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Study of health services rendered through ASHA (Accredited Social Health Activists) to rural North Indian area

Dr. Shishir Kumar
MBBS MD, Assistant Professor, Department of Community Medicine, Mayo Institute of Medical Sciences, Uttar Pradesh, India

Abstract
The main objective of the study is to evaluate the utilization of the maternal and child health service by rural community with the help of ASHA. Also to know the judgment of different groups in the health care system about ASHA's performance.
From the data generated in the current study the age group of the patients was 20-40 years with 58% cases are literate and 42% were illiterate. There are 85% cases which are Informed about availability of various health services by ASHA. Also 95% women's had availed the Ante natal care (ANC) services. The Iron Folic Acid tablets (IFA) tablets were received by 98 womens. There are also 98% cases receiving the Tetanus Toxoid (TT) Immunization. 60% cases received the Medical Care received for minor ailments. Total 95% cases done the Immunization of children due to motivation. There are 76% cases Attended Village Health and Nutrition Day (VHND) . Awareness regarding institutional delivery (Janani Suraksha Yojana i.e. JSY) is given to 95% cases. Total 60 Delivery conducted at Health facility (Institutional delivery) as motivated by ASHA. Knowledge about family planning method is given to 90 cases. Knowledge about Sterilization is given to 92 cases. Total 86 cases received the Knowledge about Oral Contraceptive Pills (OCP). The Knowledge about Copper-T is given to 89 cases.
Significant changes in awareness level of the rural beneficiaries regarding health care services were observed in the study. The number of institutional deliveries was high and the introduction of ASHA has helped the rural beneficiaries in getting continuous information about ANC, immunization.

Keywords: ASHA, ANC, IFA, VHND, OCP, JSY

1. Introduction

Accredited social health activists (ASHAs) is community health workers instituted by the government of India's Ministry of Health and Family Welfare (MoHFW) as part of the National Rural Health Mission (NRHM) [1]. The mission began in 2005; full implementation was targeted for 2012. Once fully implemented, there is to be "an ASHA in every village" in India, a target that translates into 250,000 ASHAs in 10 states [2]. The grand total number of ASHAs in India was reported in July 2013 to be 870,089 [3]. There are 859,331 ASHAs in 32 states and union territories as per the data provided by the states in December 2014. This excludes data from the states of Himachal Pradesh, Goa, Puducherry and Chandigarh, since the selection of ASHA is under way in these states [4].

ASHAs are local women trained to act as health educators and promoters in their communities. The Indian MoHFW describes them as [5].

Health activist(s) in the community who will create awareness on health and its social determinants and mobilize the community towards local health planning and increased utilization and accountability of the existing health services.

Their tasks include motivating women to give birth in hospitals, bringing children to immunization clinics, encouraging family planning (e.g., surgical sterilization), treating basic illness and injury with first aid, keeping demographic records, and improving village sanitation [6]. ASHAs are also meant to serve as a key communication mechanism between the healthcare system and rural populations [7].

She will act as a depot holder for essential provisions being made available to all habitations like Oral Rehydration Therapy (ORS), Iron Folic Acid Tablet(IFA), chloroquine, Disposable Delivery Kits (DDK), Oral Pills & Condoms, etc.

SHAs must primarily be female residents of the village that they have been selected to serve, who are likely to remain in that village for the foreseeable future. Married, widowed or divorced women are preferred over women who have yet to marry since Indian cultural norms dictate that upon marriage a woman leaves her village and migrates to that of her husband. ASHAs preference for selection is they must have qualified up to 10, preferably be between the ages of 25 and 45, and are selected by and accountable to the gram panchayat (local government). If there is no suitable literate candidate, a semi-literate woman with a formal education lower than eighth standard, may be selected.

Although ASHAs are considered volunteers, they receive outcome-based remuneration and financial compensation for training days. For example, if an ASHA facilitates an institutional delivery she receives Rs600 (US$9.40) and the mother receives Rs1, 400 (US$22). ASHAs also receive Rs50 (US$2.30) for each child completing an immunization session and Rs150 (US$2.30) for each individual who undergoes family planning [8]. ASHAs are expected to attend a Wednesday meeting at the local primary health centre (PHC); beyond this requirement, the time ASHAs spend on their

CHW tasks is relatively flexible.

A baseline survey is to be taken at the district level. It is for fixing decentralized monitoring goals and indicators. The community monitoring would be at the village level. Planning commission would be the eventual monitor of outcomes. External evaluation will be taken up in frequent intervals [9].

A study on effectiveness of "ASHA INCENTIVE" on enhancing the functioning of ASHA in motivating couples having two or less children to undergo permanent sterilization in Surendranagar district of Gujarat, India by NimavatJh et al., shows contribution of ASHAs toward achievements in female sterilization shows that maximum motivation was done by ASHAs, and ASHAs performance was increased; 1.13 times for eligible couples and 1.14 times for couples having two or less children after introduction of an incentive, and incentive showed a significant impact on motivation of eligible couples ($\chi 2 = 121.744$, df = 1, $P < 0.0001$) and motivation couple having two or less children ($\chi 2 = 74.893$, df = 1, $P < 0.0001$) for female sterilization method by ASHAs.

In assessment of the plan of a new health functionary at village level, the present study was planned to assess the health services rendered through ASHA and the perception of different stake holders about her contribution. The main objective of the study is to evaluate the utilization of the maternal and child health service by rural community with the help of ASHA. Also to know the judgment of different groups in the health care system about ASHA's performance.

Methodology

The study was planned in Mayo Institute of Medical Sciences . Total 100 cases were evaluated for the study. The patients were receiving health care services from ASHA. All enrolled candidates were interviewed to know the opinion about work performance of ASHA. After taking informed written consent and approval of the Institutional Ethics Committee study was carried out.

Table 1: General characteristics of beneficiaries receiving services from ASHA

Study Parameter	Number of Cases
Age Group	20-40
Education Status:	
Literate	58
Illiterate	42
Informed about availability of various health services by ASHA	85
Ante natal care (ANC) services availed	95
Iron Folic Acid tablets (IFA) tablets received	98
Tetanus Toxoid (TT) Immunization received	98
Medical Care received for minor ailments	60
Immunization of children due to motivation of ASHA	95
Attended Village Health and Nutrition Day (VHND)	76
Awareness regarding institutional delivery (JananiSurakshaYojana i.e. JSY)	95
Delivery conducted at Health facility (Institutional delivery) as motivated by ASHA	60
Knowledge about family planning method	90
Knowledge about Sterilization	92
Knowledge about Oral Contraceptive Pills (OCP)	86
Knowledge about Copper-T	89

From the data generated in the current study the age group of the patients was 20-40 years with 58% cases are literate and 42% were illiterate. There are 85% cases which are Informed about availability of various health services by ASHA. Also 95% women's had availed the Ante natal care (ANC) services. The Iron Folic Acid tablets (IFA) tablets were receivedby 98 womens. There are also 98% cases receiving the Tetanus Toxoid (TT) Immunization. 60% cases received the Medical Care received for minor ailments. Total 95% cases done the Immunization of children due to motivation. There are 76% cases Attended Village Health and Nutrition Day (VHND). Awareness regarding institutional delivery (Janani Suraksha Yojana i.e. JSY) is given to 95% cases. Total 60 Delivery conducted at Health facility (Institutional delivery) as motivated by ASHA. Knowledge about family planning method is given to 90 cases. Knowledge about Sterilization is given to 92 cases. Total 86 cases received the Knowledge about Oral Contraceptive Pills (OCP). The Knowledge about Copper-T is given to 89 cases.

Table 2: Opinion on performance of ASHA

Study Parameter	Number of Cases
Helps in immunization	100
Record maintaining by ASHA	80
Indication and Side Effects of Medicine	40
Compliance improved for Iron Folic Acid tablet	60
ASHA's helping in work	40

From the above data it can be found that ASAH Helps in immunization, Record maintaining, Compliance improved for Iron Folic Acid tablets and in routine medical work.

In a study by Malani et al about 65% of beneficiaries had been motivated for ANC by ASHA [10]. It is similar to the findings observed under this study where about 72.2% were motivated

for ANC by ASHA. Pal DK et al reported that about 81% of the beneficiaries were counseled for nutrition and 82% had received 100 tablets of iron folic acid (IFA) distributed by ASHA [11].

In a study in urban slums of Delhi, Vikram reported a total of 71% institutional deliveries and about 26% of respondents were informed about JSY through ASHA [12]. Mohapatra et al observed that about 78% of beneficiaries had knowledge of JSY generated by ASHA [13].

There is more need to stress upon the frequent home visits by ASHA as this will result in more awareness of the families about health issues and continuously persuade the families to obtain the available health services through ASHA. There is a need to further train the ASHA so that she could include almost every topic while interacting with every beneficiary including spacing methods for contraception and motivation for construction of latrines.

Conclusion

Significant changes in awareness level of the rural beneficiaries regarding health care services were observed in the study. The number of institutional deliveries was high and the introduction of ASHA has helped the rural beneficiaries in getting continuous information about ANC, immunization.

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