

# Role of Ashas in Tracking Deliveries and Newborns 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, tracking of all deliveries and all the newborns 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 targeted activities of the ASHAs in absolute numbers in four districts of UP. Through this profile, the average number of deliveries in the coverage area of ASHAs, tracking of both institutional and home deliveries by ASHAs, number of deliveries escorted by ASHAs in the last 3 months prior to the survey and the number of newborns that they covered through home visits.

The relevance of the study assumes significance as data on the details of targeted activities done by ASHAs in comparison to their performance are usually not available in various studies.

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 deliveries by ASHAs in the 4 districts in their catchment area was in the range of 6-8. Most of the ASHAs accompanied the registered pregnant women in all the 4 districts. Among these registered pregnant women, 10-25% of their deliveries were home deliveries. This reflected that the focus of JSY did not yield to optimize the number of institutional deliveries.

**Keywords:** - ASHA, JSY, CCSP, Sanginis

## Introduction

The current study focused on the role and performance of ASHAs (Accredited Social Health Activist) regarding tracking of deliveries by ASHAs. ASHAs are supposed to track all the deliveries of the pregnant women in their area, visit all the newborns in their area as a prioritized activity. These targets were developed by the Government of UP on the lines of HBNC guidelines provided by GOI. In UP, the delivery tracking and home visits to newborns by 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 deliveries covered here are the average number of

deliveries, total number of deliveries and visits to houses of newborns. The study also explores the role of ASHA in escorting these deliveries to institutions as part of JSY, a component of maternal health. The study was done in four selected districts in Uttar Pradesh (UP) and the reference period was 3 months preceding the survey.

## 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 52.7% of pregnant women were registered in first trimester of pregnancy. 97.4% of pregnant women were registered for ANC by ASHAs. 98.2% pregnant women got support from ASHAs. 90.4% of the pregnant women were escorted for delivery by ASHAs and 97.06% of pregnant women were escorted in case of complications to Government health facility (GOUP, CCSP evaluation report, Vimarsh, 2013).

The performance of ASHAs in UP was also done in another study. As per the study, 98% of ASHAs register pregnant women, average number of pregnant women registered by each ASHAs in UP was 22. Among the registered pregnant women, 32% of deliveries were home deliveries. 93% of deliveries of health facilities were accompanied by ASHAs and 71% of home deliveries were attended by each ASHA (Bajpai N, Dholakia R, 2011).

The above two studies do not reflect on the performance of ASHAs with respect to their targets. The current study has the numbers for each of the variables used in the study. This study done in 2017 examines the profile of total number of deliveries in the coverage area of ASHA, total number of newborns visited and the role of ASHAs as an escort for these deliveries to institutions in the reference period of 3 months preceding the survey.

### **Research Methodology**

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 deliveries, total number of deliveries that included both institutional and home deliveries. It also deciphered the number of newborns visited by ASHAs using the detail profiles of deliveries as per the data in the four study districts. The quantitative data related to the details of home visits to newborns and deliveries was seen against the prescribed guidelines for ASHAs by GOI regarding achieving targets for these activities in their coverage areas. The reference period of the study was 3 months preceding the survey.

### **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 to newborns, escorting deliveries to institutions, number of home deliveries and number of newborns visited. These activities were also seen against the targets that should be achieved by the ASHAs to track the number of deliveries and visits to the houses of number of newborns in the last 3 months preceding the survey.

### **Results and discussions**

In this section, there are two tables one for the details of deliveries in the catchment areas of ASHAs and escorting of these deliveries by ASHAs to institutions and the number of home deliveries in their coverage area. It also captures the number of newborns that they have visited. All these activities are for the period of 3 months preceding the survey related to the study.

**Table 1**

Names of districts	Banda	Barabanki	Gonda	Saharanpur
Number of deliveries in last 3 months preceding the survey in the coverage area of ASHAs				
Average number of deliveries in the coverage area of ASHAs	8	7	7	6
Total number of deliveries and those accompanied by ASHAs in last 3 months preceding the survey				
Total number of deliveries	512	431	438	391
Number of institutional deliveries	466	390	347	358
Number of institutional deliveries accompanied by ASHAs	456	390	347	358
Number of home deliveries	46	41	91	33

Out of the total number of deliveries in last 3 months in each district, as reported by the ASHAs, the percentage of home deliveries were 9% in Banda, 9.5% in Barabanki, 20.7% in Gonda and 8.4% in Saharanpur. This showed that the ASHAs of Gonda had the maximum work load as all the modalities of a safe home delivery was to be addressed by ASHAs. The rest were the institutional deliveries which meant that out of the four districts, Gonda had the least number of institutional deliveries.

However, all these institutional deliveries were accompanied by ASHAs in all three districts except Banda where 2% of these institutional deliveries in the district were not accompanied by ASHAs. The average number of deliveries in the last 3 months was 8 in Banda, 7 each in Barabanki and Gonda, 6 in Saharanpur which implied that Banda district had the maximum number of deliveries followed by Gonda, Barabanki and Saharanpur respectively.

**Table 2**

Names of districts	Banda	Barabanki	Gonda	Saharanpur
Number of newborns visited by ASHAs in the last 3 months preceding the survey				
Number of newborns visited by ASHAs	496	414	412	384

The visits to the newborns in the last 3 months showed that in all districts the ASHAs did not visit all the newborns. The number of newborns who were not visited by the ASHAs is 16 in Banda, 17 in Barabanki, 26 in Gonda and 7 in Saharanpur. This

showed that in Gonda district, the visit coverage of newborns was lowest among the four districts.

The table below gave the descriptive statistics like mean and standard deviation related to the indicators mentioned in the tables above.

**Table 3**

Names of districts	Institutional deliveries	Home deliveries	Institutional deliveries accompanied by ASHAs in last 3 months	Newborns visited by ASHAs in last 3 months
Banda Mean	7.52	1.53	7.52	8.00
N	62	30	62	62
SD	4.152	0.507	4.152	4.323
Barabanki Mean	6.39	1.41	6.39	6.68
N	61	29	61	62
SD	3.480	0.733	3.480	3.411
Gonda Mean	5.51	2.60	5.51	6.44
N	63	35	63	64
SD	2.681	1.769	2.681	3.265
Shpur Mean	5.77	1.43	5.77	6.19
N	62	23	62	62
SD	2.639	0.728	2.639	2.787
Total Mean	6.29	1.80	6.29	6.82
N	248	117	248	250
SD	3.365	1.219	3.365	3.538

## **Conclusions**

The above results showed that the average number of deliveries in the catchment area of ASHA is in the region of 6-8 in the last 3 months of preceding the survey. This was seen across the districts which are adequate. The major problem is that the ASHAs do not compare the performance with their targets. The ASHAs escort all the pregnant women for delivery in a public health system institution. However, 10-25% of all deliveries were home deliveries which imply that JSY has not covered all the deliveries. As all the deliveries are not tracked, the newborns are also not tracked and that's why all the newborns are not visited by the ASHAs in all the districts. The challenge lies in orientating ASHAs on following up all the deliveries with the support of 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. Data regarding calculating the targets for deliveries and newborns should be worked out at the level of ASHAs so that performance is tracked regularly.

## **References**

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