"KNOWLEDGE ASSESMENT OF ASHA WORKER REGARDING THEIR ROLES AND RESPONSIBILITIES AND HEALTH SERVICES"

(With special reference to the Ratlam district of Madhya Pradesh)

Presentation by:

Pankaj Shah

INTRODUCTION

ASHA is a health activist in the community who creates awareness on health and its social determinants and mobilize the community towards health planning and increased utilization and accountability of the existing health services. They 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.

In last year's ASHA programme has emerged as the largest community health worker programme in the world, and is considered a critical contributor to enabling people.

ASHA Selection-At a Glance

- Rural: One ASHA per 1000 population
- Urban: population of 50,000 or less (Slum)

Criteria for Selection –

1) woman resident of the village – preferably 'Married/Widow/Divorced/Separated' and preferably in age group of 25 to 45 years.
2) ASHA should have effective communication skills, leadership qualities and be able to reach out to the community.
3) She should be a literate woman with formal education up to Eighth Class
4) She should have family and social support to enable her to find the time to carry out her tasks.

Roles and Responsibilities of ASHA

The ASHA will fulfil her role through five activities:

- Home Visit
- Attending the Village Health and Nutrition Day (VHND)
- Visits to the health facility
- Holding village level meeting
- Maintain records

Capacity Building of ASHAs

Capacity building of ASHA is a continuous process.

Building ASHAs knowledge base and skills is critical in enhancing her effectiveness to achieve the desired healthcare outcomes.

Training Strategy: The training strategy includes-

1. Induction Training
2. Skill Based Training for key competencies in women and children's health and nutrition
3. Supplementary and refresher training

OBJECTIVE

- To evaluate the knowledge of ASHA workers regarding their roles and responsibilities and health services.

- To offer recommendations for improved functional efficacy of the ASHAs.

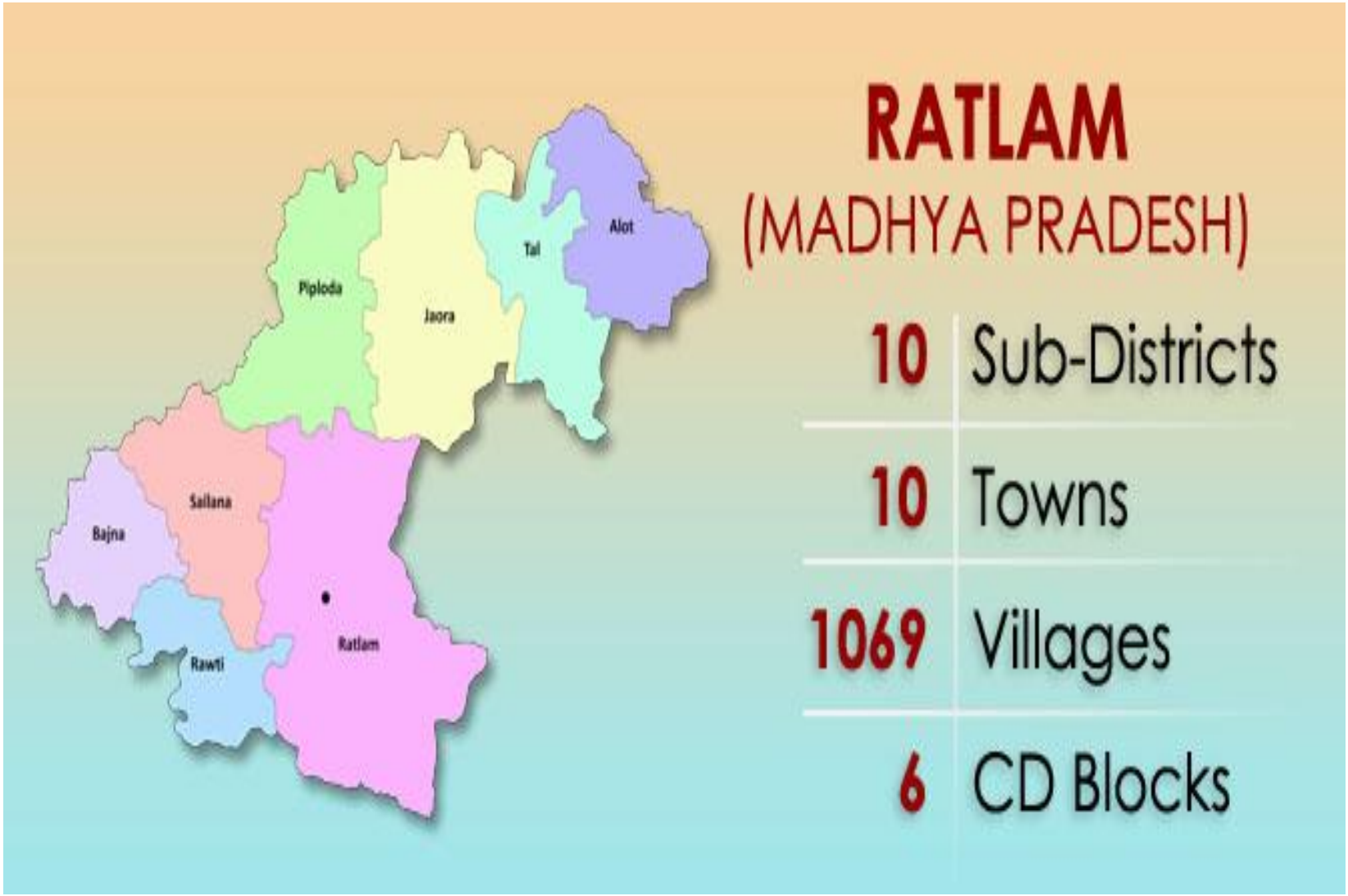
ORGANISATIONAL OVERVIEW

The National Rural Health Mission (NRHM) launched in April, 2005, with the objective of providing effective, efficient and affordable healthcare to rural population in India. NRHM and NUHM are merged in its second phase as National Health Mission (NHM).

In Madhya Pradesh under National Rural Health Mission total proposed/Targeted ASHA's were 62851, against to this total 59001 ASHA's are currently working/selected. This is 93.87% against to target. Under the National Urban Health Mission 4200 ASHA's were targeted, against to this target 3850 ASHA's are currently working/selected. This is 92% of total against to target.

(*Source by- NHSRC website)

Ratlam District of Madhya Pradesh



METHODOLOGY

- **Overview:** This field survey of ASHAs was undertaken to collect data relating to ASHA's perception about their roles, their training, their actual effective knowledge, time disposal, their supervision, interaction with health personnel in the region, etc. The purpose of this study was not to generate inclusive dataset, but to get more information on several factors and variables from the field that is not available from the secondary sources. Bilpank block of Ratlam distict was selected for sampling. Situated in rural area of Ratlam district of Madhya Pradesh, it is one of the 170 villages of of Ratlam district.

- **Methods:** The questionnaire developed for the ASHA is included in the appendix. The questionnaire was meant in English language. Questionnaires were filled by researcher in presence of all ASHAs separately via interview, and as each question was explained, the ASHA was asked to give her answers. The survey work was carried out in the presence of the block team members. For any clarifications/translation on any word or phrase, block team member who could translate language were available to translate.

- **Study design:** A cross sectional study was conducted, with enquiry made from a preformed questionnaire. The study was conducted in the period of February-April, 2017.

- **Sampling:** ASHA list was taken by ASHA software of NHM Madhya Pradesh and a meeting was called at the PHC Bilpank, interviewed with randomly selected ASHAs from the list and presence in the meeting. The survey sample of ASHAs was 145 from Bilpank block of Ratlam.
- **Source of data**

1. Primary Data-

- Interview of Accredited Social Health Activists
- Focus group discussion(FGD)
- Bilpank block office of the Ratlam districts of Madhya Pradesh.

2. Secondary Data-

- Journals
- NHSRC community process guideline

STAKEHOLDERS ANALYSIS

Stakeholder Analysis Matrix:

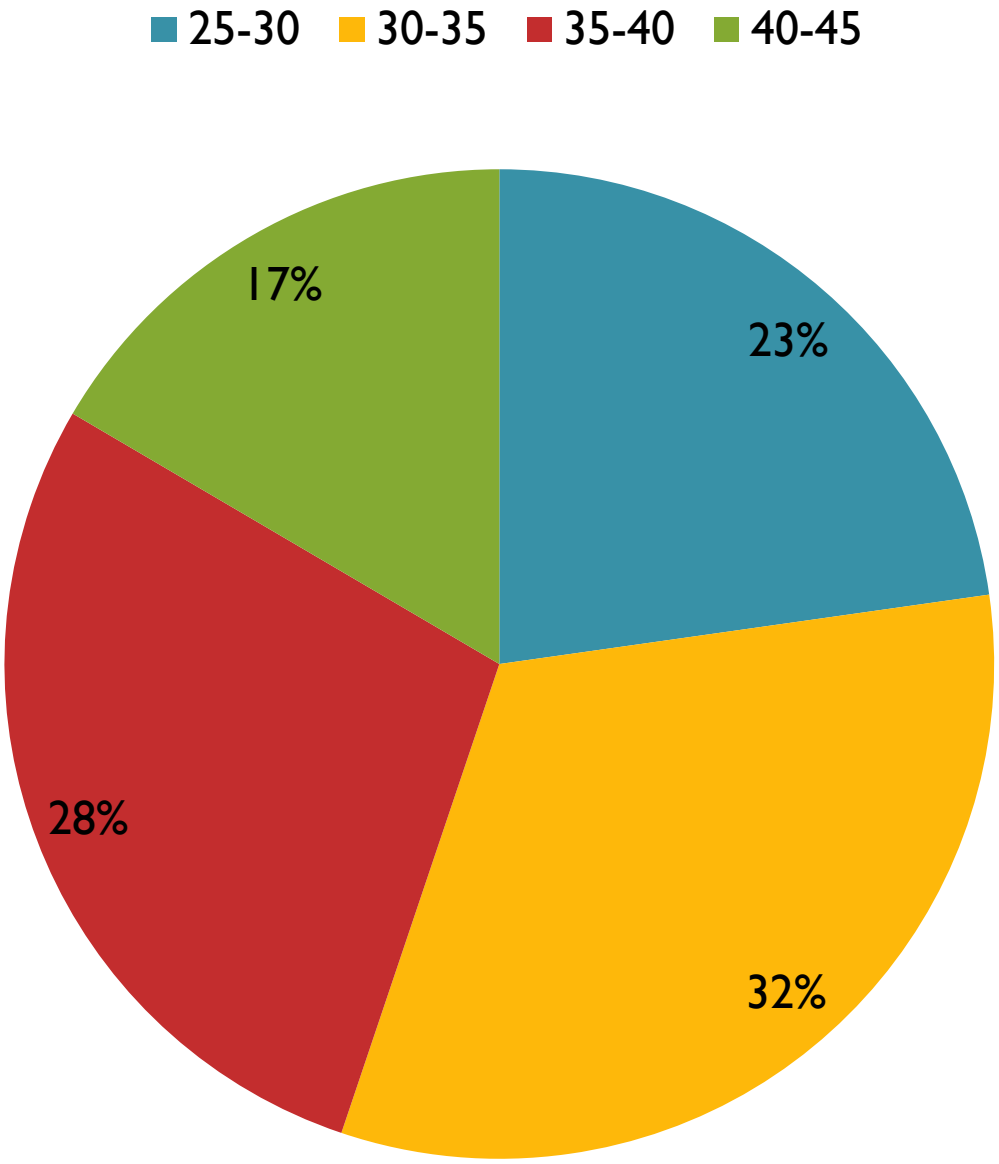
Stakeholder	Key interest	Importance	Influence
NGOs	1. Skill up gradation and capacity building	High	High
ANM	1. Guide in bringing the beneficiary and provide health services.	Medium	High
District Manager	1. Preparation of integrated training plan and related database	High	Medium
State officials	1. Organizing State and Divisional, District level workshops	Low	Low

RESULTS AND FINDINGS

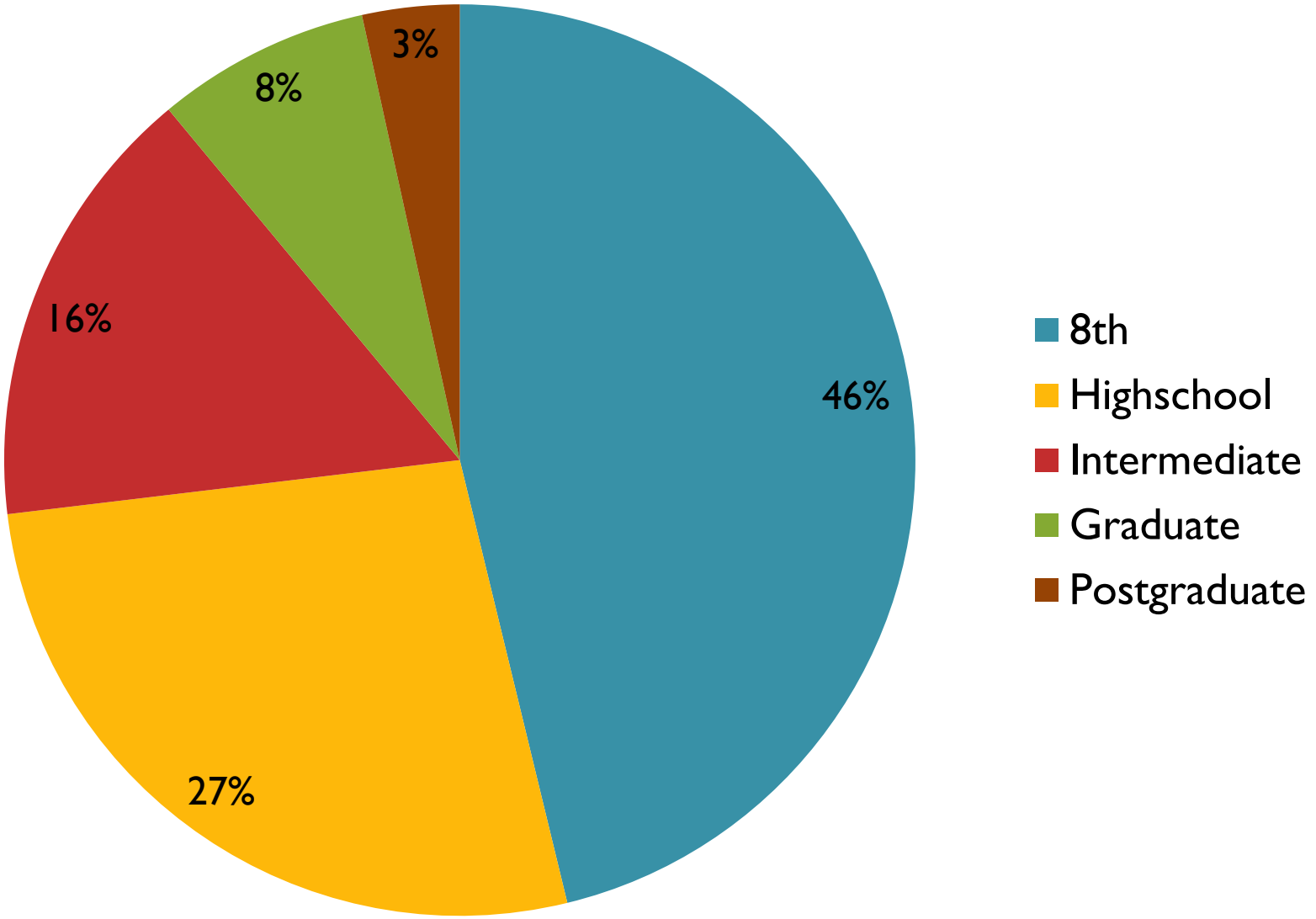
- **Personal Information of ASHA**

S. No.	Characteristics of ASHAs	Output
1	No. of ASHAs Surveyed	145
2	Percentage of working in Residence Village	98.78
3	Average No. of Years of Service	4.7
4	Average Population served/ ASHA	836

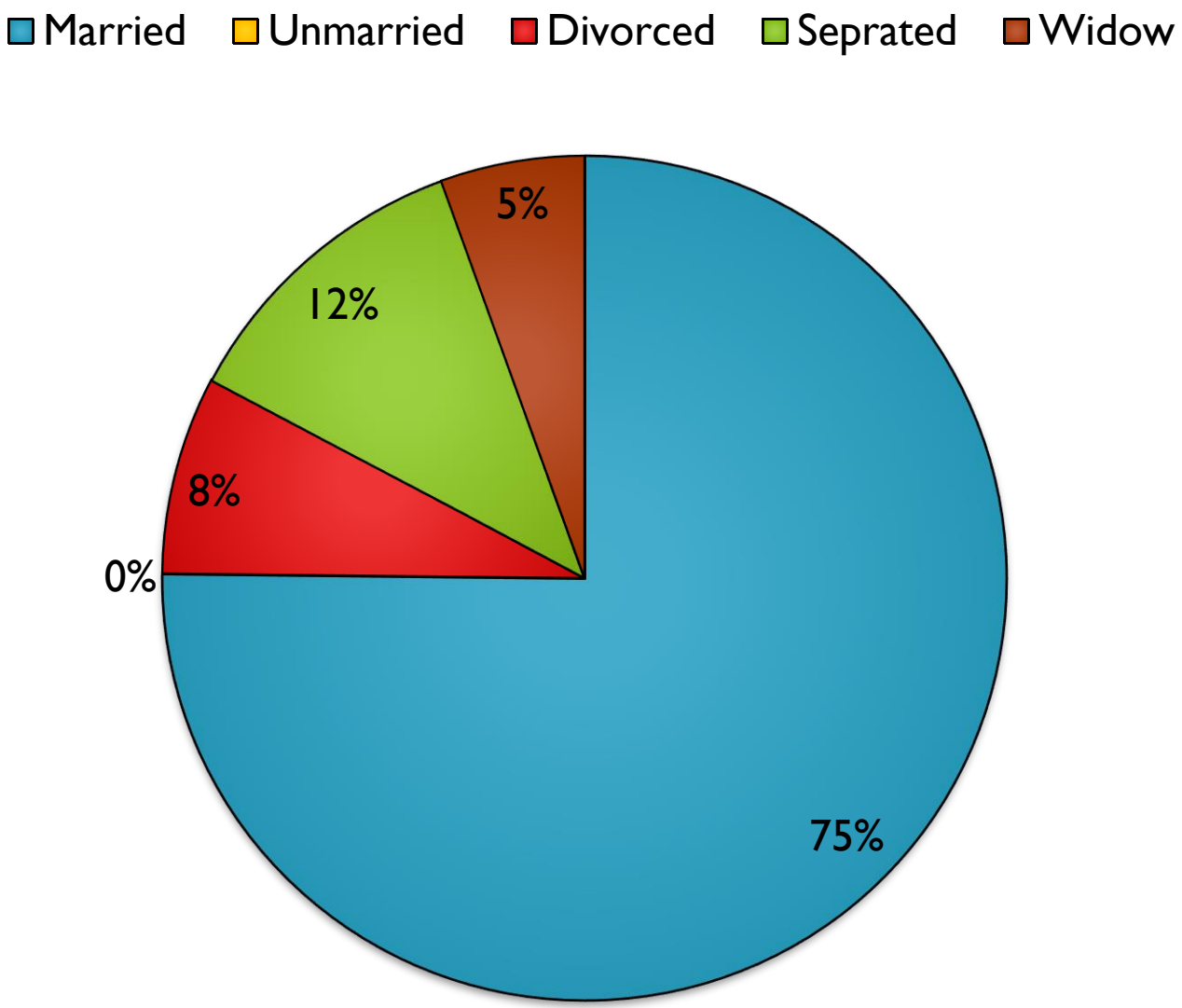
Age Group



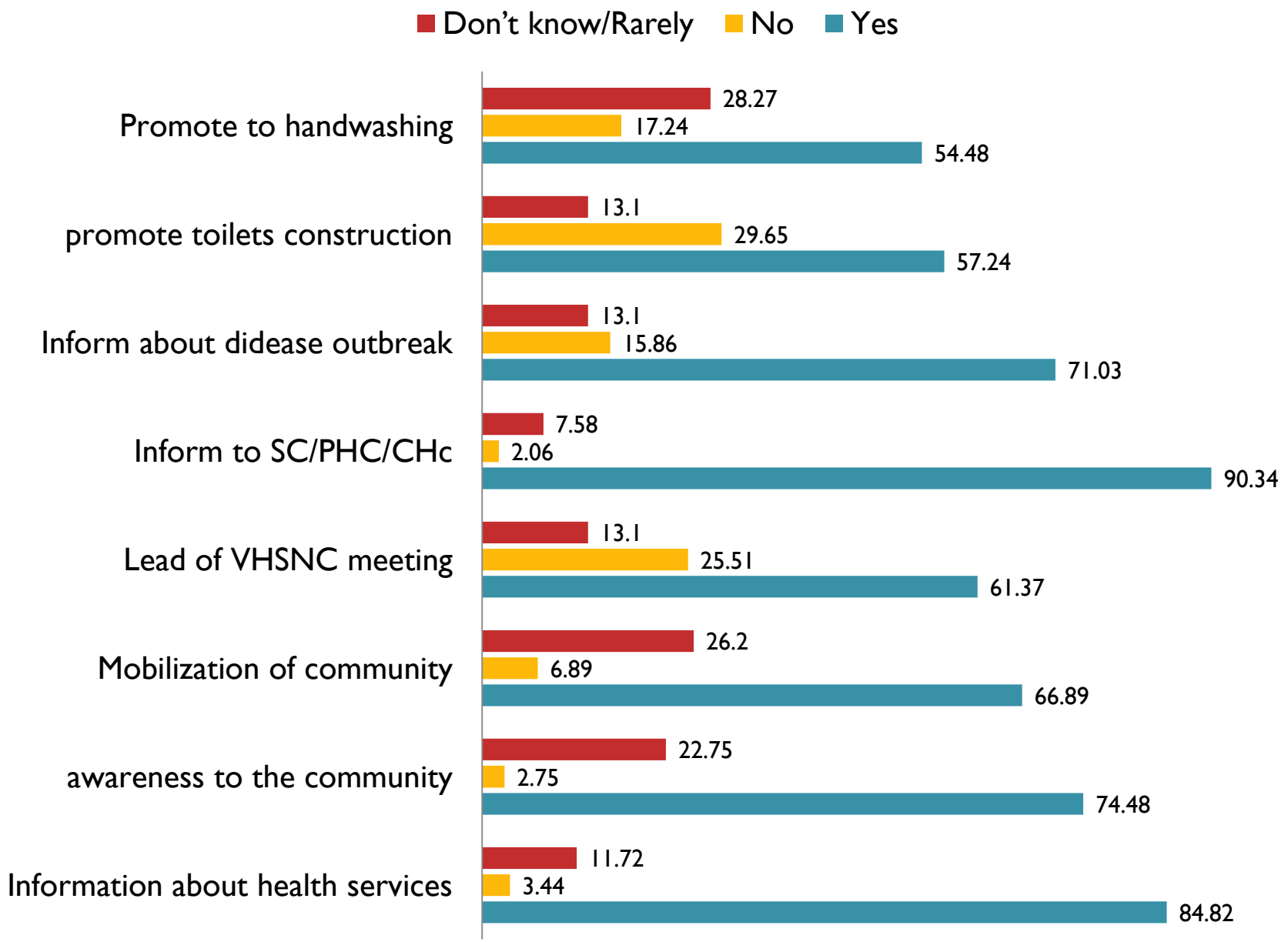
Educational Status



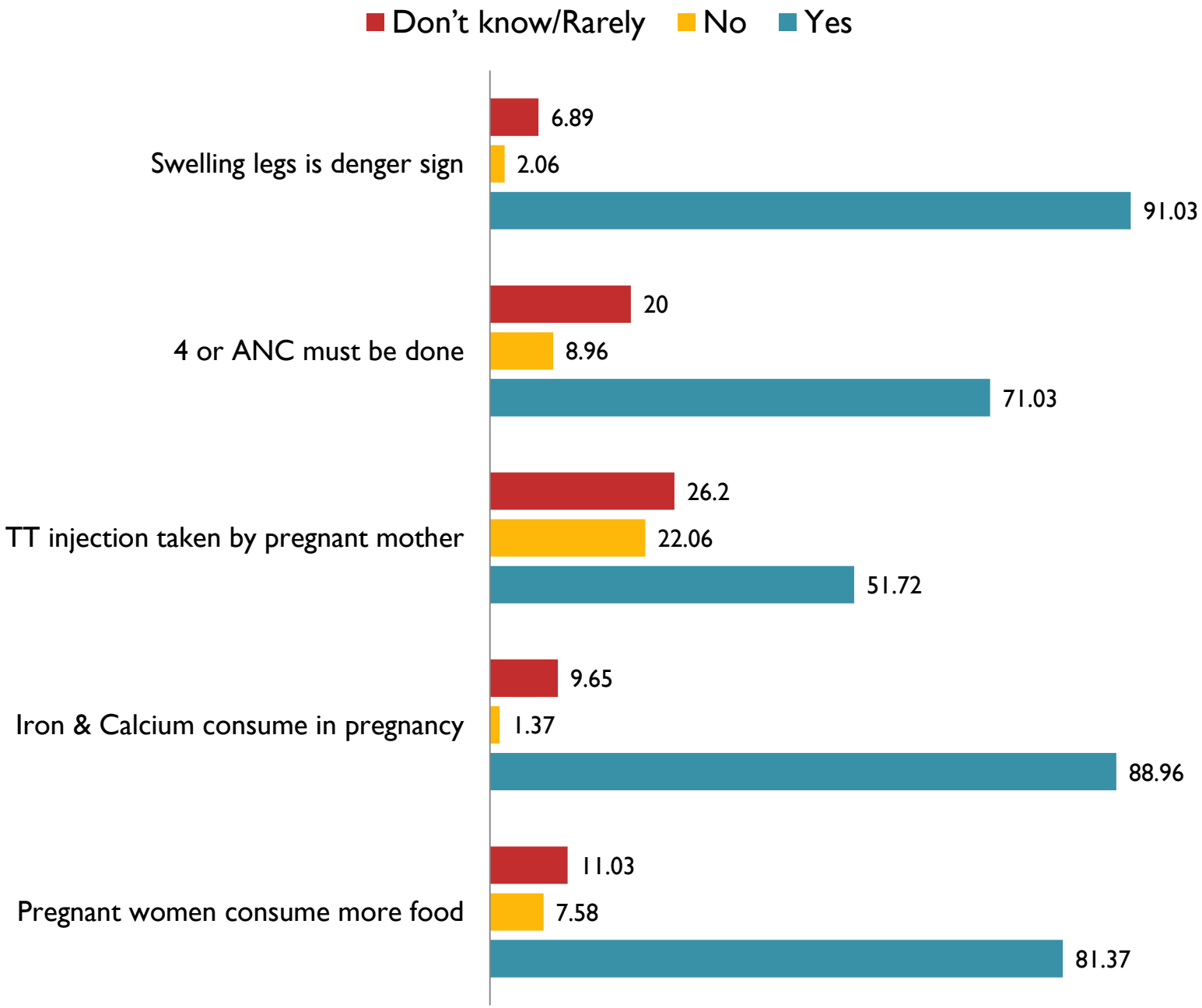
Marital Status



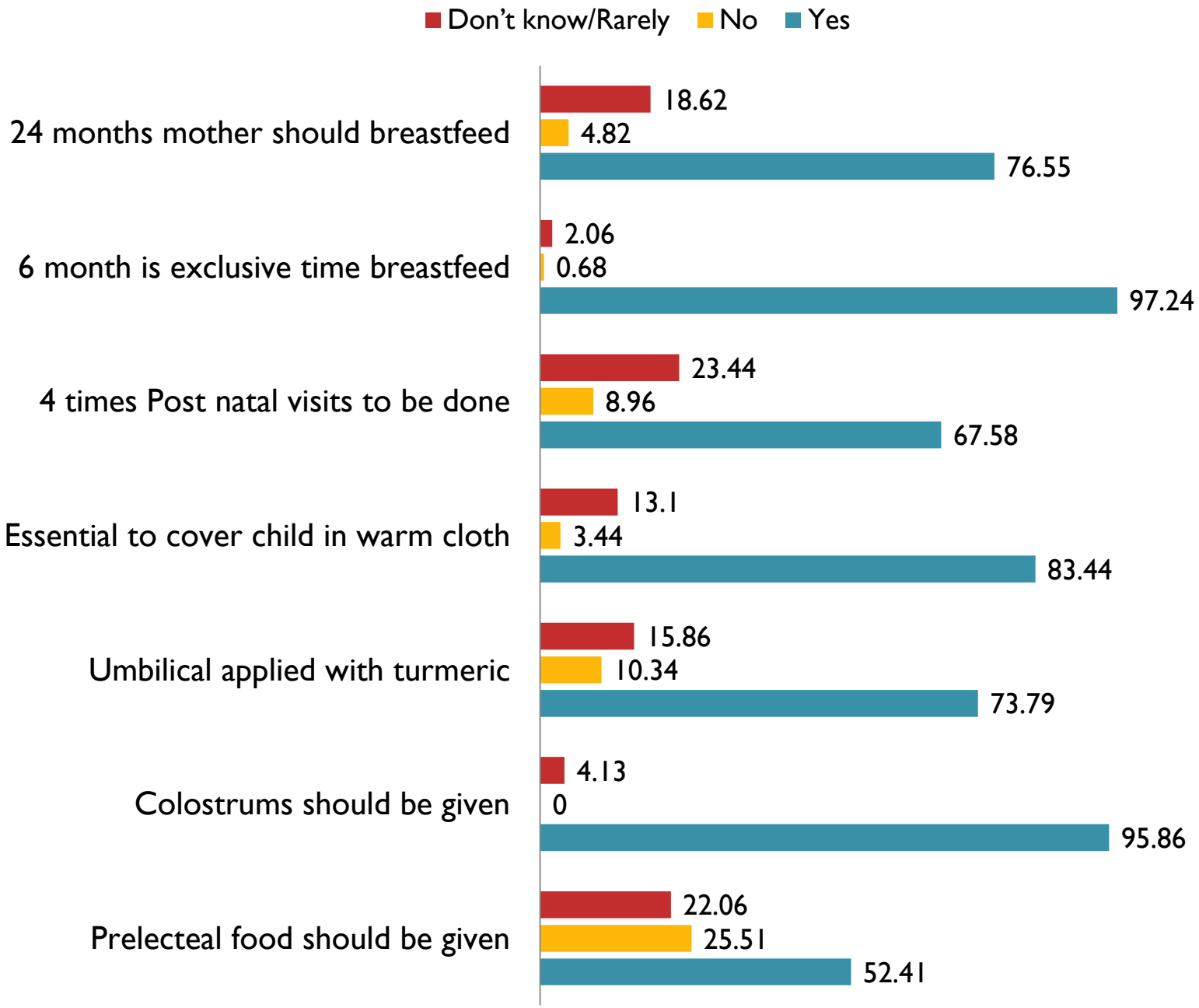
Knowledge assesment of Roles and Responsibilities



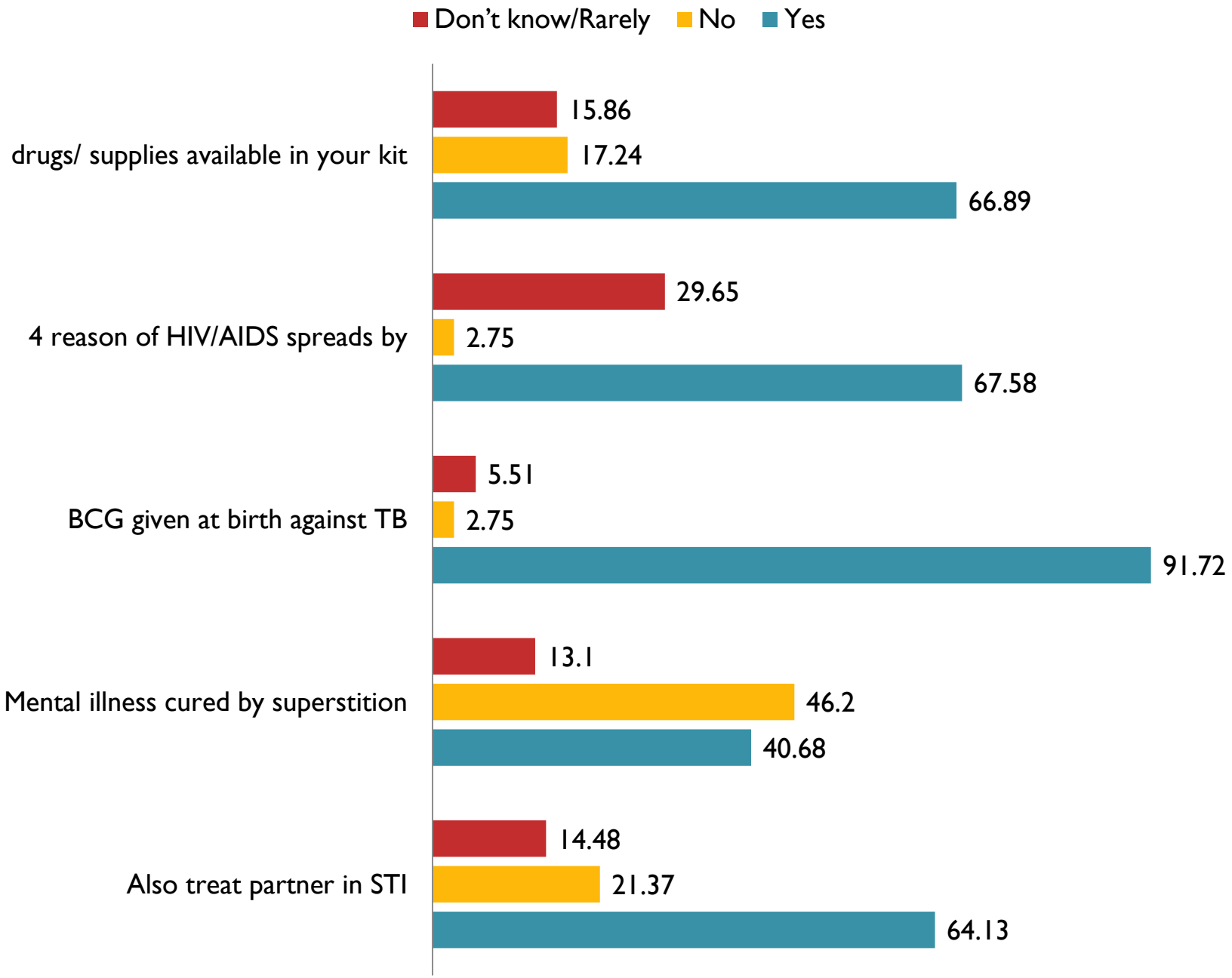
Knowledge assesment of Antinatel Care



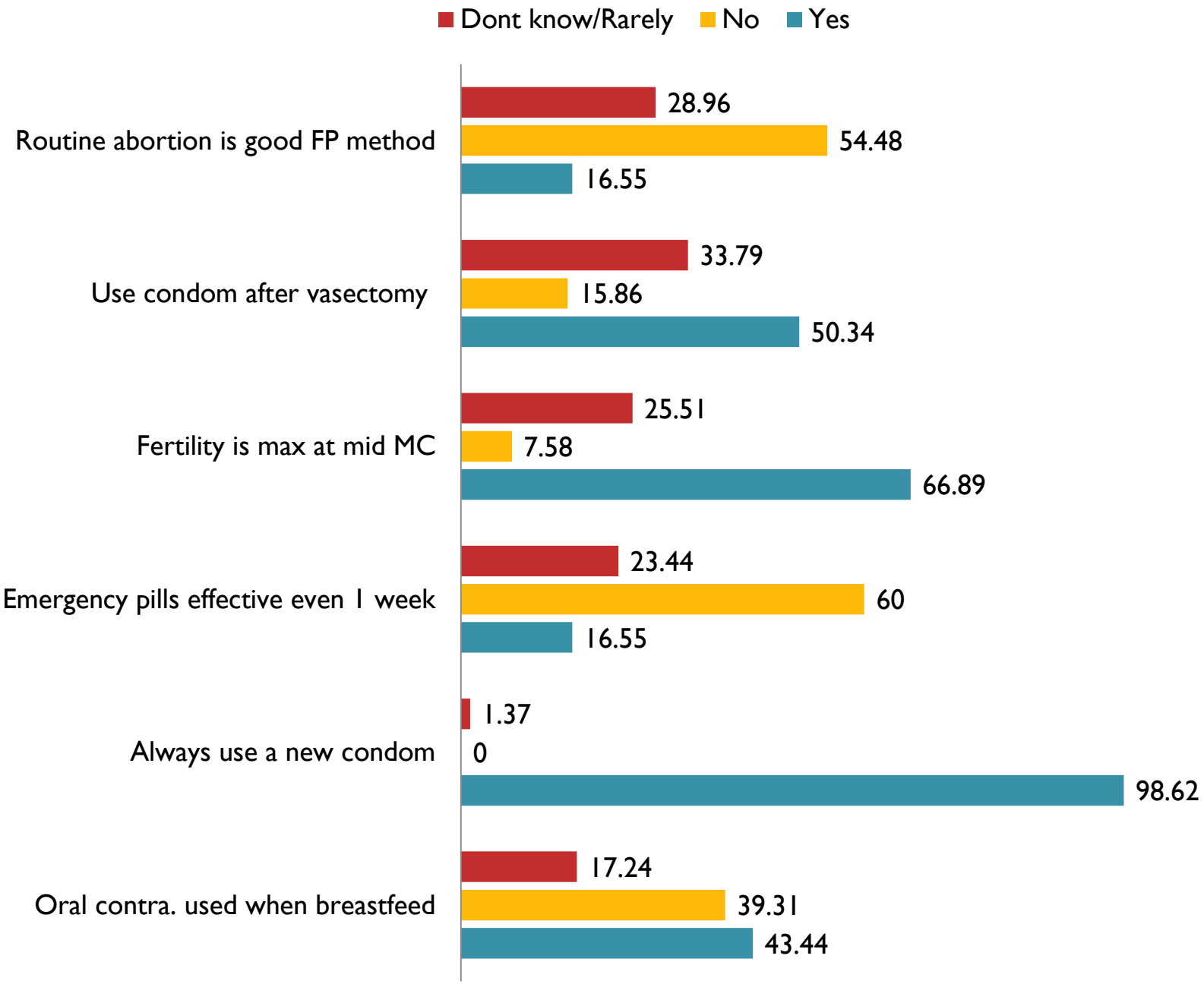
Knowledge assesment of postnatel Care



Knowledge assesment of General Health



Knowledge assesment of Family Planning



FINDINGS & KEY LESSONS LEARNED

- Many of the ASHAs are serving to a population of more than the stipulated norm of 1,000. Some population in Bilpank block of Ratlam district is spread over large areas and intercepted by hills. Due to these natural barriers, the ASHAs even failed to visit certain areas and certain section of the population remained un - served and un-reached.

- The ASHAs are very keen on some of their job responsibilities like registration of pregnant women, ANC/ PNC, immunization, but the neglect areas are motivating the people for construction of toilets, participation in VHSC and development of comprehensive village health plan, family planning etc. The activities linked to monetary incentives they do with priority and other activities are done with less importance by the ASHA.

- There are 36 type of incentive made for ASHA worker, but most of the ASHAs were not aware about the incentive which are made for them even they shows lack of interest to check their bank account to check the payment is done or not.

- Few of the ASHAs reported they received medicine kits which were incomplete in many respects. Else other was not having proper kits and supplies, some of the kits were expiry dated. The majority of ASHAs having lack knowledge on proper doses of drugs and use of supplies.

- Another operational problem is Anti natal care and post natal care, ASHA only focus on registration of the pregnant women and institutional delivery because she get incentive for it. In ANC visit and PNC visit ASHA shows lack of interest.

- More than a quarter of ASHAs are unable to conduct meeting in the community because they are unable to motivate the target group and the monthly meeting done by ASHA sahyogi was not done in some of the villages which can affect to capacity building of the ASHA.

- On family planning component, as it is a sensitive health aspect, it is important to convince community to adopt family planning method and routine follow up on regular basis but it is not done by the ASHA. Also they use to feel shy communicating family planning method in front of the mass. Majority says that they only convince to female usually.

RECOMMENDATIONS

- An assessment of the population serving by each ASHA should be made at the Primary Health Center and sub-centre level under the guidance of district office and redistribution of areas should be made among the ASHAs so as to keep the population norms limited to 1000 or less as per guideline. In sparsely populated areas intercepted by hills, the norm should be relaxed and new ASHA should be selected in that area where there is no ASHA.

- For effective health outcome and efficient work there is need of proper capacity building of ASHA worker, there should be proper monitoring to check ASHA training and for those who have completed all the trainings and module there should be a half yearly refresher training on running basis.

- The neglected areas in her functioning are to work with VHSNC which are either non - existence or non functional in most cases. The VHSNC should be revamped or constituted and ASHAs should be motivated to prepare comprehensive health plan. Possibility of providing incentives for the purpose should be explored.

- ASHAs should also be oriented to give importance to the job of motivating for the family planning measures and other health services.

- Compensation for ASHAs should be suitably increased. Payment should be done at the end of month without any delay further, capacity building and more compensation would encourage her to do the job with enthusiasm and spirit.

- The irregularity in the area of supply of medicine kits and supplies should be investigated and appropriate action should be taken. The ASHAs must get the medicine kits and supplies complete in all respects and replenished regularly.

THANK YOU !