



RESEARCH ARTICLE

WORK DONE THROUGH HOME VISITS BY ASHAS IN UTTAR PRADESH, INDIA

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ABSTRACT

When ASHAs were introduced in NRHM in 2005, their primary aim was to visit homes of newborns as the first program in UP operated through the ASHAs was the Comprehensive Child Survival Program in 2008. Since then, home visits are an integral part of the work of ASHAs in all the primary health care programs operated by the NHM in UP. The current study explores some of the crucial variables of the home visit profile of the ASHAs in four districts of UP. Through this profile, the average number of home visits by ASHAs, record keeping of home visits by ASHAs, number of pregnant women registered by ASHAs in the last 3 months prior to the survey and the number of pregnant women that they covered through home visits in the last trimester of pregnancy of these registered pregnant women. The relevance of the study assumes significance as data on the details of home visits done by ASHAs are not available even in large scale surveys like National Family Health Survey 4 done in 2015-16. 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 average number of home visits by ASHAs in the 4 districts was in the range of 4-6 visits per day. Most of the ASHAs were not recording the home visits proceedings in the prescribed Village Health Index Register (VHIR) in all the 4 districts. The average number of pregnant women registered by ASHAs per month was also in the range of 4-6. Among these registered pregnant women, half of them were in their last trimester of pregnancy and not all of them were visited by all the ASHAs in the 4 districts. This reflected that home visits to the women in their last trimester of pregnancy did not receive optimal number of home visits.

Key words: ASHA, NRHM, VHIR, CHW, CCSP, Sanginis.

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INTRODUCTION

The current study focused on the role and performance of ASHAs (Accredited Social Health Activist) regarding home visits by ASHAs. ASHAs are supposed to visit the houses of the pregnant women, newborns, sick children and children due for immunization as part of Home visit package of Government of UP that was initiated on the lines of HBNC guidelines with the visit of newborns. In UP, the home visits of ASHAs started with the CCSP in 2008 operated through the National Rural Health Mission (NRHM) that is currently operational in 18 states of India. Uttar Pradesh is one such state. The aspects of home visits covered were the average number of home visits, record keeping of these visits, numbers of pregnant women registered and how they were prioritized by ASHAs for visiting their homes. The study was done in four selected districts in Uttar Pradesh (UP).

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 all the ASHAs interviewed responded positively for ANC registration, care during pregnancy and institutional delivery as their roles and responsibilities. Only 18% of ASHAs mentioned that home visits to provide child care and to generate awareness in the community were their responsibilities (GOUP, Vimarsh, 2013). The average number of home visits by ASHAs in UP was 23 visits per week. Similarly, the average number of hours per week by ASHAs for ANC related work was 13. 98% of ASHAs registered pregnant women and the average number of registered pregnant women per ASHA was 22 (Bajpai N, Dholakia, 2011). The current study done in 2017 examines the profile of home visits of ASHAs, process of these visits, record keeping of these visits and explores how the ASHAs have prioritized pregnant women in their last trimester of pregnancy.

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MATERIALS AND METHODS

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 home visits ASHAs using the detail profiles of home visits as per the data in the four study districts. The quantitative data related to the details of home visits was seen against the prescribed guidelines for ASHAs by GOI regarding home visits.

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, record keeping of these home visits. These visits were also seen against the prioritization of pregnant women by ASHAs to visit their homes in their last trimester of pregnancy.

RESULTS AND DISCUSSION

In this section, there are two tables one for the details of home visits and the other for the visits especially done to the houses of pregnant women. The table above gave the details regarding the home visits of ASHAs and the kind of work they did during these home visits. The average number of home visits per day was 6 in Barabanki and Saharanpur districts where as it was 5 in Banda and 4 in Gonda district. This showed that the ASHAs in Gonda visit less number of homes per day than the rest three districts. While analyzing the record keeping work of home visits by ASHAs, 91% ASHAs in Gonda replied that they maintained any record of these home visits. In contrast, 63% of ASHAs in the most developed district of Saharanpur did not maintain any record followed by Banda (64.5%) and Barabanki (67.8%). 7.5% of ASHAs in Gonda and 1.7% of ASHAs in Banda did not capture the home visit information in a register and wrote it informally which was not the right thing to practice as they could not follow up the cases properly. The prescribed register to write this activity was the VHIR which was poorly maintained in 3 districts except Gonda where 69% ASHAs replied that they wrote details of home visit activity in VHIR. This register was maintained by only 3.2% of ASHAs in Banda and 6.4% of ASHAs in Saharanpur district.

Table 1. Work done by ASHAs through home visits

Number of ASHAs surveyed (n=250)	Banda (n= 62)	Barabanki (n=62)	Gonda (n=64)	Saharanpur (n= 62)
Average number of home visits by ASHAs	5	6	4	6
Record keeping of home visits by ASHAs in percentage				
Normal register	30.6	32.2	81.0	30.6
Village health index register	3.2	0.0	69.0	6.4
Do not maintain any record	64.5	67.8	9.0	63
Any other	1.7	0.0	7.5	0.0

Table 2.

Districts	Mean	N	Std. Deviation
1 Banda	5.00	62	1.589
2 Barabanki	5.92	62	1.849
3 Gonda	3.75	64	1.968
4 Saharanpur	5.65	62	1.569
Total	5.07	250	1.937

Table 3.

Number of pregnant women registered by ASHAs and their visits by ASHAs				
Pregnant women registered in last 3 months preceding the survey	1027	905	1011	778
Out of these, number of pregnant women in the third trimester of pregnancy	563	457	521	469
Number of pregnant women visited by ASHAs during their third trimester	557	454	480	459

None of the ASHAs maintained this register in Barabanki district. What was further striking was that 81% of ASHAs in Gonda also said that they wrote home visit details in a normal register also. The figure for normal register was 30.6% each in Banda and Saharanpur where as it was 32.2% in Barabanki. This showed that ASHAs were keeping the home visit information in various registers besides the VHIR. Many ASHAs were also not keeping any record and if they were keeping, it was being kept mainly in a normal register. The poor record keeping lead to poor follow up and this further lead to poor quality of home visits. The table below gave the descriptive statistics such as mean and standard deviation for the number of home visits as mentioned in the table above. One of the prime activities of ASHAs was to register pregnant women and keep track of them till 42 days after delivery. This section dealt with the registration of pregnant women and the related activities done by the ASHAs.

The data regarding registration reflected that in a month the ASHAs in Banda registered 6 pregnant women, in Barabanki they registered 5, in Gonda it was 5 and it was 4 in Saharanpur. Out of the total number of pregnant women registered by ASHAs in last 3 months for each district, 55% were in the last trimester of their pregnancy in Banda district, 50% in Barabanki district, 52% in Gonda district and 60% in Saharanpur district. These were the pregnant women whose homes were to be visited on priority basis. On analysis of the visits by ASHAs to these women, it was found that 99% in Banda and Barabanki, 98% in Saharanpur of these women received home visits in their last trimester. In this context, Banda district had only 92% of these women who had received home visits in their last trimester. This reflected that home visits to the women in their last trimester of pregnancy did not receive optimal number of home visits. The table below gave the descriptive statistics like mean and standard deviation of the indicators mentioned in the above table.

Table 4.

Names of districts	Number of pregnant women registered by ASHAs in last 3 months	Pregnant Women (7th to 9th months)	Visited in last three months	Number of deliveries in ASHA's area in the last three months
Banda				
Mean	16.56	9.08	8.98	8.26
N	62	62	62	62
SD	7.572	5.180	5.367	4.357
Barabanki				
Mean	14.6	7.37	7.32	6.95
N	62	62	62	62
SD	6.915	4.278	4.315	3.817
Gonda				
Mean	15.8	8.14	7.50	6.84
N	64	64	64	64
SD	6.958	4.201	4.209	3.291
Sahpur				
Mean	12.55	7.56	7.40	6.31
N	62	62	62	62
SD	4.299	2.584	2.115	2.832
Total				7
Mean	14.88	8.04	7.80	.09
N	250	250	250	250
SD	6.696	4.195	4.203	3.666

Conclusion

The above results showed that the profiles of the home visits by ASHAs are in the region of 4-6 per day across the districts which are adequate. The major problem is that the ASHAs do not plan their home visits. The ASHAs also keep the records of the home visits very casually that does not help them to do home visits effectively. The challenge lies in orientating ASHAs on home visits by the 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. What is needed is the prioritization of planning of home visits as per the need of the hour. The purpose of the home visits change as per the program that is given priority at various stages of the year. The Sanginis who look after about 20 ASHAs should do the home visit activity in consultation with the LSG members. Learning how to mentor an ASHA as per the norms of the home visits is also critical. The process should also focus on involving all the stake holders like the community, LSG and public health system to help the ASHAs to become good and effective visitors during home visits.

This will help ASHAs to be effective CHWs. Data regarding home visits should be collected in large scale surveys.

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