively for the study and the data collection was conducted among the program managers where one manager was purposefully selected in the respective districts & one at the state with the help of a pre-tested structured interview guide with only open-ended questions. These in-depth interview guide collected descriptive details as responded by managers. The qualitative data were conducted amongst the managers and a total of 5 respondents participated in the study through 5 case studies. The results reflected that among the operational programs, it was surprising to note that none of the policy makers in the four districts mentioned about the Facility Based Newborn Care programs. The state level manager gave the details about the child health & newborn care programs but hinted that Home-Based Newborn Care (HBNC) was recently at the forefront because of the emphasis on setting up Kangaroo Mother Care (KMC) centers at selected public health facilities. The knowledge of policy makers about the role of ASHAs in the roll out of newborn related program was poor across all the districts except the state level. Further, it was imperative that the management of program related information was not at all the priority of the program managers. The results also showed that regular monitoring was not at all a priority area for the program managers. However, the state level program manager could note the opportunity and challenges. Except Banda district, none of the program managers thought that assigning specific responsibility was an important area to develop the program. The state level program manager did not think geographic issues as a forefront issue. Regarding the work & approach of ASHAs, the program managers agreed that the ASHAs lacked the intrinsic qualities. The state level program manager opined that application, self-confidence and referral were done poorly by ASHAs.

Keywords: ASHA, JSY, JSSK, FBNC, HBNC.

INTRODUCTION

The current study focused on the responses of 5 program managers through 5 case studies of four selected districts & state level. Feedback of the mangers was on their current knowledge about the operational programs on child health, newborn care program, work & approach of ASHAs. The responses included the challenges & opportunities that they face and their future plans to strengthen the HBNC program in future. The responses included two discussions on the role of ASHAs in the new-born care programs as the research tool had these issues. Hence, it is prudent to mention about studies that mention about performance of ASHAs in newborn care in UP.

The research tool or the interview guide included feedback from the managers of the programs at district & state level community on the role, work & approach of ASHAs. It also included their knowledge on the current programs, challenges & opportunities they face in roll out of the program and the plans in future to strengthen the programs.

ASHA & HBNC program in UP

The ASHAs emerged in India's public health system during the launch of NRHM in 2005 in the state of Uttar Pradesh (GOI, 2005). The ASHAs were in fact inducted to NRHM with the primary aim to roll out the JSY component of NRHM to increase the institutional deliveries (GOI, 2005). The selection of 500 RDWs was dependent on the catchment area of 250 ASHAs as two RDWs were selected from each of the selected ASHA's area. Besides these, 5 mothers of SC community were selected as respondents for the study to give a qualitative perspective to the study. There were 20 mothers of SC community for the study and their responses were also elicited. Further, from each of the selected districts, one program manager looking after the newborn care program and the state level program manager were selected as respondents. The responses of these 5 program managers through 5 case studies are the content of this article in the results & discussion section.

The current article dealt on ASHAs & newborn care program. A study done in 2014 in UP demonstrated that ASHAs did not follow Home Based New Born Care formats & skipped critical signs (Das E, 2014). Another study in UP mentions that need of training to ASHAs was expressed by almost all the District Nodal Officers (DNO) & Block Nodal Officer (BNO) (Deoki N, *et al.,* 2008). The study had a sample of 4 DNOs & 12 BNOs.

The evaluation report of ASHAs in 2013 informs that as responded by ASHAs that they visited 38.3% of newborns 6 to 7 times (GOUP, 2013). Further, the Comprehensive Child Survival Program evaluation report mentions that as per the Eligible Women (EW), 43.8% of them were visited by ASHA once in a month for their neonates. The report adds that 26.7% of EW reported that ASHAs visited mothers & newborn more than 5 times. To add to that, 58.4% of EW told that ASHA provided Kangaroo Mother Care (KMC) to them & their neonates (CCSP report, 2013).

Here, it is noted that among the above-mentioned studies, only the feedback & performance of ASHAs were focused primarily except one where the BNOs & DNOs were involved. This shows that feedback from the program managers are scarce to find in many studies. The current article focuses upon the feedback from the program managers on ASHAs. The

reasoning further substantiates the importance of the current article.

RESEARCH METHODOLOGY

Using purposive sampling technique, four districts were chosen from the four different economic regions of UP, namely Central, Eastern, Western and Bundelkhand. Further, the Government of UP in 2009 categorized the districts as per their development status using a composition of 36 indicators. Purposefully, the high developed district chosen for the study is Saharanpur from the western region, the medium developed district chosen for the study is Barabanki from the central region, the low developed district chosen for the study is Gonda from the eastern region and the very low developed district chosen for the study is Banda from the Bundelkhand region (GOUP, 2009).

In the next step, purposefully two blocks were selected from each of the district and all the ASHAs in these blocks were chosen as the universe for the study. From the list of all the ASHAs in each of the two blocks, 31 ASHAs were chosen randomly from each block for the study. In this way, 62 ASHAs were chosen for the study from each of the districts. In Gonda district, 64 ASHAs were selected to make the total number of ASHAs for the study to 250. From the catchment area of each ASHA, two Recently Delivered Women (RDW) were chosen who had a child in the age group of 3-6 months during the time of the data collection for the study. In this way, 124 RDWs from three districts and 128 RDWs from Gonda district were chosen thus a total of 500 RDWs were selected for the study. In order to include the category of caste & inclusion issue in to the domain of the study, 5 Scheduled Caste (SC) mothers from each district were selected from the existing list of ASHAs. As each district has two selected blocks, three mothers were selected randomly from one block & the other two from the other block. The existing list of Recently Delivered Women (RDW) available with the ASHAs at the time of the survey was the universe for selecting the respondents. In this way, a total of 20 SC mothers were selected from the study. The criteria for choosing these mothers were that they had a 3 to 6 months old baby at the time of survey to fulfill the inclusion criteria of being an RDW for the current study or article.

The current article deals with the last stage of the sampling. In the last stage, the four program managers looking after the program at the four selected districts and one at the state level manager were selected as respondents to include the perspective of the personnel of the public health system. In this way, 5 managers were selected in the study & the current article deals with the responses of these 5 program managers through 5 case studies.

The following figure shows the four districts of UP in the map of the state of UP.

Figure 1

Data Analysis

The data was analyzed using Atlas ti software to calculate the number of responses for each of the responses qualitatively and quantitatively. The qualitative data related to the details of all these type of responses forms the basis of the results & discussions section of this article. The reference period of these responses was their entire programmatic experience &

contacts with the ASHAs since the ASHAs were put in place with the introduction of National Rural Health Mission (NRHM) in 2005. These managers were selected as respondents of the current study or article. Five program managers were selected where four were from the 4 selected districts of UP & one from the state. The current article has 5 case studies of these 5 program managers.

Research tool (Annexure1)

The program managers were interviewed using an open-ended interview guide which included six open ended questions. The article deals with these six questions of the guide. The response of the managers was the detailed description of their experiences with ASHA since their inception in UP. These descriptions included the programs currently operational at the district or state level on child health & new-born. The second question was the role of ASHAs in newborn care programs. The third question was on the role of ASHAs in Home Based Newborn Care (HBNC) programs. Following that the interview guide dealt on the opportunities & challenges the managers see or face in the program roll out. The last discussion point was on the approach & work of ASHAs as a community worker. All these aspects were seen in the context of the entire experience & contacts of the ASHAs through the feedback from the blocks for the district level managers & feedback from the district for the state level managers. Five interview guides were used for the study to interview 4 managers at the four districts and one at the state level. The following section details out the results and discussions related to the case studies incorporated in the current article.

RESULTS AND DISCUSSIONS (as per annexure1)

There are six aspects in this section with multiple indicators in the case studies and the issues are in sequence. It starts with the response of the program managers about the programs that are operational regarding child health & newborns. Thereafter the discussion revolves around newborn care programs & the various roles of ASHAs in the newborn care program followed by the role of ASHAs in Home Based Newborn Care programs.

The next aspect is on the responses regarding the opportunities & challenges in the roll out of the programs followed by the responses on the future plans to strengthen the program. The last aspect is on the responses related to the work & approach of ASHA as a community worker.

The following section describes the 5 case studies with the detailed contents for each of the stakeholders at the four districts and at the state level.

Case Study 1- Stake Holder of Banda district, District Nodal Officer, Child Health

Dr. X, aged 47 years works with the Provincial Health Services (PHS). In Banda district, the current operational programs on child health and newborns are the Home Based Newborn Care (HBNC) and Rashtriya Bal Swasthya Karyakram (RBSK) in Banda district. Other programs like Childhood Diarrhea Management Program (CDMP), Childhood Pneumonia Management Program (CPMP) and the Routine Immunisation (RI) programs were not mentioned by him.

When asked about the role of ASHAs in newborn programs, the only activity mentioned was preparing for birth preparedness for institutional delivery. In his words ‘ASHA ke kam aspatal mein prasab karane ke liye prasab ke liye taiyari karmna’.

Regarding the role of ASHAs in HBNC programs, he replied that ASHA needs to do home visits where she should advice on breastfeeding, wrapping, delay bathing and cord care. ‘HBNC program mein ASHA ke bhumika he doodh pilane ke bare mein, bacche ko dhakna ke bare mein, bacche ko der se nehelane aur naad ko sukha rakhne ke bare mein batana’.

‘PHC mein har mahine ASHA ke meeting karana aur samuh meeting karna program chalane ke sabse badi absar bhi hai aur chunoti bhi hai’. The opportunities and challenges in program roll out are to conduct meetings at PHC level and cluster level. However, these are opportunities in the program roll out as well.

‘Bhabishya mein HBNC program me agar reporting pe dhyan diya jaye, har area ke jo mudda hai, us par amal kiya jaye, samikhya aur mulyankan ko majbut kiya jaye to program mein majbuti hogi. Uske saath program mein kaam ko dekh ke sabko alag alag jimme dari diya jana chahiye’.

Regarding future plans to strengthen the HBNC programs, he opined that focus should be on reporting, identification of area specific issues. Further, monitoring and supervision are to be strengthened and personnel to be assigned specific responsibilities.

The responses regarding approach and work of ASHAs as a community worker reflects that he believes the skills of ASHA, the application of ASHA in her work, her timely visits and advices on referral are the cornerstones.

Agar mein ASHA ke kaam aur uske kaam karne kid hang ke bare mein bataun to uski dakhyata, kaam ke prati uske lagab, waqt pe bhraman pe jana aur salah dena ASHA ki khubiyan hai. Maaon ko aspatal bhejne ke salah dena bhi ek majbooti hai.

Case Study 2- Stake Holder of Barabanki district, District Nodal Officer, Child Health

Dr. X, aged 49 years works with the Provincial Health Services (PHS). In Barabanki district, the current operational programs on child health and newborns are the Home Based Newborn Care (HBNC), Rashtriya Bal Swasthya Karyakram (RBSK) in Barabanki district. Other programs like Childhood Diarrhea Management Program (CDMP) were also mentioned. Other programs were not mentioned.

When asked about the role of ASHAs in newborn programs, the only activity he did not mention was preparing for birth preparedness for institutional delivery. In his words 'ASHA ke jo mukhya kam aspatal mein prasab karane ke liye prasab ke liye taiyari karmna' hai wahi sabse kamjor hai'.

Regarding the role of ASHAs in HBNC programs, he replied that ASHA needs to do home visits where she should advice on referring the newborn with danger signs and treat the newborn using her drug kit. 'HBNC program mein ASHA ke bhumika he bacche mein khatre ke nisan ko pehchanna aur use refer karna'.

'PHC mein har mahine ASHA ke meeting karana aur samuh meeting karna, griha bhraman ke douran ASHA ko madad karna, dobara prashikhyan dena, kaam karne liye protsahan dene se program chalane ke sabse badi absar bhi hai aur chunoti bhi hai'. The opportunities and challenges in program roll out are to conduct meetings at PHC level and cluster level, handholding of ASHAs, reinforcement of training, providing incentives are the steps to be taken for strengthening programs. However, these are opportunities in the program roll out as well.

'Bhabishya mein HBNC program me agar prashikhyan module banana pe dhyan diya jaye, samikhya aur mulyankan ko majbut kiya jaye, 'suchana, shikhya and prasar' pe dhyan dene se program mein majbuti hogi.

Regarding future plans to strengthen the HBNC programs, he opined that focus should be on development of training curriculum, strengthening monitoring and supervision along with focus on IEC are the areas to be strengthened.

The responses regarding approach and work of ASHAs as a community worker reflects that he believes the knowledge of ASHA, developing the self-confidence of ASHAs along with referral are the criteria to decide upon the work and approach of ASHAs.

'Agar mein ASHA ke kaam aur uske kaam karne kid hang ke bare mein bataun to uski gyan, uske atma vishwas aur maaon ko aspatal bhejne ke salah dena bhi ek majbooti hai'.

Case Study 3- Stake Holder of Gonda district, District Nodal Officer, Child Health

Dr. X, aged 55 years works with the Provincial Health Services (PHS). In Gonda district, the current operational programs on child health and newborns are the Home Based Newborn Care (HBNC) and Childhood Diarrhea Management Program (CDMP) that were mentioned. Other programs were not mentioned.

When asked about the role of ASHAs in newborn programs, the only activity he did not mention was treat and refer the newborn incase of danger signs. In his words 'ASHA ke jo muskil kam hai woh navjat mein khatre ko pehechanana aur use refer karna. Ye kaam theek se karti nahin'. He mentioned all other activities.

Regarding the role of ASHAs in HBNC programs, he replied that ASHA needs to do home visits, fill HBNC checklists and follow up at house hold level. He did not mention about advice on referring the newborn with danger signs and treat the newborn using her drug kit along with maternal nutrition. 'HBNC program mein ASHA ke bhumika he griha bhraman karna, HBNC ke checklist bharna aur ghar mein jake salahon ke bare mein feedback lena'.

'PHC mein har mahine ASHA ke meeting karana aur samuh meeting karna, griha bhraman ke douran ASHA ko madad karna, dobara prashikhyan dena, kaam karne liye protsahan dene se program chalane ke sabse badi absar bhi hai aur chunoti bhi hai'. The opportunities and challenges in program roll out are to conduct meetings at PHC level and cluster level, handholding of ASHAs, reinforcement of training, providing incentives are the steps to be taken for strengthening programs. However, these are opportunities in the program roll out as well. The only variable he left out was monitoring.

'Bhabishya mein HBNC program me agar feedback lena, har jagah ki muddo pe kaam karna, prashikhyan module banana pe dhyan diya jaye, 'suchana, shikhya and prasar' pe dhyan dene se program mein majbuti hogi.

Regarding future plans to strengthen the HBNC programs, he opined that focus should be on feedback process, area specific issues focus, development of training curriculum along with focus on IEC are the areas to be strengthened.

The responses regarding approach and work of ASHAs as a community worker reflects that he believes the application of ASHA, developing the self-

confidence of ASHAs along with referral are the criteria to decide upon the work and approach of ASHAs.

'Agar mein ASHA ke kaam aur uske kaam karne ki dhang ke bare mein bataun to uski kam pe lagab, uske atma vishwas aur maaon ko aspatal bhejne ke salah dena bhi ek majbooti hai'.

Case Study 4- Stake Holder of Saharanpur district, District Nodal Officer, Child Health

Dr. X, aged 57 years works with the Provincial Health Services (PHS). In Saharanpur district, the current operational programs on child health and newborns are the Home Based Newborn Care (HBNC), Routine Immunisation and Rashtriya Bal Swasthya Karyakram (RBSK). Other programs were not mentioned.

When asked about the role of ASHAs in newborn programs, the two activities he mentioned were register newborn, mother and do home visits while preparing the mother for birth preparedness for institutional delivery. In his words 'ASHA ke jo kam hai woh navjat aur maa ki panjikaran karna, griha bhraman karna aur maa ko aspatal mein prasab karane ke liye taiyar karna'. He did not mention all other activities.

Regarding the role of ASHAs in HBNC programs, he replied that ASHA needs to do two activities which are home visits and follow up at house hold level. He did not mention about advice on referring the newborn with danger signs and treat the newborn using her drug kit along with maternal nutrition. 'HBNC program mein ASHA ke bhumika he griha bhraman karna, aur ghar mein jake salahon ke bare mein feedback lena'.

'PHC mein har mahine ASHA ke meeting karana, griha bhraman ke douran ASHA ko madad karna, kaam karne liye protsahan dene se program chalane ke sabse badi absar bhi hai aur chunoti bhi hai'. The opportunities and challenges in program roll out are to conduct meetings at PHC level, handholding of ASHAs, providing incentives are the steps to be taken for strengthening programs. However, these are opportunities in the program roll out as well. He left out three variables.

'Bhabishya mein HBNC program me agar reporting, prashikhyan module banana pe dhyan diya jaye, samikhya aur mulyankan pe dhyan dene se program mein majbuti hogi.

Regarding future plans to strengthen the HBNC programs, he opined that focus should be on reporting, development of training curriculum along with focus on monitoring and evaluation are the areas to be strengthened.

The responses regarding approach and work of ASHAs as a community worker reflects that he believes in the knowledge, skills and referral as variables or criteria to decide upon the work and approach of ASHAs.

'Agar mein ASHA ke kaam aur uske kaam karne ki dhang ke bare mein bataun to uski gyan, dakhyata aur aspatal bhejne ke salah dena bhi ek majbooti hai'.

Case Study 5- Stake Holder at State level, General Manager, Child Health, State Program Management Unit, National Health Mission, UP

Dr. X, aged 56 years works with the Provincial Health Services (PHS). In UP, the current operational programs on child health and newborns are the Home Based Newborn Care (HBNC), Facility Based Newborn Care (FBNC), Routine Immunisation and Rashtriya Bal Swasthya Karyakram (RBSK). Other programs like Childhood Diarrhea Management Program (CDMP), childhood pneumonia were also mentioned.

When asked about the role of ASHAs in newborn programs, the activities he mentioned were register newborn avail JSY and JSSK benefits, mother and do home visits while preparing the mother for birth preparedness for institutional and home delivery. He also mentioned to treat and refer the newborn in case of danger sign'. In his words 'ASHA ke jo kam hai woh navjat aur maa ki panjikaran karna, griha bhraman karna aur maa ko aspatal mein ya ghar mein prasab karane ke liye taiyar karna'. Saath mein mataon ko JSY aur JSSK ke fayede pahuchana aur navjat mein khatre ke nisan ko pehchan kar unko elaz karna He mentioned all the activities.

Regarding the role of ASHAs in HBNC programs, he replied that ASHA needs to do all activities except maternal nutrition. The activities are home visits and follow up at house hold level. He also mentioned about advice on referring the newborn with danger signs and treat the newborn using her drug kit. 'HBNC program mein ASHA ke bhumika he griha bhraman karna, aur ghar mein jake salahon ke bare mein feedback lena'.

'PHC aur samuh ke star pe mein har mahine ASHA ke meeting karana, griha bhraman ke douran ASHA ko madad karna, kaam karne liye protsahan dene se program chalane ke sabse badi absar bhi hai aur chunoti bhi hai'. ASHA ko dobara prashikhyan dena bhi zaroori hai. The opportunities and challenges in program roll out are to conduct meetings at PHC and cluster level, handholding of ASHAs, providing incentives are the steps to be taken for strengthening

programs. However, these are opportunities in the program roll out as well. He also mentioned monitoring and thus covering all the necessary variables.

'Bhabishya mein HBNC program me agar kam karne ke douran jo dhikkatein aati hai unpar dhyan dena, reporting par dhyan dena, prashikhyan module banana pe dhyan diya jaye, samikhya aur mulyankan pe dhyan dene se program mein majbuti hogi. Saath mein suchana/shikhya/prasar par dhyan dena aur har vyakti ko ek nirdhist jimmedari dena'. 'Ye sab karne se program mein mazbooti ayegi'.

Regarding future plans to strengthen the HBNC programs, he opined that focus should be on roll out issues, reporting, feedback, training curriculum, monitoring and supportive supervision, IEC and specific responsibility were the variables development of training curriculum along with focus on monitoring and evaluation are the areas to be strengthened so that HBNC program is strengthened in future. The only variable left out was the area specific issue.

The responses regarding approach and work of ASHAs as a community worker reflects that he gave less importance to application, self-confidence and referral. However, he believes in the knowledge, skills and referral as variables or criteria to decide upon the work and approach of ASHAs.

'Agar mein ASHA ke kaam aur uske kaam karne ki dhang ke bare mein bataun to uski gyan, dakhyata aur aspatal bhejne ke salah dena bhi ek majbooti hai'. ASHA ko bhale apna lagab, yakin aur referral kam ho lekin baki sab chizo pe dhyan dena zaroori hai.

CONCLUSIONS

The above results showed that the feedback of the program managers on the work of ASHAs through their feedback on the work & approach of ASHAs is not fully satisfactory across the four districts. The major problem is that large scale studies do not focus on the response of the program managers at district & state level. The opportunities, challenges & the future plans that they spoke about shows that they are only rolling out the training activities primarily without touching upon other modalities.

The feedback of managers of the programs like newborn & child health would only improve if they make field visits & follow up on the progress of the Management Information System reports on the program progress. Monthly meetings should discuss on these program aspects. This strategy would help in more buying in both at the level of mothers & the managers. The process would make the referrals of the ASHAs effective & timely thereby improving the program progress through the eyes of the community & the public health system.

Limitation of the Study

As shown in the section on the research methodology, the current article has just 5 program managers. The current study was basically a quantitative study at large where this mere sample size was to address the qualitative part of the study & the perspective of the personnel of the health system. Hence, the responses of this small sample size cannot be attributed to the entire health personnel of any unit like block, district & the state of UP. This is just a tangent to the entire periphery of the health system of UP.

ANNEXURE-1

Interview guide for policy makers at state and district level

1. Tell me about the current programs that are operational at the district/state level on child health. Please tell me in detail about the program on newborns.
2. Tell me about the role of ASHAs in the operation of newborn related programs.
3. Please tell me in detail about the Home Based Newborn Care (HBNC) program and the role of ASHAs in the roll out of the program. (Institutional and Home deliveries).
4. Can you tell me about the opportunities and challenges that come in the roll out of these programs and how do you deal with these issues.
5. Please detail out the future plans to strengthen the HBNC program (roll out issues, reporting issues, feedback issues and any geographic area specific issues)
6. What all measures you can suggest to improve the newborn care approach and especially the HBNC approach.
7. Based on your experiences in the field, tell me about the approach and work of ASHA as a community worker in the roll out of HBNC. (Knowledge, skills, attitude, application, self-confidence, timely visits and referral).

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