

# Assessment of Urban ASHA workers: Unveiling Urban Dynamics

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## ARTICLE CYCLE

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## ABSTRACT

**Background:** The World Health Report highlighted the critical role of human resources in health systems, especially noting the human resource crisis in low-income countries due to various challenges such as migration and illness of health workers. The study aims to assess the performance of urban ASHA workers in Meerut and identify factors affecting their performance. Specific objectives include evaluating the delivery of essential services by ASHA workers and understanding the various individual, occupational, and environmental factors that influence their effectiveness. **Methodology:** The study was conducted with 40 ASHAs from the urban areas of Meerut. Data was collected through interviews using pretested schedules and performance assessments based on structured scales. Beneficiaries were also interviewed to gauge service delivery effectiveness. Chi-square and Fisher exact tests were used to analyze data and understand the association between various factors and ASHA performance. **Results & Conclusion:** The results were categorized into performance grades based on the ASHAs' scores, showing a distribution among different performance levels. Factors such as age, education, training frequency, occupation, and timely receipt of incentives were found to significantly affect the performance of ASHA workers. The study revealed that younger, better-educated, and regularly trained ASHAs with timely incentives showed better performance.

## KEYWORDS

Motivation; Global Health; Workforce; Health Workforce; Occupations

## INTRODUCTION

As we turn back the time the World Health Report focused on human resources as an essential element for the successful operation of health systems and emphasise the increasing human resource crisis, especially in low-income countries.(1-3) For assorted reasons, including migration, illness or death of health workers, nations are ineffectual to edify and succour the health workforce to refine

people's chances of survival and their well-being. For the aforementioned rationale notion of Community Health Worker was inaugurated(4).

The success of any public health initiative hinges significantly on the effectiveness of frontline health workers, and the Accredited Social Health Activists (ASHA) program is no exception(5-9). Globally, it is well-documented that community health workers (CHWs) have

played a crucial role in diminishing maternal and child mortality rates.(10-15) To attain health-related Millennium Development Goals (MDGs), including the reduction of infant mortality rates (IMR), maternal mortality rates (MMR), the control of specific diseases, and the enhancement of the nutritional status of children and mothers, the Ministry of Health & Welfare of the Government of India implemented the Accredited Social Health Activists (ASHAs) system in 2005 as part of the National Rural Health Mission (NRHM). ASHAs, female voluntary community health workers, are assigned to serve 1000 individuals in their designated areas, functioning as a vital link between the community and the public health system. The primary objective behind their introduction was to strengthen healthcare delivery for the impoverished and more susceptible segments of the rural population. In the urban landscape of Meerut, where the convergence of diverse factors poses unique challenges, evaluating the performance of ASHA workers becomes paramount. ASHA workers play a crucial role in bridging the gap between healthcare services and urban communities, ensuring the delivery of essential health interventions(16-20).

Urban Health mission lies in the performance of Accredited Social Health Activist in urban area respectively. Therefore, it is necessary to evaluate and compare the performance of Accredited Social Health Activist in rural and urban area. This study aims to delve into the multifaceted factors influencing the performance of ASHA workers in Meerut's urban areas, shedding light on the intricate dynamics shaping their capabilities, challenges, and contributions. By examining these factors, we can garner insights that may inform policy interventions, training programs, and community engagement strategies to enhance the effectiveness of ASHA workers and, consequently, improve the overall health outcomes in urban Meerut.

**AIM:** To assess the performance of Urban ASHA worker

**Objectives-** To assess the performance of Urban ASHA worker. in her essential services and to assess the factors affecting

performance of ASHA workers in urban area of Meerut.

## **MATERIAL & METHODS**

The present study was done on Urban ASHAs of district Meerut. All urban ASHAs working in Meerut district were selected for the study. ASHA workers were selected from list, which was made available on government website(www.meerut.nic.in). Total 40 ASHAs were interviewed on a pretested schedule form to assess their knowledge and services to the beneficiaries. From each ASHA's record register two beneficiaries were selected by simple random sampling technique with their consent and they were interviewed regarding the services provided by ASHA workers in their area. All ASHA workers underwent a performance assessment based on a structured scale, which encompassed the delivery of essential services (as mentioned in ASHA book) to beneficiaries.

The study's inclusion criteria encompassed ASHAs of the selected area and women aged 15-49 who had given live birth during the study period or had children less than 1 year old. Conversely, unmarried women from the selected area and those who did not provide consent were excluded. The study employed two primary tools for data collection: a semi-structured interview schedule for ASHAs and beneficiaries and an interview guide for supervisory cadre, including Medical Officers, ANMs, and mobilizers at various levels. The interview schedule covered diverse sections, including identification details, training, ASHA's knowledge, performance and awareness, roles and responsibilities, community mobilization, and service utilization by beneficiaries. The Performance of ASHA involved soliciting feedback from beneficiaries who were asked to rate ASHA workers according to their performance. To assess the performance of Urban ASHA workers in Meerut and identify the factors influencing their efficacy, a detailed questionnaire was developed and administered. The questionnaire collected information on the ASHA workers' personal details, including their age, education level, and training history, as well as the

demographics of the beneficiaries they served. It evaluated the training and knowledge of ASHA workers by asking about the number and types of training sessions attended and their understanding of essential health services, such as maternal and child health, immunization, and common diseases like malaria and tuberculosis. The performance and awareness section assessed the specific tasks performed by ASHA workers, using a grading mechanism based on the completion of assigned tasks. Questions about roles and responsibilities gathered information on the duties handled by ASHA workers and their time management, particularly in balancing ASHA duties with other occupations. The community mobilization section included questions about the activities conducted to engage the community in health programs and solicited feedback from beneficiaries on the ASHA worker's effectiveness. Service utilization by beneficiaries was also assessed, focusing on their satisfaction with the services provided and the impact on their health outcomes. Supervisory feedback was obtained through interviews with Medical Officers, ANMs, and mobilizers to provide an additional perspective on ASHA workers' performance. The questionnaire further explored the timeliness and adequacy of incentive payments and the motivational factors influencing ASHA workers. The grading system served as a qualitative measure, distinguishing ASHA workers as either poor-performing or good-performing based on the received assessments. This method ensured a comprehensive evaluation of ASHA workers' effectiveness in providing essential services and contributed to a nuanced understanding of their performance within the community. To ensure the validity of the questionnaire used for the performance assessment of Urban ASHA workers, several steps were taken. Firstly, the questionnaire was developed based on the guidelines and performance metrics outlined in the ASHA training manual and the performance assessment criteria provided by the Government of Orissa. This ensured that the content was relevant and comprehensive, covering all essential aspects of ASHA workers' roles and responsibilities. The questionnaire

underwent a pre-testing phase, where it was administered to a small sample of 5 ASHA workers and 10 beneficiaries not included in the final study. Feedback from this pre-test was used to refine the questions for clarity, relevance, and comprehensiveness. Any ambiguous or unclear questions were revised, and redundant items were removed to streamline the questionnaire.

Data collected underwent verification and quantification, and Epi Info Software facilitated processing and analysis, utilizing percentile calculation, frequency distribution tables, Chi-square tests, and Fischer exact tests to assess associations between variables. This comprehensive approach ensures a thorough examination of the objective factors influencing ASHA worker performance in the urban area of Meerut. The study was approved by ethical committee of associated medical college.

## RESULTS

The efficacy of ASHA (Accredited Social Health Activist) workers was rigorously evaluated through a systematic process, which included interviews with the beneficiaries they served. This assessment employed a sophisticated grading mechanism, the Performance Score Scale for ASHA Workers, designed to gauge their proficiency in executing a range of health-related responsibilities. Each duty was quantitatively assessed, receiving a score of '1' for successful execution or '0' for non-fulfillment. The scope of tasks evaluated was contingent on the prevalence of specific health issues, such as Malaria, Tuberculosis, malnutrition, or Acute Respiratory Infection, within the worker's operational zone during the preceding three-month period. A notable absence of specific cases like T.B, malaria etc, could lead to a reduction in the total countable tasks, diminishing the number from a potential 10 to 8, thereby influencing the overall performance evaluation. A minimum attainment rate of 60%—for instance, successfully accomplishing 5 out of 8, or 4 out of 7 tasks—was established as the threshold for functional competence. Figure 1 presents a detailed breakdown of the specific services provided by ASHA workers and their individual

performance metrics. Additionally, the system incorporated interviews with beneficiaries to gain insights into the utilization and effectiveness of the services provided. ASHA workers' performance was categorized into four distinct grades, reflecting their proficiency levels: Grade A for an achievement score of 75% or above, Grade B for scores ranging between 60% to 74%, Grade C for a range of 50% to 59%, and Grade D for scores falling below 50%. In rural areas, as depicted in Table 1, approximately 29.2% of the 40 evaluated ASHA workers achieved the commendable Grade A status. Meanwhile, in urban settings, a notable 62.5% of ASHA workers demonstrated commendable performance, aligning with the higher echelons of the grading scale. The performance score was

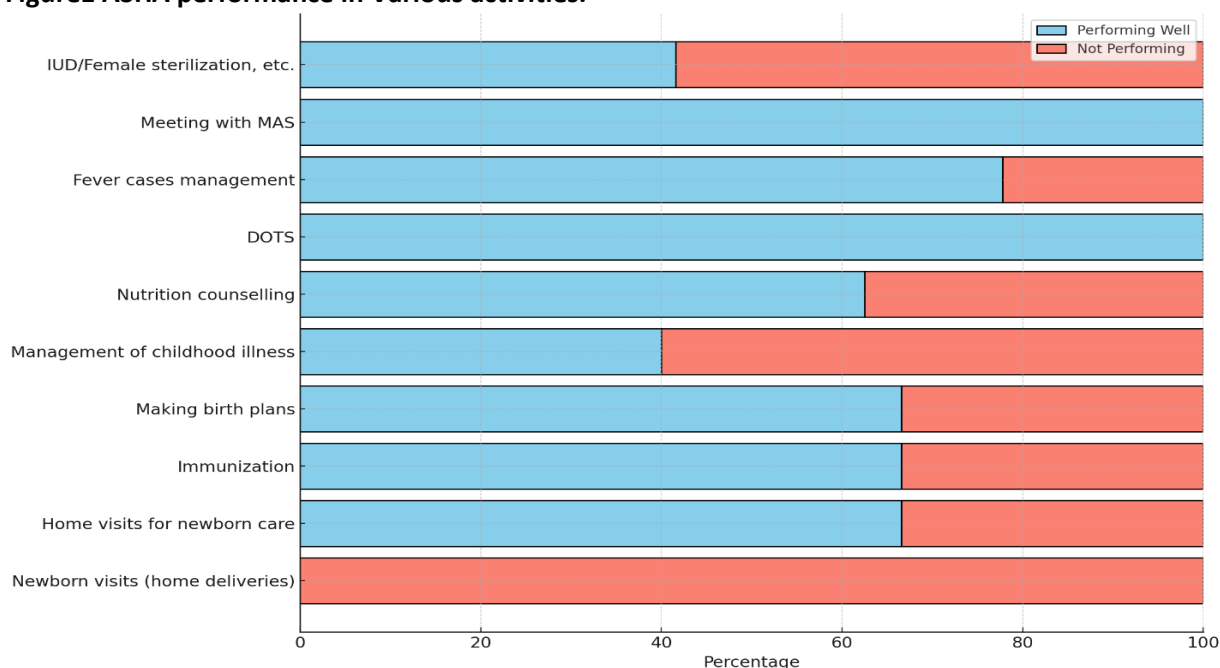
based on the score used by Government of Orissa for assessment of performance of ASHA workers.(3)

As per the analytical framework provided by the Government of Orissa(3), Grades C and D are indicative of subpar performance, while Grades A and B represent a higher standard of service excellence and proficiency.

**Table: 1 Grading of ASHA according to performance**

GRADE	Urban ASHA Number(%)
A (Performance score >75%)	12(29.2%)
B (Performance score 60-74 %)	13(33.3%)
C (Performance score 50-59%)	07(16.7%)
D (Performance score <50%)	08(20.8%)
TOTAL	40 (100%)

**Figure1 ASHA performance in Various activities.**



For ASHAs under 40 years, a satisfactory performance rate of 67.5% (CI: 51.9% - 83.4%) contrasts with a lesser rate of 33.3% (CI: -4.4% - 71.1%) in those over 40 years as shown in Table 2. This suggests a higher efficacy among younger ASHAs, although the Fisher exact test indicates this difference is not statistically significant ( $p > .05$ ). In terms of education, ASHAs up to 12th class demonstrate a higher satisfactory performance (70.5%, CI: 55.3% - 85.9%) than graduates (16.6%, CI: -13.2% - 46.5%), with a significant chi-square value ( $\chi^2 =$

18;  $df = 1$ ;  $p < .05$ ), indicating a notable difference in performance based on education level. Training frequency also plays a crucial role. Those with fewer than five trainings a month have a satisfactory performance rate of 44.4% (CI: 21.5% - 67.4%), while those attending more than five trainings show a significantly higher rate of 75% (CI: 50.5% - 99.5%), as supported by a Fisher exact test ( $p < .05$ ). Occupationally, ASHAs working exclusively in this role outperform those with additional jobs, showing an 83.3% (CI: 68.4% -

98.2%) satisfactory rate compared to 31.25% (CI: 8.5% - 54.0%) for those with other work. This is statistically significant ( $\chi^2 = 6.75$ ;  $df = 1$ ;  $p < .05$ ). Finally, the timely receipt of incentives significantly affects performance. Those receiving incentives on time show a 60% (CI:

40.8% - 79.2%) satisfactory performance, in contrast to a mere 11% (CI: -3.9% - 30.5%) for those not receiving them timely. This difference is statistically significant (Fisher exact test:  $p < .05$ ).

**Table 2 Factors affecting Performance of ASHA workers**

Factor	Category	Performance Satisfactory (Number, %)	Performance Not Satisfactory (Number)	Total	Statistical Test Results
Age	< 40 years	23 (67.5%)	11 (32.5%)	34	Fisher exact test: $p > .05$
	> 40 years	02 (33.3%)	04 (66.6%)	06	
Qualification Level	Up to 12th Class	24 (70.5%)	10 (29.5%)	34	$\chi^2 = 18$ ; $df = 1$ ; $p < .05$
	Graduated	01 (16.6%)	05 (84.4%)	06	
Training	< 5 trainings	08 (44.4%)	10 (55.6%)	18	Fisher exact test: $p < .05$
	> 5 trainings	09 (75.0%)	03 (25.0%)	12	
Occupation	Working as ASHA only	20 (83.3%)	4 (16.7%)	24	$\chi^2 = 6.75$ ; $df = 1$ ; $p < .05$
	Other work with ASHA	5 (31.25%)	11 (68.7%)	16	
Timely Receiving of Incentives	Receiving on time	15 (60%)	10 (40%)	25	Fisher exact test: $p < .05$
	Not receiving on time	2 (11%)	13 (89%)	15	

**DISCUSSION**

The present study was conducted in Urban area of Meerut. A total of 40 ASHAs and 80 beneficiaries were interviewed. The present study reveal that the performance of ASHA workers is affected by age, qualification, timing of receiving of incentives, occupation and weather ASHA workers are doing other work or not. In our study there was significant association between qualification level and their performance score among ASHAs of urban area. Study done in urban area of Varanasi noted a significant association of caste, education as well as the size of service population with performance scores of ASHAs. The result were in accordance with the study done by kaur et al(21), the study was conducted to assess the factors influencing the performance of ASHAs in district Sirmour, Himachal Pradesh with the objectives to assess the level of performance of ASHAs, to assess the individual factors influencing the performance of ASHAs and to assess the work environment factors influencing the performance of ASHAs and concluded that 61.4% ASHAs had average performance and 38.60% had good performance. The individual factors influencing the performance of ASHAs were family support, good relationship with family members, job satisfaction, increase in

dignity etc. Work environment factors influencing the performance were supervisor’s guidance and support, in-service education, performance evaluation, flexibility in working hours, unavailability of resources, unequal work distribution, distance and transport, weather etc. Other factors influencing the performance were also explored through this study such as lack of safety, inadequate provision of incentives, irregular availability of resources and difficulty in motivating people.

**CONCLUSION**

In present study an attempt was made to saw the status of performance of urban ASHA, and her problem encountered in group services and the study was done in attempt to unveil the urban health care status, which in future will depict the control mechanism at the level of ASHA to improve the health care services area and will suggest mechanism to work on Urban ASHA worker. ASHAs who were better educated, more trained and were doing full time work were better performing.

**RECOMMENDATION**

It is strongly advocated that ASHA workers should receive a fixed monthly salary to improve their standard of living and enhance

their focus on job responsibilities, as per their feedback expressing the need for a regular income. Additionally, implementing felicitation schemes at various levels based on performance scores could serve as a motivational tool. Recognition through cash incentives for consistent exemplary performance over consecutive years is proposed, and special incentives for ASHAs with over five years of experience can be considered to align with practices in other service sectors. Reorienting training programs is essential, given the observed challenge of ASHAs recalling the specifics of their induction training. To boost performance, it is recommended that all ASHAs attend a minimum number of training sessions, concluding with an assessment test to ensure comprehension and application of the acquired knowledge. The study establishes a significant association between the frequency of training and ASHA performance, emphasizing the pivotal role of ongoing training in sustaining effective community healthcare.

#### RELEVANCE OF THE STUDY

This study contributes to the understanding of factors influencing the performance of community health workers in urban settings, providing evidence for policy interventions aimed at enhancing their effectiveness.

#### AUTHORS CONTRIBUTION

All authors have contributed equally.

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Nil

#### CONFLICT OF INTEREST

There are no conflicts of interest.

#### DECLARATION OF GENERATIVE AI AND AI ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

During the preparation of this work, the author (s) used (Thesaurus dictionary) in order to Rephrase and remove plagiarism). After using this tool/service, the author (s) reviewed and edited the content as needed and take (s) full responsibility for the content of the publication.

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