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Research Paper

Role of Accredited Social Health Activists (ASHAs) in Delivery of Health Services in Uttar Pradesh

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ABSTRACT
Health is a significant concern of people in Uttar Pradesh. The people who belong to the weaker and vulnerable sections need more attention as they are lagging behind in terms of access of health services. Poor health infrastructure, facilities & services, improper delivery of health services etc. are the some causative factors impacting overall health progress and high mortality indicators i.e. Infant Mortality Rate, Maternal Mortality Ratio, Total Fertility Rate particularly in Uttar Pradesh. To cater community level health care services to every section of society, especially women & children, a cadre of female Community Health Workers i.e. Accredited Social Health Activists (ASHAs) was inducted as a key strategy and an instrument in every village in 2005. ASHAs have been playing an important role to provide grass root level health services to people under National Health Mission (NHM). This paper is based on the role of ASHAs in providing health services at community level in Uttar Pradesh.
Key Words: *ASHAs, Maternal Mortality Ratio, Infant Mortality Rate, National Health Mission, Total Fertility Rate*

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I. INTRODUCTION:

The National Rural Health Mission (NRHM) was launched on 12th April 2005, to provide accessible, affordable and quality health care to the rural population, especially the vulnerable groups. The National Urban Health Mission (NUHM) incepted in 2014 as a Sub-mission of an over-arching National Health Mission (NHM), with National Rural Health Mission (NRHM) being the other Sub-mission of National Health Mission.

The main programmatic components of NHM includes Health System Strengthening in rural and urban areas- Reproductive-Maternal- Neonatal-Child and Adolescent Health (RMNCH+A), and Communicable and Non-Communicable Diseases. The NHM envisages achievement of universal access to equitable, affordable & quality health care services that are accountable and responsive to people's needs (MOHFW, 2017, p. 12). NHM focuses on inclusive and comprehensive health service delivery at facility and community level by upgrading and strengthening health system and involving ASHAs in the community to ensure door step services to be reached to the entire population particularly vulnerable groups i.e. women and children. Approximately 15 lakh ASHAs are working across country to provide health care services especially children and women for ensuring their survival. NHM envisions that safeguard of the health of poor, disadvantaged and vulnerable, and move towards a right based approach to health through entitlements and service guarantees with chief focus on child survival as core objective of program (MoHFW, 2013, p. 2).

The NHM program has a broad perspective to address the health concerns of people with a definite vision and improving the health system in delivery of health care services following an inclusive approach focusing on survival of children and women as they are in most vulnerable state

OBJECTIVE:
IMR, MMR, TFR are comparatively high in Uttar Pradesh and the ASHA workers are working hard to reduce them. The key objective of this paper is to study the role of ASHAs in rendering health services in U.P.

II. MATERIALS AND METHODS:

Data and Sources

The present study is based on secondary sources. The data and information has been collected from government reports, studies conducted by national & international agencies, independent organizations, state departments etc. The data has been analyzed to find out the contribution of ASHAs to reach health services to people.

Accredited Social Health Activist (ASHA)

"One of the key components of the National Health Mission is to provide every village in the country with a trained female community health activist ASHA. ASHAs have been selected from the village itself and accountable to it, trained to work as an interface between the community and the public health system (About ASHA, GoI, 2019)." They are primarily the women resident of the village married/ widowed/ divorced, preferably in the age group of 25 to 45 years, and class 8th passed as basic education criteria, following a selection process involving various community groups, self-help groups, Anganwadi Institutions, the Block Nodal officer, District Nodal officer, the village Health Committee and the Gram Sabha.

Capacity Building Trainings of ASHAs:

They undergo through series of capacity building trainings to acquire the necessary knowledge, skills and confidence for performing her spelled out roles. ASHAs undergo an eight day induction training to orient them to their role and responsibilities, skills needed for community rapport building leadership skills, an understanding of the health system and rights based approach to health. Secondly, they receive skill based Training for key competencies in women and children's health and nutrition in which a twenty day training are be given in four rounds within the first eighteen months of joining. All ASHAs are required to be certified in a set of competencies related to basic reproductive, maternal, newborn, and child health and nutrition, and infectious diseases such as malaria and tuberculosis. The existing Modules 6 and 7 trainings are skilled based trainings that save the lives of women and children. Thirdly supplementary and refresher Trainings are provided to ASHAs, at least fifteen days of training annually be given in which new topics and skills can be added. Skills in certain areas such as disability screening, mental health counselling, or other skills that the state would like to prioritize can be taught to selected ASHAs rather than all ASHAs in a particular area. She could then provide such services to larger set of villages. The PHC review meetings can be used as a forum for such training.

Role and Functions of ASHAs:

They work as the health activist in the community creating 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. They counsel to pregnant women and lactating mothers about birth preparedness, importance of safe delivery, breast-feeding and complementary feeding, immunization, contraception and prevention of common infections including Reproductive Tract Infection/Sexually Transmitted Infections (RTIs/STIs) and care of the young child. They mobilize the community and facilitate them to access available health and health related services at the Anganwadi/sub-centre/primary/community health centres, such as immunisation, Ante Natal Check-up (ANC), Post Natal Check-ups, supplementary nutrition, sanitation and other services being provided by the government (About ASHA, GoI, 2019). RMNCHA services of ASHAs are considered as important for ascertaining their effective role in delivery of health services. ASHAs start their services for the survival of children from Anti Natal Care (ANC) period of pregnant women. They help them in receiving the necessary services such as registration of pregnancy, administration of two Tetanus & Diphtheria (TD) injections, 180 Iron Folic Acid (IFA) tablets for normal pregnant women & 360 IFA tablets for anaemic ones by Auxiliary Nurse Midwives (ANMs) at Village Health & Nutrition Days (VHNDs) sessions in their respective villages. They counsel pregnant women during households visits for adequate food & diets, proper rests (3- 4 hors) daily, four routine checkups covering (urine, blood, sugar, haemoglobin, blood pressure, HIV etc.) followed by institutional delivery. They take the pregnant ladies to the government hospitals for safe delivery and better maternal and obstetric care. If any complication comes during delivery time they ensure the needed services by their own efforts as they are already familiar with health functionaries at there. Further, they conduct post natal household visits where they do assessment of neonates the signs & symptoms such as proper breast feeding, wrap up, convulsion, fever, chest in drawing, lethargic & unconscious, diarrhoea, pneumonia and any other problems. If any complication is found in a child, they do referral to higher centres for required treatment. The mothers are counselled by ASHAs to do the

practices such as exclusive breast feeding till (8- 10 times) daily, keep the baby warm with proper wrap up, Kangaroo Mother Care (KMC), and access timely immunization to prevent from diseases.

Incentives of ASHAs:

To acknowledge their pivotal role, various incentive schemes have been introduced to motivate and support ASHAs in their endeavors. Performance-based incentives form a significant part of these schemes, rewarding ASHAs for promoting universal immunization, facilitating referral and escort services for Reproductive & Child Health (RMNCHA), and achieving predetermined targets related to healthcare indicators like institutional deliveries and maternal and child health outcomes. Moreover, a prompt payment system has been implemented to ensure ASHAs receive fair compensation for their work, with incentives structured to enable an ASHA serving a population of 1000 to earn at least Rs. 4 to 5 thousand per month. At both national and state levels, incentives are tailored to the complexity of tasks undertaken by ASHAs, aiming to provide fair remuneration for their efforts. However, despite these efforts, challenges persist in ensuring the timely and transparent disbursal of incentives, with issues such as delayed payments and inadequate acknowledgment systems hindering ASHAs' motivation and effectiveness on the ground. Addressing these challenges and continuing to invest in incentivizing and supporting ASHAs is essential for strengthening primary healthcare systems and achieving broader health objectives in India, especially in underserved communities.

III. DISCUSSION:

ASHAs have been endeavoring to facilitate health services to people. They are providing RMNCHA and other care services to everyone at community as well as facility level and offer counseling to parents and families the instructions about proper nurturing of children. They conduct post natal home visits and check-ups the child thoroughly, counsels the family for care of newborns and mothers, and also refer a child if is in severe problem to higher centre. System Registration Survey (SRS) presents that neonatal mortality rate has fallen from 53 in 1990 to 31 in 2011 and deaths among 0-28 day’s neonates decreased from 13.2 lakh to 8.2 lakh. And total number of under five mortality rate is 55 per thousand live births which translates into 14.5 lakh deaths of children below 5 years of age, at the same time, about 43 percent of under five years child deaths take place within first 7 days, and 56 percent under five deaths occur in a very first month, and 80 percent of under five deaths happen within one year (SRS, 2013).

The data from NFHS-4 (2015-16) to NFHS-5 (2020-21) demonstrates a multifaceted improvement in various aspects of ASHA-led healthcare delivery. Notably, there's a substantial increase in the percentage of ASHAs who have engaged in discussions with female non-users about family planning, rising from 11% in NFHS-4 to 36.7% in NFHS-5. This underscores an intensified effort to promote reproductive health awareness and contraceptive use among women of reproductive age, thereby potentially contributing to the reduction of unmet family planning needs.

Moreover, the data reveals a significant enhancement in ASHAs' role in informing current contraceptive users about the side effects of their chosen methods, with the percentage rising from 37% in NFHS-4 to 77% in NFHS-5. This suggests a more comprehensive approach to contraceptive counseling and management, fostering informed decision-making and ensuring the well-being of contraceptive users.

Furthermore, there's a notable improvement in postnatal care provision facilitated by ASHAs, as evidenced by the increase in the percentage of mothers receiving postnatal care from various healthcare personnel within two days of delivery. This rise, from 67% in NFHS-4 to 80.4% in NFHS-5, reflects enhanced accessibility and utilization of essential maternal healthcare services, potentially contributing to improved maternal and neonatal health outcomes.

There's an encouraging increase in the percentage of births in the five years preceding the survey that are protected against neonatal tetanus, with the figure decreasing marginally from 95% in NFHS-4 to 90.6% in NFHS-5. While this indicator indicates a slight decline, the overall high coverage suggests effective implementation o of tetanus vaccination campaigns, underscoring ASHAs' role in promoting immunization awareness and ensuring the uptake of essential vaccinations among pregnant women.

Overall, the data underscores the pivotal role played by ASHAs in Uttar Pradesh's healthcare system, contributing to various aspects of reproductive, maternal, and child health. However, while there have been notable improvements in ASHA-led healthcare interventions, ongoing efforts are needed to address persistent challenges and disparities in healthcare access and utilization, particularly among marginalized communities. Sustained investment in strengthening ASHA training, support systems, and community engagement strategies will be essential in advancing towards equitable and comprehensive healthcare delivery in the State.

Thus, it is very apparent that improvement in RMNCH services is found at state as well as country level. The ASHAs are playing an instrumental role in ensuring health services in the communities.

IV. CONCLUSION:

The data comparing the role of Accredited Social Health Activists (ASHAs) in Uttar Pradesh between NFHS-4 (2015-16) and NFHS-5 (2020-21) reflects a commendable advancement in various dimensions of healthcare delivery. The significant increase in ASHAs engaging in discussions about family planning with female non-users, coupled with improved contraceptive counseling and postnatal care provision, underscores the pivotal role played by ASHAs in promoting reproductive, maternal, and child health. Additionally, the high coverage of births protected against neonatal tetanus suggests effective implementation of vaccination campaigns, highlighting ASHAs' contribution to immunization awareness and uptake. Despite these achievements, continued efforts are necessary to address persistent healthcare disparities and challenges, particularly among marginalized communities. Strengthening ASHA training, support systems, and community engagement strategies will be vital in sustaining and scaling up these gains, ultimately advancing towards more equitable and comprehensive healthcare delivery in Uttar Pradesh. The role of ASHAs is instrumental and magnificent in delivering health services to people, especially marginalized, weaker, and vulnerable sections. However, further efforts are required to enhance the outcomes of health services. Merely relying on facility-based services available at distant urban areas cannot meet the health needs of the people. It is crucial to link community health services with everyone to fulfill their health needs. Therefore, significant reductions in Infant Mortality Rate (IMR), Maternal Mortality Ratio (MMR), Total Fertility Rate (TFR), etc., have been achieved through the dedicated efforts of ASHAs at the community level and connecting people to access facility-level health services as well. Proper support systems in the field by Panchayati Raj Institutions (PRIs) and families, along with system support, may help ASHAs in achieving the desired outcomes set by the National Health Mission (NHM) in Uttar Pradesh.

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