

Accredited Social Health Activist (ASHA) Performance Indicator Assessment of Jaipur City: A Cross-sectional Study

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Abstract— NUHM was launched in 1 May 2013 to improve the health status of the urban population particularly slum dwellers and other vulnerable urban section by facilitating their access to quality health care. And ASHAs are a 'bridge' or an interface between the community and health service outlets. NHM set some standard for working of ASHAs. So this study was conducted to assess the status of performance indicator for ASHA in area of Jaipur city. This cross-sectional study was conducted on 172 ASHAs working in Jaipur city. It was observed in this study that more than 80% was achieved in percentage of families counselled, ANC adequately covered, Institutional deliveries and completely immunized for age in 12-23 months age children among ASHA performance indicators. Newborn visit within 1 week of delivery, JSY claims made and newborn who were weighed by ASHAs were achieved of 70-80%. And less than 50% achievement was regarding percentage of children with diarrhoea received ORS and fever cases who received Chloroquine within first week. It can be concluded from this study that best ASHA performance indicator achieved was of percentage of institutional deliveries which is 82.53%, followed by regarding ANC adequately covered with at least 4 visits, Immunization of 12-23 months age, families counselled, newborn visit within 1 week of delivery, JSY claim made, newborn who were weighed, deliveries escorted, children with diarrhoea received ORS and fever cases who received Chloroquine within first week

Key words: ASHA, Performance Indicators of ASHA.

I. INTRODUCTION

The Union Cabinet headed by Dr. Anbumani Ramadoss vide its decision dated 1 May 2013, has approved the launch of National Urban Health Mission (NUHM) as a Sub-mission of an overarching National Health Mission (NHM), with National Rural Health mission (NRHM) being the other Sub-mission of National Health Mission.¹

NUHM seeks to improve the health status of the urban population particularly slum dwellers and other vulnerable section by facilitating their access to quality health care. NUHM would cover all state capitals, district headquarters and about 779 other cities / town with a population of 50,000 and above in a phased manner. Cities and town below 50,000 populations will be covered by NUHM.²

All the services delivered under the urban health delivery system through the urban PHCs and urban CHCs will be universal in nature, whereas the outreach services will be targeted to the slum dwellers and other vulnerable groups. Outreach services will be provided through the Female Health Workers (FHWs).³

One of the key components of the mission is creating a band of female health volunteers, appropriately named "Accredited Social Health Activist" (ASHA) in each village. These ASHAs would act as a

'bridge' between the rural people and health service outlets and would play a central role, in achieving national health and population policy goals.⁴

Article on socio-demographic profile of these ASHAs working in Jaipur city was already published. Another article on knowledge status of ASHAs had already been published. Therefore the present study was to assess the performance of ASHA workers in a urban community. With this, strategies may be developed and opted to improve performance of ASHAs which will intern became helpful in achieving targets.

II. METHODOLOGY

A cross-sectional, community-based descriptive study was carried out on 172 ASHAs working in Municipal Corporation Boundary of Jaipur city in since 1st June 2014 to September 2015.

After taking approval from Research Review Board (RRB) of SMS Medical College, Jaipur every ASHA worker working in the Municipal Corporation Boundary of Jaipur city will be identified and identified ASHA was interrogated as per pre-designed semi-structured proforma.

Personal information of each ASHA was collected using a pre-designed, semi- structured proforma including brief socio-demographic information of ASHA along with details of their area covered and their performance as per ASHA performance indicators.

Information gathered was entered at assigned place in proforma by the investigator. Data will be thus collected will be summarized and classified in the form of master chart in MS Excel worksheet

Statistical analysis: Data obtained was entered into Microsoft Excel and analyzed using statistical software. Frequencies were obtained using descriptive statistics.

III. RESULTS

Out of total 172 ASHAs surveyed of Jaipur city, mean age of ASHAs was 33 ± 3.2 years. It was also observed that majority 73 (42.44%) of ASHAs had secondary level of education. Majority 158 (91.86%) of ASHAs were married and living with their spouses.

When performance of these ASHAs were explores it was found that out of a total of 55964 families in urban area of Jaipur city surveyed, 45471 (81.25%) of families were counseled by ASHAs. (Table 1& Figure 1)

Likewise, out of total 5172 ANC's, 4264 i.e. 82.45% were adequately covered. Out of total 4841 institutional deliveries in last year, 2598 were escorted by ASHAs and JSY claims were made for 3724 i.e. 76.92% of mother delivered. (Table 1& Figure 1)

Out of total 4841 deliveries, newborn weight was taken in 3644 (75.28%) only and 73735 (7.15%) of newborn were visited within 1 week of delivery. (Table 1& Figure 1)

Out of total 6836 children of 12-23 months age in the area, completely immunized for age were 5584 (81.69%). (Table 1& Figure 1)

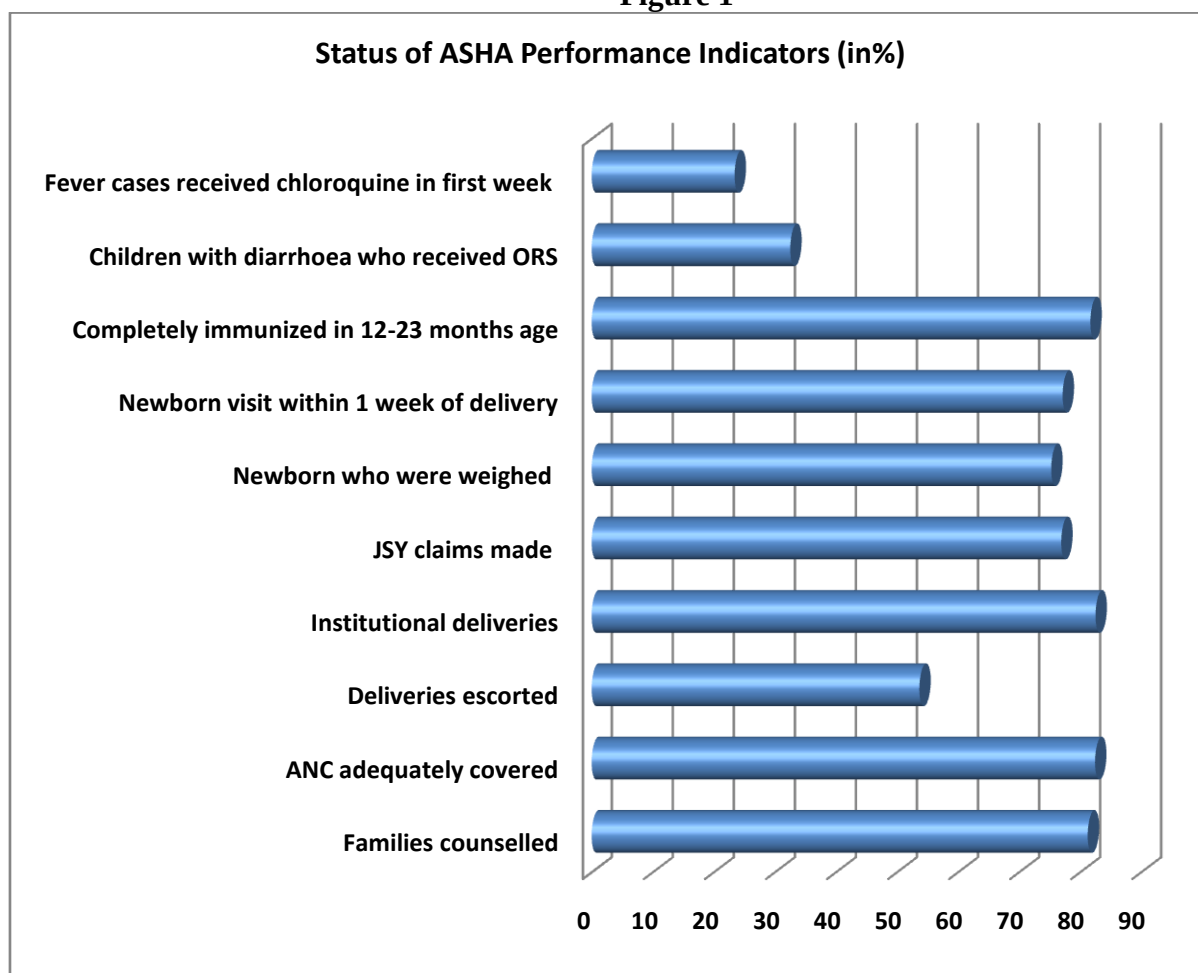
Out of total 4327 children having diarrhoea only 1408 (32.53%) received ORS and likewise fever cases who received Chloroquine within first week were 23.41% i.e.5169 out of total 22080. (Table 1& Figure 1)

Table No. 1
Status of ASHA Performance Indicators (N=172)

S. No.	ASHA Performance Indicators	Total	Performed	% Performed
1	Families counselled	55964	45471	81.25
2	ANC adequately covered	5172	4264	82.45
3	Deliveries escorted	4841	2598	53.67
4	Institutional deliveries	4841	3995	82.53
5	JSY claims made	4841	3724	76.92
6	Newborn who were weighed	4841	3644	75.28
7	Newborn visit within 1 week of delivery	4841	3735	77.15
8	Completely immunized for age in 12-23 months age children	6836	5584	81.69
9	Children with diarrhoea received ORS	4327	1408	32.53
10	Fever cases who received Chloroquine within first week	22080	5169	23.41

*Multiple Responses

Figure 1



IV. DISCUSSION

In present study 81.25% of families were counselled by ASHAs. Fatima F N et al (2015)⁵ also reported that >80% families were counselled by ASHAs in Karnataka.

In present study 82.45% of ANC's were adequately covered although Shashank K J, et al (2013)⁶, Kohli C, et al (2015)⁷, found little less adequately covered ANC's but Nirupam Bajpai, et al (2011)⁸ observed only 56 % of ASHA conducted 3-4 ANC visits and Karir S, et al (2015)⁹ in Jharkhan also found that most of them (84.6%) had minimum four antenatal checkups.

In present study 53.67% deliveries were escorted by ASHAs. Other authours like Stalin, *et al* (2011)¹⁰ Nirupam Bajpai, et al (2011)⁸ and Neera Jain, et al (2008)¹¹ observed more or less similar observations. Stalin, *et al* (2011)¹⁰ conducted a study in Haryana and found that 56.6% hospital deliveries were escorted by ASHAs. Nirupam Bajpai, et al (2011)⁸ Rajasthan found 56% deliveries at health facility were accompanied by ASHA. Neera Jain, et al (2008)¹¹ in Uttar Pradesh out of total institutional deliveries, around three fourth (70%) were motivated and facilitated by the ASHAs.

In present study 82.53% of deliveries were Institutional deliveries. Almost similar to this Madhu K, et al (2009)¹² in Karnataka found 90% of the deliveries were hospital deliveries. Karol G S, et al (2014)¹³ in Rajasthan reported that 71.46% were institutional delivery have been motivated by ASHAs. Fathima FN, et al (2015)⁵ in Karnataka found 60% of institutional delivery were result of the motivation by the ASHA in their community. Mohapatra B, et al (2008)¹⁴ in Orissa, and revealed that approximately 78.9% of the beneficiaries of the Janani Suraksha Yojana (JSY) service said that ASHA workers prompted them to use the service.

In present study 75.28% newborn were weighed, almost similar observations were made by Stalin, *et al* (2011)¹⁰ in Haryana who found 83% were weighed within 3 days of birth. Das, et al (2014)¹⁵ in Uttar Pradesh reported that weight was assessed in 87% of newborns.

In present study 81.69% child between 12 – 23 months were completely immunized. Madhu K, et al (2009)¹² in Karnataka found 93% of the children received all vaccinations needed according to the national immunization schedule. Neera Jain, et al (2008)¹¹ in Uttar Pradesh found 59% were facilitated by the ASHAs in getting the immunization. Karol G S, et al (2014)¹³ in Rajasthan found 80.61% of the children immunized were motivated by ASHAs. Fathima FN, et al (2015)⁵ in Karnataka reported 94.5% of the children immunization services were facilitated by the ASHA.

In present study 32.53% of children with diarrhoea who received ORS. Observations were made by Fathima FN, et al (2015)⁵ in Karnataka who reported that only about of half (49.8%) the children with diarrhoea, received ORS from the ASHA was well in resonance with observations of present study in this regard.

In present study 23.41% of fever cases who received chloroquine within first week. Almost similar observations were made by Bhagwan Waskel, et al (2014)¹⁶ in Madhya Pradesh.

V. CONCLUSION

It was concluded from this study that more than 80% was achieved in percentage of families counselled, ANC adequately covered, Institutional deliveries and completely immunized for age in 12-23 months age children among ASHA performance indicators. Newborn visit within 1 week of delivery, JSY claims made and newborn who were weighed by ASHAs were achieved of 70-80%. And less than 50% achievement was regarding percentage of children with diarrhoea received ORS and fever cases who received Chloroquine within first week.

Best ASHA performance indicator achieved was of percentage of institutional deliveries which is 82.53%, followed by regarding ANC adequately covered with at least 4 visits, Immunization of 12-23 months age, families counselled, newborn visit within 1 week of delivery, JSY claim made, newborn who were weighed, deliveries escorted, children with diarrhoea received ORS and fever cases who received Chloroquine within first week .

CONFLICT OF INTEREST

None declared till now.

REFERENCES

- [1] <http://nrhm.gov.in/nhm/about-nhm.html>
- [2] <http://nrhm.gov.in/nhm/nuhm/nuhm-framework-for-implementation.html>
- [3] Park K. Park's Textbook of Preventive and Social Medicine, Banarsidas Bhanot Publishers 1167 Premnagar Jabalpur, 482001 (India) 23rd edition. p 445
- [4] .Government of India. National Rural Health Mission. ASHA Manual book No.1
- [5] Farah N. Fathima, Mohan Raju, Kiruba S. Varadharajan, Aditi Krishnamurthy, S.R. Ananthkumar, Prem K. Mony. Assessment of 'Accredited Social Health Activists'- A National Community Health Volunteer Scheme in Karnataka State, India. J HEALTH POPUL NUTR. 2015 Mar; 33(1): 137-145
- [6] Shashank K J, M M Angadi, K A Masali, Prashant Wajantri, Sowmya Bhat, Arun P. Jose. A study to evaluate working profile of Accredited Social Health Activist (ASHA) and to assess their knowledge about infant health care. Int J Cur Res Rev. 2013 June; 5(12): 97-103
- [7] Charu Kohli, Jugal Kishore, Shantanu Sharma, and Harsavsardhan Nayak. Knowledge and practice of Accredited Social Health Activists for maternal healthcare delivery in Delhi. J Family Med Prim Care. 2015 Jul-Sep; 4(3): 359-363
- [8] Nirupam Bajpai and Ravindra H. Dholakia, Improving The Performance Of Accredited Social Health Activists In India: South Asia, Columbia University: Working Paper No.1. 2011 May; p 15-19
- [9] Karir S, Haider S, Kashyap V, Sagar V, Singh SB. Assessment of Sahiyya (Accredited Social Health Activist) in relation to antenatal services: Ormanjhi, Ranchi, Jharkhand. Int J Community Med Public Health 2015; 2(2): 130-136
- [10] P Stalin, Anand Krishnan, Sanjay K Rai and Ramesh K Agarwal. ASHA's Involvement in Newborn Care: A Feasibility Study. Indian Pediatrics. 2011 November; 48: 897-899
- [11] Neera Jain, N.K. Srivastava, A.M. Khan, Neera Dhar, Vivek Adhish, S.Menon and Deoki Nandan. Assessment of functioning of ASHAs under NRHM in Uttar Pradesh. Health and Population: Perspectives and Issues. 2008; 31(2): 132-140
- [12] Madhu, Sriram Chowdary, and Ramesh Masthi Breast Feeding Practices and Newborn Care in Rural Areas: A Descriptive Cross-Sectional Study. Indian J Community Med. 2009 Jul; 34(3): 243-246
- [13] Ghan Shyam Karol, Dr. B K Pattanaik. Community Health Workers and Reproductive and Child Health Care: An Evaluative Study on Knowledge and Motivation of ASHA (Accredited Social Health Activist) Workers in Rajasthan, India. International Journal of Humanities and Social Science. 2014 July; 4(9): 137-150
- [14] Mohapatra B, Datta U, Gupta S, Tiwari VK, Nair KS, Adhish V et al. An assessment of the functioning and impact of Janani Suraksha Yojana in Orissa. Health and Population: Perspectives and Issues 2008; 31(2): 120-125
- [15] Emily Das, Dharmendra Singh Panwar, Elizabeth A Fischer, Girdhari Bora and Martha C Carlough. Performance of Accredited Social Health Activists to Provide Home-based Newborn Care: A Situational Analysis. Indian Pediatrics. 2014; 51: 142-144
- [16] Bhagwan Waskel, Sanjay Dixit, Rama Singodia, D.K. Pal, Manju Toppo, S.C. Tiwari, Satish Saroshe. Evaluation of ASHA programme in selected block of Raisen district of Madhya Pradesh under the National Rural Health Mission. Journal of Evolution of Medical and Dental Sciences. 2014 Jan; 3(3): 689-694