Journal of Exclusion Studies
Vol. 2 No. 2, August 2012, 131-134
DOI: 10.5958/j.2231-4547.2.2.016

Research Article

ASHAs' Newborn Assessment Skills: Before and After Supportive Supervision (A Comparative Study of Jawan Block, Aligarh)

Mohd Faizan Khan

Block Supervisor, S-CCSP-SS in Aligarh District, Aligarh Muslim University, Aligarh - 202002, Uttar Pradesh, India
E-mail id: mohdfaizannpsp@gmail.com

ABSTRACT

Accredited Social Health Activist (ASHA) has been chosen under the National Rural Health Mission (NRHM) in 2005 with the purpose of helping community members in availing health services at government hospitals with a special focus on the rural domain. This study aims to find out how ASHAs have been playing a significant role in Comprehensive Child Survival Programme (CCSP) works and activities, which reduces infant mortality in a village. She imparts knowledge and information about healthcare and services to the community members through one-to-one counselling, family counselling, group meetings with different actors like adolescents, pregnant women and lactating mothers. Because of dissemination of health information by ASHA through different mediums like group meetings, community members become aware of the government health facilities and they demand support of ASHA to receive different services under many health-related schemes. Hence, the effective work of ASHA has been shown through this study by applying various research methods.

Keywords: Apgar Scoring, Birth Weight and Measurements, Preterm, neonate, IMR, ASHA

INTRODUCTION

Universally, 4 million newborns die and another 4 million are stillborn every year. Around 98 per cent of these neonatal deaths take place in developing countries (Atasay 2003: 392–394). Newborn care is of immense importance for the proper development and healthy life of a baby. Around 60 per cent of all neonatal deaths and 68 per cent of the world's burden of perinatal deaths occur in Asia (UNICEF 2004). Newborn babies are completely dependent on their parents. Caring for newborns includes providing them with proper nutrition, a safe place to sleep as well as quality time and attention. The first year of a baby's life is a time of rapid growth and development. With the appropriate care, a child is more likely to grow into a healthy and well-adjusted child. Alternatively, without the proper care, a baby could be at risk for developing long-term illness and stunted growth and development (Windy, 2011).

I have been working in the project S-CCSP-SS, as a block (Jawan) supervisor of Jawan, one of the blocks of Aligarh district right from its first phase from 2009. In the Jawan block, the total number of sanctioned ASHAs is 207; however, 159 ASHAs are presently working. My work in this designation is to provide supportive supervision to all the working ASHAs of the block. In the general term, the work of ASHAs can be described as: ASHA (Accredited Social Health Activist) has been chosen under NRHM in 2005 with the purpose of helping community members to avail health services at government hospitals. This study aims to find out how

an ASHA has been playing a significant role in CCSP works and activities, which helps in reducing infant mortality in a village. She imparts knowledge and information about healthcare and services to the community members through group meetings and counselling. Community members become aware of government health facilities and they demand support of ASHA to receive the services under many schemes. Hence, the effective work of ASHA has been shown through this study by applying various research methods.

ASSESSMENTS FOR NEWBORN BABIES

A newborn infant, or neonate, is a child under 28 days of age. During these first 28 days of life, the child is at highest risk of dying. It is thus crucial that appropriate feeding and care are provided during this period, both to improve the child's chances of survival and to lay the foundations for a healthy life (http://www.who.int/topics/infant_newborn/en/). Preterm birth is the world's largest killer of newborn babies, causing more than one million deaths each year, yet 75 per cent could be saved without expensive, high-technology care (http://www.who.int/maternal_child_adolescent/topics/newborn/en/index.html). Each newborn baby is carefully checked at birth for signs of problems or complications. A complete physical assessment will be performed that includes every body system. Throughout the hospital stay, physicians, nurses and other healthcare providers continually assess a baby for changes in health and for signs of problems or illness. Assessment may include:

Apgar Scoring: The Apgar score is one of the first checks of a new baby's health. The Apgar score is assigned in the first few minutes after birth to help identify babies that have difficulty breathing or have a problem that needs further care. The baby is checked at one minute and five minutes after birth for heart and respiratory rates, muscle tone, reflexes and colour.

Birth weight and measurements: A baby's birth weight is an important indicator of health. The average weight for term babies (born between 37 and 41 weeks gestation) is about 7 lbs (3.2 kg). In general, small babies and very large babies are at greater risk for problems. Babies are weighed daily in the nursery to assess growth, fluid and nutrition needs. Newborn babies may lose as much as 10 of their birth weight. This means that a baby weighing 7 pounds 3 ounces at birth might lose as much as 10 ounces in the first few days. Premature and sick babies may not begin to gain weight right away.

Converting grams to pounds and ounces: 1 lb = 453.59237 g 1 oz = 28.349523 g; 1000 g = 1 kg.

Measurements

Other measurements, such as the following, are also taken of each baby:

- Head circumference (the distance around the baby's head) – is normally about one-half the baby's body length plus 10 cm
- Abdominal circumference – the distance around the abdomen
- Length – the measurement from crown of head to the heel

Though I have been involved in the CCSP Programme, as a block supervisor, the assessment skills of the ASHAs of newborn babies have increased from 2009 to 2012. The improvement in the assessment led to recognising the serious illnesses and referring the children to the healthcare facility.

Table-1 shows that under my supervision, the ASHA's assessment for possible serious bacterial infection improved. Earlier in 2009, 102 ASHAs were able to assess PSBI in a proper manner as per IMNCI norms. Now in 2012, it has improved to 137 ASHAs. Thus, due to sustained efforts a rise of 24 per cent has been recorded. Now, only 21 ASHAs who belong to 'C' category are not able to assess PSBI properly.

The same trend of improvement was witnessed for ASHAs asking for diarrhoea, which has improved from 102 ASHAs to 137 ASHAs. Here too, only 21 ASHAs of 'C' category were not able to ask for diarrhoea compared with 61 ASHAs in 2009.

The same trend of improvement was witnessed for ASHAs assessing for proper breastfeeding (positioning and attachment), which improved from 94 ASHAs to 137 ASHAs. Here too, only 21 ASHAs of 'C' category

COMPARATIVE ANALYSIS OF SUPPORTIVE SUPERVISION OF ASHAs 1st ROUND OF PHASE I (Aug 2009–Dec 2009) vs. 3rd ROUND OF PHASE III (June 2012–Aug 2012)

Table 1 (as per Form-5 for supervisors)

S. No.	Assessment signs	2009 (163) ASHAs	2012 (158) ASHAs	Improvement (%)
1	ASHAs assess for possible serious bacterial infection	102	137	24
2	ASHAs asking for diarrhoea	102	137	24
3	ASHAs assess for breastfeeding properly (positioning and attachment)	94	137	29
4	ASHAs check for immunisation correctly	37	131	60
5	ASHAs assessing other problems of children	45	121	49
6	ASHAs using classification booklet	41	131	5
7	ASHAs treatment to be given according to classification	36	131	61
8	ASHAs counsel on home care	51	131	52
9	ASHAs counsel on danger signs	19	120	64
10	ASHAs home visit to newborn(according to their records)	43	152	70
11	ASHAs home visit on time	0	118	75

Source: 1st Round of Phase I (Aug 2009–Dec 2009) and 3rd round of Phase III (June 2012–Aug 2012) of the CCSP Project in Aligarh district.

were not able to assess for breastfeeding properly compared with 69 ASHAs in 2009.

The same trend of improvement was witnessed for ASHAs checking for immunisation correctly, which improved from 37 ASHAs to 131 ASHAs. Here too, only 27 ASHAs of 'C' category were not able to check for immunisation correctly compared with 126 ASHAs in 2009.

The same trend of improvement was witnessed for ASHAs for assessing other problems of children, which improved from 45 ASHAs to 121 ASHAs. Here too, only 37 ASHAs of 'C' category were not able to assess other problems of children compared with 118 ASHAs in 2009.

The same trend of improvement was witnessed for ASHAs for the use of their book for right classification, which improved from 41 ASHAs to 131 ASHAs. Here too, only 27 ASHAs of 'C' category were not able to use their book for right classification compared with 122 ASHAs in 2009.

The same trend of improvement was witnessed for ASHAs treatment to be given according to classification, which improved from 36 ASHAs to 131 ASHAs. Here too, only 27 ASHAs of 'C' category were not able to provide proper treatment according to classification compared with 127 ASHAs in 2009.

The same trend of improvement was witnessed for ASHAs counsel on home care, which improved from 51 ASHAs to 131 ASHAs. Here too, only 27 ASHAs of 'C' category were not able to counsel on home care compared with 112 ASHAs in 2009.

The same trend of improvement was witnessed for ASHAs counsel on danger signs, which improved from 19 ASHAs to 120 ASHAs. Here too, only 38 ASHAs of 'C' category were not able to counsel on danger signs compared with 42 ASHAs in 2009.

The ASHAs for home visit to newborn (according to their records) improved with 152 ASHAs home visit compared with only 43 ASHAs home visit in 2009.

ASHAs visiting on time improved with 118 ASHAs visit on time compared with 0 ASHAs in 2009.

CONCLUSION

It can be concluded that the CCSP project has been performing a Herculean task to reduce infant mortality

and maternal mortality in Aligarh specially and Uttar Pradesh in general. Being a block supervisor of this project and under the aegis of Prof. Abdul Matin, Director (CCSP), I have worked as a Supporting Supervisor to supervise the work of ASHAs and motivate them to create awareness and report against the above-mentioned diseases. My effort has brought many positive changes in the working attitude of ASHAs. The above-mentioned reporting against the following diseases has brought improvement in the working of the ASHAs. For maintaining these changes in the work profile of ASHAs and for sustaining the motivation level, proper and timely honorarium should be provided by the government and constant support should be provided by the block supervisor.

REFERENCES

Atasay, B. and Arsan, S. (2003). "*Organization of neonatal care services and its importance*", *J Perinat Med.* 31 (5): 392-4.

Bhat, M. (1993). "*Maternal Mortality and MCH Services*", *Economic and Political Weekly*, March 6.

Bose, A. (2007). "*Speeding Up Reduction in Maternal Mortality Chasing a Mirage?*", *Economic and Political Weekly*, January 20.

Jain, A.K. (2010). "*Janani Suraksha Yojana and the Maternal Mortality Ratio*", *Economic & Political Weekly,* March 13, vol xlv no 11.

Jejeebhoy, S.J. (1999). "*Reproductive Health Information in India What Are the Gaps?*", *Economic and Political Weekly*, October 16-23.

Marwah, V. and Sarojini, N. (2011). "*Reinventing Reproduction, Re-conceiving Challenges: An Examination of Assisted Reproductive Technologies in India*", *Economic & Political Weekly*, October 22, vol xlvi no 43.

Mridula, R. (2007). "*Maternal Health in Early Twentieth Century Bombay*", *Economic and Political Weekly,* January 13.

Padma, G. and Rama, (2005). "*Perceptions on Safe Motherhood An Analysis of Results from Rural Andhra Pradesh*", *Economic and Political Weekly* January 29.

Radkar, A and Parasuraman, S. (2007). "*Maternal Deaths in India: An Exploration*", *Economic and Political Weekly* August 4.

Ramachandran, V and Visaria, L. (1997). "*Emerging Issues in Reproductive Health*", *Economic and Political Weekly,* September 6.

Ramanathan, M. (1998). "*Reproductive Health Index Measuring Reproduction or Reproductive Health?*", *Economic and Political Weekly*, December 5.

Sadgopal, M. (2009). "*Can Maternity Services Open Up to the Indigenous Traditions of Midwifery?*", *Economic & Political Weekly*, April 18, vol xliv no 16.

Soman, K. (1994). "*Trends in Maternal Mortality*", *Economic and Political Weekly,* October 29.

Stephenson, R. and Tsui, A.O. (2003). "*Contextual Influences on Reproductive Wellness in Northern India*", *American Journal of Public Health*, November, Vol 93, No. 11.

UNICEF (The United Nations Children's Fund). (2004). *What Works For Children in South Asia Newborn Care: An Overview*, Kathmandu: Health and Nutrition Section UNICEF Regional Office for South Asia.

Windy, C. (2011). "*The Importance of Newborn Care*", Livestrong.com the Limitess Potential of You.

http://www.who.int/topics/infant_newborn/en/ (Accessed on 12/11/2012).

http://www.who.int/maternal_child_adolescent/topics/newborn/en/index.html (Accessed on 18/11/2012).