



NEED TO HAVE HANDS-ON-SESSIONS IN ASHA TRAINING MODULES!

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ABSTRACT ASHA is the first port of call in the community especially for marginalized sections of the population, with a focus marginalized sections of the population especially among women and children. Since 2013, when the National Urban Health Mission was launched, ASHAs are being selected in urban areas as well. ASHA serves as an effective and demand generating link between the health facility and the urban slum population. The ASHA programme is implemented in all the states. Kerala bartered funding for the second ANM in the sub center, in return for sanction to implement a state-wide ASHA program. Seven Module of training programmes are designed and implemented. Evaluation of the training programme helps to implement the programme in a better way.

KEYWORDS : ASHA, Rural Health Programme, NHM

Introduction:

“Kerala model of health” is highly appreciated worldwide. During the last few years, the state has been able to initiate many programmes suiting to its specific requirements and considering its health issues that need immediate intervention through National Health Mission (NHM) popularly known as “Arogyakeralam” in Kerala. NHM is a governing flagship program launched on 12th April, 2005. This paper attempted to examine the need of hands-on-sessions in ASHA module based training programs in Kerala.

ASHA Programme:

The initiatives outlined by NHM in the Key Performance areas like a) Institutional Strengthening b) Improving access to better health care and quality services and, c) Accessibility of health care to the under privileged and marginalized. Emergence of ASHA program is expected to strengthen the second & third objectives mentioned above. One of the key components of NHM is to create a band of female health volunteers, named “Accredited Social Health Activists” (ASHA) in each village within the identified States to act as an interface between the community and the public health system. ASHA is a woman resident in the community who is trained and supported to function in her own village to improve the health status of the community instituted by the government of India's Ministry of Health and Family Welfare (MoHFW).

It is very clear that Health Care Services Delivery has four major dimensions which can be represented as '4A' – Availability, Accessibility, Acceptance and Affordability. Health care service delivery should reach to the grass root level through ASHA Workers. These '4A' is applicable to the functioning of ASHA Workers too. Because India's health problems are twofold in nature:

- (i) Inadequate and inaccessible healthcare services and infrastructure
- (ii) Non utilization of available healthcare services due to low awareness and poverty

In Kerala, the first issue is tackling through NHM and while compared to other states, Kerala is having adequate and accessible services and infrastructure. Second problem can be resolved through the effective functioning of ASHAs along with other health workers by providing Health Education to the communities with special focus on delivering the available healthcare services. Here comes the need of effective capacity building of ASHA Workers in order to achieve the goals of ASHA program in Kerala.

ASHA Training

Capacity building of ASHA is critical in enhancing her effectiveness. After the induction training of 23 days, periodic re-training has to be held in module basis. Currently NHM has covered 7 modules of trainings among the ASHA workers in Kerala and it is mandatory to attend all these trainings for continuing as ASHA Worker. NHM used to conduct ToT (Training of Trainers) prior to ASHA trainings and these Trainers were selected among the staff in NHM & Health

services, usually among the health staff like Health Supervisors (HS/LHS), Health Inspectors (HI/LHI), JHI (Junior Health Inspectors), JPHNs (Junior Public Health Nurses) etc. Below mentioned table portrays total number of ASHAs selected, number of ASHAs in position & their training status in each district.

Contents in ASHA Training Modules

ASHA training modules and reading materials were prepared by the State ASHA facilitation Resource Centre, Trivandrum by the eminent group of selected resource persons. Nationwide modules were prepared in English and each state has adopted their own modifications in state level training modules. The reading material is disseminated among the ASHAs prior to training. This will orient them about various topics before they participate in the training based on each module. Researcher has analyzed that the modules in Malayalam are fetched with more topics while compared with the nationally originated books of modules. First module was almost same, but, the second one in national level was limited to menstruation and fertility, care during pregnancy, intra- natal & post-natal care, newborn care, MTP, immunization, Diarrhea, ARI, infant and young child nutrition and fever. But, Malayalam module is overflowed with so many topics under these major headings - Maternal & Child Health, Communicable diseases, Life style diseases, Long term diseases and Mental Health. The sixth and seventh modules covered areas where the content is already familiar to the ASHA. ASHAs those who are newly recruited into the programme, could directly start with Module 5, 6 and 7. These modules are also designed to serve as a reading material for ASHAs, and are therefore, to be given to each ASHA.

Suggestions for ASHA Training Program in Kerala

The Researcher herself was working as Block Arogyakeralam Coordinator (BAC)/ PRO Cum LO under NHM in Koduvayur Health Block, Palakkad district, Kerala for around three years. One of the major responsibilities of Block Arogyakeralam Coordinator (BAC) is to monitor the ASHA programme in the respective Health Block. Researchers' experience in this field is also contributing to pointing the suggestions for ASHA Training Program in Kerala.

1. All these seven modules of ASHA trainings are limited to lectures only. There were no hands-on-sessions to improve the skill level of ASHA Workers as they are expected to provide primary medical care for minor ailments such as diarrhea, fevers, and first aid for minor injuries, advising pregnancy tests by using *Nischai* etc. It is suggested to include some practical/hands-on-sessions in ASHA training modules to inculcate their knowledge level from the usual lectures into practice.
2. It is essential to provide Home Based New Born Care (HBNC) training sessions to all ASHA workers with hands-on-sessions because of newborn deaths happening every year. Hands-on-sessions can be organized in the training modules to improve the skill of ASHA Workers in:
 - Weighing the newborn

- Measuring newborn temperature
 - Techniques for ensuring warmth
 - Sessions can be organized for supporting exclusive breastfeeding through teaching proper positioning and attachment to initiate breastfeeding. And, for teaching the Mother to express breast milk, also to feed baby by using cup and spoon, if required. ASHA could able to diagnose any problems identified with breastfeeding and counsel the Mothers.
 - Practical sessions on Hand Washing can be organized
 - Sessions on skin, cord and eye care of the newborns and for prompt identification of sepsis and other illnesses.
 - Session on immediate newborn care in case of home deliveries
3. Most of the ASHAs were not familiar to enter the details in MCP card. It is mandatory and we can see lot of unfilled areas in many of our beneficiaries' MCP cards. And, also the knowledge level of immunization schedule need to be refreshed as the major role of ASHA lies with immunization. Practical sessions on maintaining MCP card and the related registers can be organized and refreshing the knowledge in immunization schedule will help to guide the beneficiaries to the immunization sessions and could able to provide the information on exact dues on vaccination.
 4. ASHA is supposed to maintain HBNC quarterly progress report, report on first examination of the newborn, examination report for Mother and Newborn etc. A training session on documentation can also be organized for the capacity building of ASHA Workers to maintain all these reports properly.
 5. It is suggested to examine the quality of the resource persons those who are conducting the training sessions and the duration of each sessions with due consideration to stick on to the contents specified.
 6. An evaluation process on each training sessions should be analyzed and it should come out as a report to be documented for improving the next training sessions. Assessment of trainings by the DPMs, ASHA Coordinator, and PRO/PRO Cum LOs of the respective areas is highly appreciable to find out the pros and cons of the training programme as a whole.
 7. Contents in training modules and the gaps in duration of training sessions can be reduced.
 8. Many studies revealed the gaps in knowledge level of ASHA Workers. Special initiatives and evaluation process should be done from state level to analyze the impact of module based training programmes in Kerala and also to find out the necessary steps to modify the training programmes.
 9. More IEC's can be displayed on the services of DEIC, RBSK/Arogyakiranam, DISHA and other services of NHM in all health centers to reach it into the grass root level
 10. Booklets on these services with proper referral guidelines can be distributed among the ASHA Workers for their quick reference while they are at communities.

Malayalam Newspapers on 5th March, 2018 reported that State Programme Manager of NHM Kerala released a circular to appoint ASHA Workers in the public health institutions at Kannur district to assist the permanent staff in OP ticket counter, Pharmacy & Laboratory as per the order of Smt. K.K.Shylaja Teacher, Health Minister – Kerala. In this scenario, effective training programs with special emphasis to improve the knowledge and skill level of ASHA Workers should be planned in order to upgrade their performance level in all activities they have to perform. Apart from the usual module based trainings, trainings on specific skill levels will help to utilize ASHA Workers in many such new initiatives.

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