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Research Article

Performance of Ashas in ANC and Birth Planning in Uttar Pradesh, India

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ABSTRACT: ASHAs were introduced in UP through NRHM in 2005, the first major task of ASHAs was to focus on maternal and child health to reduce Maternal Mortality Ratio and Infant Mortality Rate in the state of UP. Their primary activity was to visit homes of pregnant women. The first program in UP operated through the ASHAs was the Comprehensive Child Survival Program in 2008. Since then, tracking of all pregnancies to decipher messages on ANC and birth planning is an integral part of the work of ASHAs across the state of UP.

The current study explores variables like the average visits of each of the ASHAs to pregnant women in absolute numbers in four districts of UP. Further, the study sees the percentage of the ASHAs that give messages on ANC like TT injections, BP and abdominal examination, IFA tablets and provision of 3 ANCs to pregnant women. In addition to that, the percentage of ASHAs giving messages on birth planning like identification of place of delivery, birth attendant, arranging money, arranging transport and identification of blood donor. Information on JSY was also a part of the message. These activities were done by the ASHAs in the last 3 months prior to the survey.

The relevance of the study assumes significance as data on the details of targeted messages done by ASHAs through home visits are never discussed in detail and further there is no comparison to their performance visa vis the inputs they received through capacity building.

A total of four districts of Uttar Pradesh were selected purposively for the study and the data collection was conducted in the villages of the respective districts with the help of a pre-tested structured interview schedule with both close-ended and open-ended questions. In addition, in-depth interviews were also conducted amongst the ASHAs and a total 250 respondents had participated in the study.

The numbers of pregnant women visited by each of the ASHAs in the 4 districts in their catchment area in the 3 months were in the range of 4-6. Among the messages on ANC, IFA tablets consumption and TT injections were given by most of the ASHAs in the 4 districts. Among the birth planning messages, identification of place and birth attendant were given by most of the ASHAs in the 4 districts. This reflected that the focus of messages were neither prioritized nor covered by all the ASHAs.

Key words: JSSK, MDR, JSY, NHP, CCSP, NHSRC, NSSK, birth plan, SBR

Introduction

The current study focused on the role and performance of ASHAs (Accredited Social Health Activist) regarding ANC visits and messages to pregnant women. It also dealt with the birth planning messages that ASHAs give to pregnant women. These activities were done by the ASHAs in the last 3 months preceding the survey. The visits are critical as they help to prepare the family and pregnant women for the delivery to get a healthy child. The study also analyzed the average number of pregnant women visited by the ASHAs in the reference period.

In UP, the ASHAs came on board on the premise of providing newborn care through the introduction of NRHM where the roll out of JSY was the top most priority (GO UP, 2005-06). At the same time in 2007, GO UP rolled out the CCSP program based on the HBNC guidelines of GOI (GO UP, 2007). Various stakeholders like the Vistaar project and UNICEF assisted the Government of UP to roll out the CCSP (EOP report, Vistaar project, 2012). The current study focused on the visits to pregnant women through the roles and performances of ASHAs.

The National Health Policy (NHP) mentioned about the role of ASHAs in prevention and management of communicable diseases and in maternal and child health. The document mentioned that it will continue to be an important focus in the role of ASHAs (NHP, GOI, 2017). ANC and birth planning related activities came under the domain of maternal and child health and it is apt that the current study focuses to analyze the role of ASHAs in this area.

Another study by National Health System Resource Centre (NHSRC) on evaluation of performance of ASHAs suggested optimization of ASHA's functionality and effectiveness. It highlighted low performance in areas of newborn care, postnatal care, antenatal care and nutrition by ASHAs due to lack of skills and support (Ved et. al, NHSRC, 2011). The current study also focuses on these areas to see the performance of ASHAs. In other studies, it is cited that evaluations of CHW performance in 1998, 1999 and 2000 in Siaya, Kenya (Kelly et. al, 2001) found that key reasons for the deficiencies in performance appeared to be guideline complexity and inadequate clinical supervision.

The current and past Still Birth Rate of India tells us that in 2017, 15.8 children and in 2011, 22 children per 1000 live births did not see the world at all (S. Cousens et. al, Lancet, 2011 and Lancet, 2017). However, it is a matter of maternal care which the current study analyzed through the interview of RDWs.

The maternal health is critical for home based newborn care as a healthy mother is essential to provide essential newborn care. Besides JSY, other programs that were in the domain of maternal health but also addressed the newborn care component were the Janani Shishu Surakya Karyakram (JSSK), Navjat Shishu Surakya Karyakram (NSSK) and Maternal Death Review (MDR) (GOUP, PIP, NHM, 2016-17). As per the NHM PIP of GOUP, the JSSK program encourages the mother and child to stay in the hospital till 2 days after delivery thereby addressing the warmth component and the breast feeding component of the newborn. The NSSK training helpes the ANMs and doctors to train ASHAs in identifying danger signs in newborns and their immediate referral to a public health facility. The MDR addressed the efforts to know the cause of death of the mother to prevent further maternal deaths. Lesser the number of maternal deaths, lesser will be the number of neonatal deaths.

Background of ASHAs

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 (GOI, 2005).

A study on evaluation of ASHAs in 2013 in UP reflects that 98.9% of ASHAs provided ANC to pregnant women. As per ASHAs, 96% assisted in birth plan, 99.3% supported for institutional delivery, 98.5% for immunization during pregnancy, 94.8% for clean items for delivery and 98% for selection of health centers for delivery. The study only focused on the number of visits to newborns by ASHAs but not on the newborn care messages provided by ASHAs (GOUP, CCSP evaluation report, Vimarsh, 2013). The current study dealt with these messages specifically in the 4 districts of UP.

The performance of ASHAs in UP was also done in another study involving states of Bihar, Chattisgarh, Rajasthan and Uttar Pradesh in 2011. As per the study, each ASHA spent 13 hours per week for ANC activities. Regarding ANC the study reveals that 42% of pregnant women were followed up by ASHAs for ANC. Under awareness creation, the study mentions that all the ASHAs in UP counselled women on birth preparedness and created awareness on newborn care. Only 62% of ASHAs replied that their training on newborn care was optimum. The study does not focus exclusively on messages on ANC and newborn care (Bajpai N, Dholakia R, 2011). The current study reflects on the actual primary data collected from the ASHAs

The above two studies do not reflect on the performance of ASHAs with respect to their messages on ANC and birth plan. The current study has the percentage for each of the variables used in the study. This study done in 2017 examines the profile of average number of pregnant women visited by ASHAs in their coverage area, type of messages given by ASHAs on ANC and birth plan. The reference period of the study was 3 months preceding the survey.

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.

Data analysis

The data was analyzed using SPSS software to calculate the average number of visits by each ASHA to pregnant women. It also deciphered the type of messages given by ASHAs on ANC and birth planning as per the data in the four study districts. The quantitative data related to the details of home visits to pregnant women was seen against the prescribed guidelines for ASHAs by GOI regarding achieving targets for these activities in their coverage areas. The reference period of the study was 3 months preceding the survey.

Research tool

The ASHAs were interviewed using an in-depth, open-ended interview schedule which included a section on variables on work done by ASHAs through home visits to pregnant women. During these visits, the tool explored about the messages that ASHAs gave on ANC, checkups and birth planning. All these questions were under the section of home

visit of the tool. These activities were also seen against the basic messages that the ASHAs should have given based on the training that they had received on these issues. The average numbers of visits to the houses of pregnant women were seen in the last 3 months preceding the survey.

Results and discussions

Table 1

Names of districts	Banda	Barabanki	Gonda	Saharanpur
Average number of home visits to pregnant women during pregnancy				
Number of visits	6	5	4	5
Percentage of ASHAs delivering type of messages on Antenatal care and checkups to pregnant women				
Get 2 doses of TT injections	87	98.3	85.9	100
BP examination	48.3	40.3	50	82.2
Consume 100 IFA tablets	90.3	70.9	78	100
Abdominal examination	27.4	48.3	40.6	82.2
Get 3 ANCs by trained personnel	32.2	32.2	25	91.9
None of these	0.0	0.0	7.8	4.8
Any other	1.6	0.0	4.6	0.0

The average number of visits by ASHAs to pregnant women during their pregnancy was 6 in Banda, 5 each in Barabanki and Saharanpur followed by 4 in Gonda. The ASHAs of Banda district visited the most and the ASHAs of Gonda district visited the least among the four districts.

Let us see what all messages do the ASHAs give to the pregnant women when they visited them. The ASHAs replied that they told the pregnant women to take two TT injections. Here all ASHAs of Saharanpur gave this message followed by Barabanki, Banda and Gonda respectively. Only 86% of ASHAs gave this message in Gonda district. Less than 50% of ASHAs told the pregnant women to get their BP measured in Banda and Barabanki whereas only 50% of ASHAs gave this message in Gonda and 82% ASHAs gave this message in Saharanpur. Similarly, dissemination of message regarding consumption of 100 IFA tablets was done by less percentage of ASHAs in Barabanki and Gonda than the other two districts. All the ASHAs in Saharanpur gave this message and more than 90% of ASHAs gave this message in Banda district.

The message regarding getting the abdomen examined was given by less than 30% of ASHAs in Banda, less than 50% of ASHAs gave it in Barabanki and Gonda but 82% of ASHAs told the message in Saharanpur. The basic message of getting 3 ANCs done by trained personnel was only told by 25% ASHAs in Gonda and less than 33% ASHAs in Banda and Barabanki. In Saharanpur, this message was given by 82% of ASHAs. About 5% of ASHAs in Gonda and 8% of ASHAs in Saharanpur did not give any one of the messages mentioned in this paragraph. Non- specific messages were given by 2% of ASHAs in Banda and 5% of ASHAs in Saharanpur.

The table below gave the descriptive statistics like mean and standard deviation of the indicators related to the above table.

Table 1.1.0

QA_DN	Mean	N	Std. Deviation
1 Banda	6.32	62	1.998
2 Barabanki	5.37	62	2.058
3 Gonda	4.39	64	1.796
4 Saharanpur	4.82	62	1.079
Total	5.22	250	1.908

Table 2

Names of districts	Banda	Barabanki	Gonda	Saharanpur
Percentage of ASHAs delivering birth planning messages to pregnant women				
Identify a place of delivery and or birth attendant	69.3	82.2	85.9	98.3
Informed about JSY	96.7	45.1	57.8	98.3
Save money for delivery/child birth	38.7	83.8	43.7	85.4
Arrange transport for travel to hospital	20.9	70.9	53	98.3
Identify a potential blood donor	11.2	4.8	3	75.8
None	0.0	0.0	0.0	6.4

This paragraph dealt with the messages that the ASHAs gave to the pregnant women on birth planning. The message of identifying a place of delivery and a birth attendant was given by 70% of ASHAs in Banda, 82% in Barabanki, 86% in Gonda and more than 98% of ASHAs in Saharanpur. Next message was availing the benefits of JSY where only 45% of ASHAs in Barabanki and 58% of ASHAs in Gonda told this message to pregnant women. More than 95% of ASHAs in the other two districts gave this information to the pregnant women. Only 39% of ASHAs in Banda and 44% in Gonda told the mother to save money for the delivery whereas more than 83% of ASHAs gave this message in Barabanki and Saharanpur districts. Only about 21% of ASHAs in Banda and 53% in Gonda told the pregnant women to arrange transport to

go to the hospital in case of an emergency. 70% and 98% of ASHAs gave this message in Barabanki and Saharanpur districts respectively. Barring Saharanpur district where 75% of ASHAs told the mothers to identify a potential blood donor, in rest of three districts, very few ASHAs gave this message where only 3% of ASHAs in Gonda told this message. Despite being the most developed district, Saharanpur had 6% of ASHAs who did not give any of the messages related to birth planning.

Conclusions

The above results showed that the average number of visit of each ASHA to the houses of pregnant women in the catchment area was in the region of 4-6 in the last 3 months of preceding the survey. This was seen across the districts which are adequate. The major problem is that the ASHAs do not compare the performance regarding the ANC visits with their targets as the home visits are not planned in advance. As all the messages are not prioritized by ASHAs as per the trimester of pregnancies of pregnant women, tracking by ASHAs and their supervisors become difficult. The challenge lies in orientating ASHAs on following up all these home visits with the support of Sanginis (supervisors of ASHAs in UP) and that too it should be preferably an onsite orientation i.e. during the home visits while accompanying the ASHAs. Data regarding calculating the targets for visits to houses of pregnant women and newborns including the type of messages to be given should be worked out at the level of ASHAs so that performance is tracked regularly.

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