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Accredited Social Health Activist (ASHA) pivoting the community level neo natal health care – Odisha experience

Susanta Kumar Nayak

PhD Scholar, KIIT University, Bhubaneswar, Odisha, India

Dr. Iswar Chandra Naik

Associate Dean, KIIS, KIIT University, Bhubaneswar, Odisha, India

Abstract

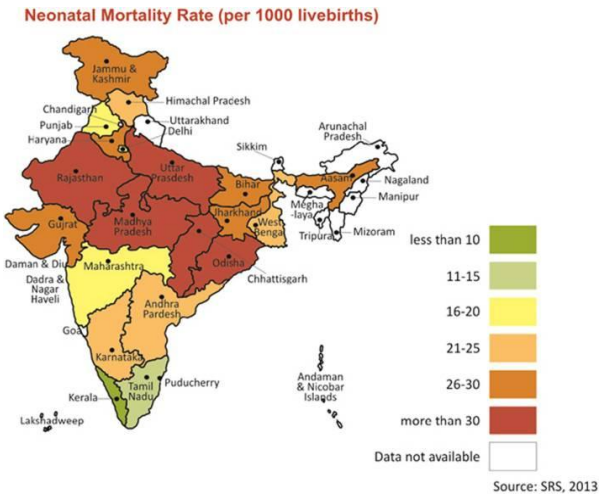
ASHAs are playing an important role in catalyzing the community around health issues in the form enhancing people's participation, community level action and thereby facilitating improvement in the health and wellbeing of the people. Neonatal health care is an important aspect of health care service delivery in order to reduce neonatal deaths which ultimately contributes to the reduction of IMR. While the facility and community level neonatal health care go hand in hand, it is the community level neonatal health care which needs to be more taken care of as the neonate stays with the family and community for longer period. ASHA pivots the community level neonatal health care with her knowledge and skills that she possesses as a part of the interventions under NHM. The present paper discusses the role played by ASHA in spearheading the community level neonatal health care in the State of Odisha.

Key words:1 *ASHA, 2 National Health Mission, 3 Neonatal Health Care, 4 Home Based Newborn Care, 5 Community level care.*

Introduction

During the life span from birth to death an individual passes through different stages and periods of life. In each of the stages, he or she has to face a number of challenges related to survival, growth and development. The greatest risk of mortality that an individual faces is during the birth and first 28 days of life which is called as the neonatal period, considered to be the most vulnerable period of the survival of the child. The first month of life is the highest risk of dying for the child. Three-fourth of the neonatal deaths take place in the early neonatal period i.e. first seven days of birth and the irony of the fact that these deaths are preventable. So treatment and care taken during the neonatal period is of significant importance for the proper development healthy life of the newborn baby. The risk of developing disease and death during this period is 15 times greater than any other time before birth. So in order to have healthy and quality population for the future, significant focus is given on this period of life.

Neo natal mortality rate is an important development indicator as like IMR and MMR. Neo natal death constitutes an important part of Infant and Under 5 Mortality, constitutes around 52% of Under 5 mortality in India. Globally an estimated 5 million newborn deaths occur annually, of which 98% are in developing countries and the majority are in Asia and Africa. About two thirds of infant mortalities occur in the 1st month of life and of these two thirds occur in the 1st week of life. The main causes of early neonatal death are asphyxia, birth trauma, infection, prematurity, and malformation and the other causes of death within 1st month of life are due to sepsis, pneumonia, meningitis, diarrhea and tetanus.



India contributes to one fifth of the global live births and more than a quarter of the neo natal deaths. Nearly, 0.75 million neonates died in India in 2013, the highest for any country in the world. The current Neonatal Mortality Rate (NMR) is 28 per 1000 live births. Given the infant, and under-five child mortality rates of 40 and 49 per 1000 live births respectively, 70% of total infant deaths, and more than half of under-five deaths fall in the neonatal period. Indeed, with the early NMR of 22 per 1000 live births, deaths in the first week alone account for 45% of total under-five deaths. Globally, 2.6 million children died in the first month of life in 2016 – approximately 7,000 newborn deaths every day – most of which occurred in the first week, with about 1 million dying on the first day and close to 1 million dying within the next six days.

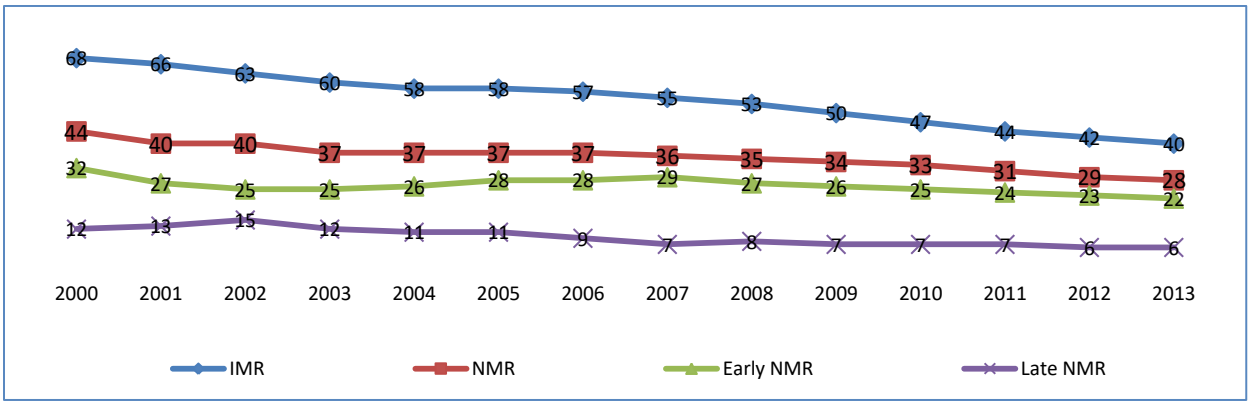
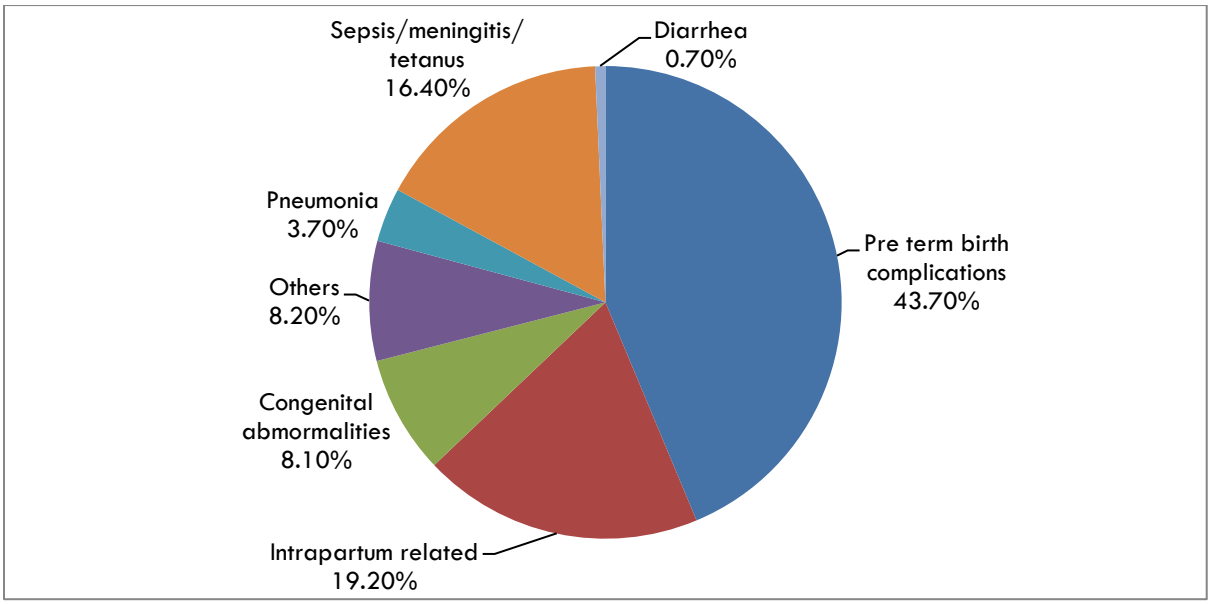


Fig 1: Trend of IMR and NMR in India
Source: Operational guideline of HBNC programme, GoI

It is evident from the Figure 1 that IMR has declined from 68 in 2000 to 40 in 2013. Whereas NMR has declined from 44 per 1000 live births in 2000 to 28 per 1000 live births in 2013. So this rate of decline has nevertheless lagged behind that of infant mortality rate. The Average Annual Rate of Reduction (AARR) of NMR was only modest at 3.5%in this period, compared with the rate of reduction of infant mortality rate (IMR) during the same period (4.0%). The higher AARR of post-neonatal infant deaths, that is, deaths in infants aged 1–12 months, compared with deaths during the neonatal period is the reason for this discrepancy. The slower decline in NMR has led to increasing contribution of neonatal mortality to infant mortality. Among neonatal deaths, the rate of decline in the ENMR was much lower than in the late NMR, AARR of 2.8% and 5.8%, respectively. These are significant numbers in human resource development.

Neo natal mortality: causes

Neo natal mortality is caused by a number of factors. The following are the distribution of causes related to neonatal mortality.

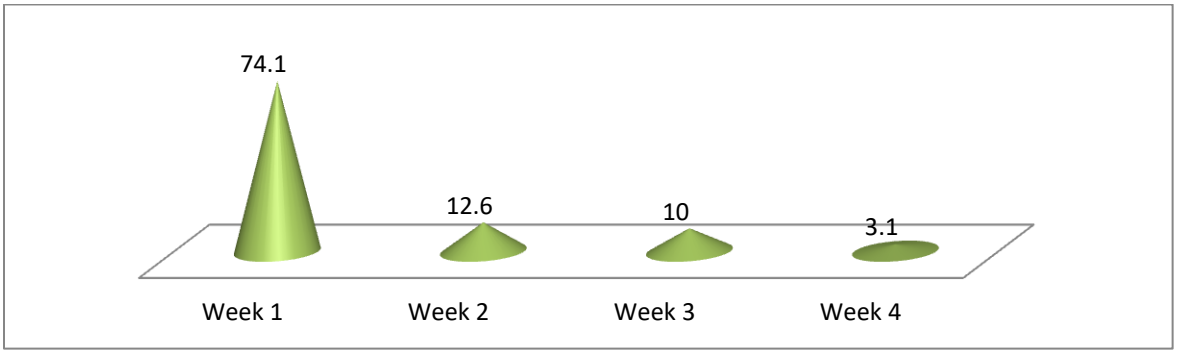


(Causes of Neo Natal Mortality in India)
Source: Operational guideline of HBNC programme, GoI

It is evident from the graph above that pre term birth complications constitute the major causes of neonatal mortality which is 43.7%. The second highest causes are related to intrapartum issues which accounts for 19.2%. Other causes include sepsis, birth asphyxia, meningitis, pneumonia, congenital abnormalities, diahhrea etc.

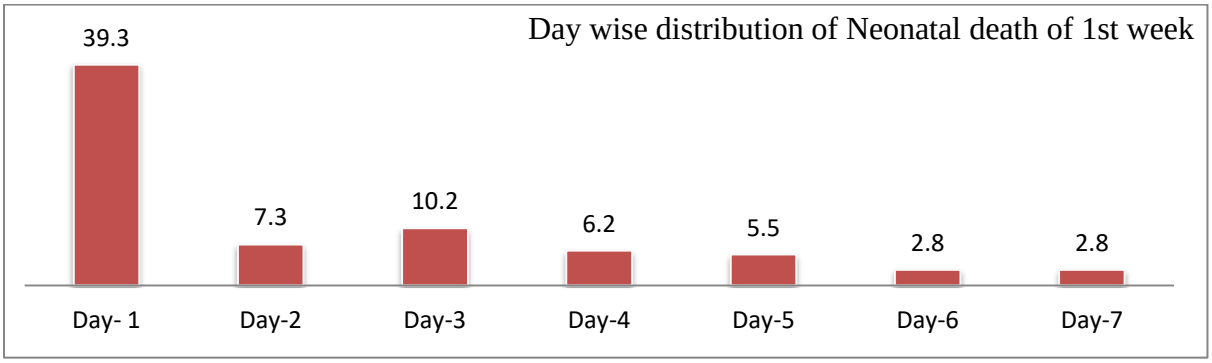
When does new born die

The timing of neonatal deaths indicates that about three fourths (3/4) of total neonatal deaths occur in the first week of life. It is followed by 12.6% during week 2, 10% during week 3 and 3.1% during week 4. The following is the distribution of neonatal deaths over first 4 weeks of life.



(Fig a: Distribution of % Neo natal Death – Week 1 to 4)
Source: Operational guideline of HBNC programme, GoI

The first week of birth is also very crucial from the point of view of neonatal survival. The following graph shows the day wise distribution of neo natal death during the first week of birth.



(Fig 5 b: Day wise distribution on Neo natal death of 1st week) *Source: Operational guideline of HBNC programme, GoI*

The above figure shows that out of the 74.1% of the deaths occurring during the first week of birth, 39.3 % death occurs on day 1. So day 1 along with a few hours after birth is crucial from the survival point view of the new born. Nearly 40% of the deaths occur during that period. The rest of the death percentage is divided from Day 2

to Day 7. While Day 2 is 7.3 %, Day 3 is 10.2%, Day 4 is 6.2% and Day 5 accounts for 5.5 % of the neo natal death. So maximum care is to be taken for Day 1 followed by the rest 6 days of birth. Here the institutional care is more important as around 80% deliveries are now conducted at the health institutions. The Health institutions need to be well equipped to manage the neo natal complications and the care of the sick neonates.

Importance of neo natal care

Neo natal survival is a national priority which is recognized by the country and neonatal care practices holds the key to the neo natal survival, growth and development. A "neonate" is referred as a newborn infant during the first 28 days period of life. Neonatal care refers to that care given to the newborn infant from the time of delivery till the end of first month of life. Every newborn needs the essential newborn care services regardless of where it is born and its size. Essential newborn care should be applied to the newborn immediately after the birth and continues at least first 7 days of life. As per the guidelines of World Health Organization (WHO) essential newborn care include clean delivery, keeping the newborn warm, early initiation of breastfeeding, exclusive breast feeding, care of the eyes, identification of danger signs, care during illness, immunization and care of low birth weight newborns. Essentials of neo natal care are a combination of care that is provided both at facility and community level.

Neo Natal Care: A combination of Community and Facility Level Care

Combination of facility and community level interventions and services makes the neonatal care complete and effective. So the community level care is extremely important in order to improve the status of neonatal health along with facility level care. The care provided at the community level dependent upon the mother, other primary and secondary caregivers, linkage with health facility. Whether it's an institutional or home delivery, the care given at the home and community level becomes crucial for the survival, growth and development of the new born. Participation of the community is the key for providing right care for the new born at the household and community level. All new born gets home based new born care as per the perception, practices and socio cultural behaviour of the society for which community plays an important role.

ASHA: prime mover of community level care

In order to facilitate community level activities, Accredited Social Health Activist (ASHA) positioned as a part of National Health Mission (NHM). She is the first port of call for all the health related activities at the community level, prime mover of all the community mobilization activities for addressing the health issues and promote the process of communitization in health. She is the pivot of the community process and as the torch bearer at the community level she facilitates the community level action on health issues. Being a part of the community, she mobilizes the community around health issues, promotes right health seeking behaviour, community led action and facilitates maximum utilization of health services. The State of Odisha is having the presence of 47147 ASHAs including around 1400 ASHAs in urban slums catering to the needs of the community. Initially each ASHA was envisaged to cater to a population of around 1000. However the coverage of population by each ASHA varies, at present the average population served by one ASHA in rural areas is 777 and in urban slums it is 1300.

Home Based Newborn Care (HBNC) was taken up as an important intervention in order to bring improvement in the neo natal care. By taking the success of the programme in SEARCH, Gadchiroli which brought significant reduction in neo natal deaths, HBNC through ASHA was expanded all across the country as a part of National Health Mission (NHM). This programme has brought in significant changes in mobilizing the community for improved neo natal care. Home Based Newborn Care (HBNC) is defined as family oriented services that support self care, including the adoption of improved care practices and appropriate care seeking for illness. It also involves community mobilization and the empowerment of individuals and communities to demand quality services that respond to their needs. The main emphasis of home based new born care lies in preventive, promotive and curative services to the new born as well as theirs mothers at home.

HBNC through ASHA in Odisha

In order to implement the HBNC programme, ASHAs in Odisha are trained for 20 days in 4 rounds, each round is of 5 days duration and the training is residential in nature. The training was conducted with the support of the NGOs in a PPP mode. The content of the training includes different aspects of HBNC like basic knowledge about neo natal care, home visit details, examination of the new born, demonstration of the skills like weighing, taking measurement, hand washing, wrapping, identification of neonates having danger signs, facilitation of referral to the health facility. ASHAs were provided with HBNC kit which consists of Weighing scale, Thermometer, stop watch. In order to conduct the home visit and provide required services, ASHAs get an amount of Rs.250/- to conduct the home visits to the neonates during the neo natal period. ASHAs conduct the home visit to the new born 7 times in case of home delivery (on Day 1, 3, 7, 14, 21, 28 and 42 days of birth) and 6 times in case of institutional delivery (on Day 3, 7, 14, 21, 28 and 42 days of birth). They identify the danger signs in the new born, report it to the HW (F) and facilitate referral of the sick new born to the hospital for treatment.

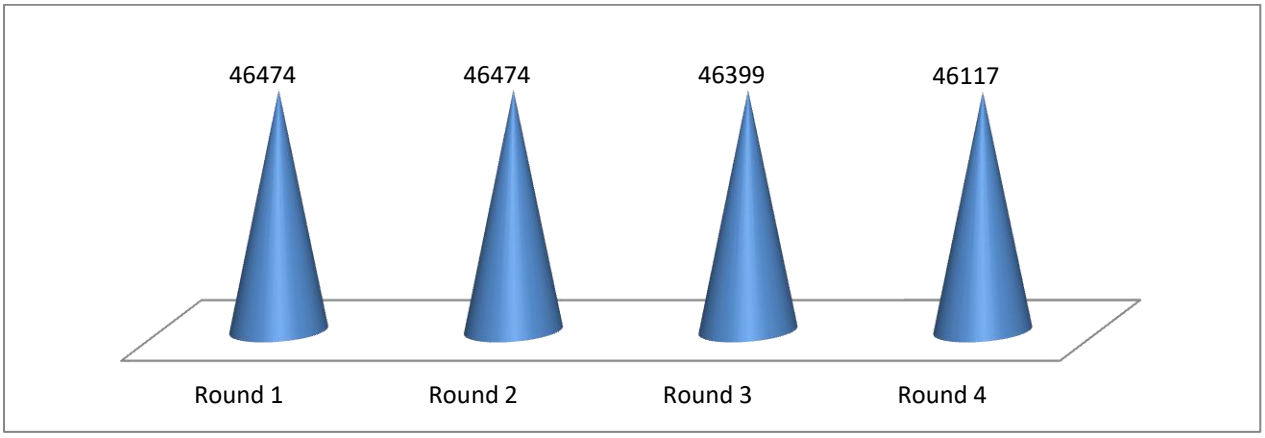


Fig 3: ASHA HBNC Training Status Source: NHM Report, January, 2021

In order to facilitate the process of programme implementation at the community level, around 8800 Health Workers (Female) in Odisha were also trained in HBNC. They provide the handholding support to the ASHAs in enhancing the knowledge of ASHA on HBNC, reinforce the skills practised by ASHA during the home visit, support to identify and treat the new born having danger signs and facilitate their referral to the health institutions. 30 District and 314 Block Resource Groups were also trained on HBNC to monitor the programme and provide required support at the field level for effective field level activity implementation. The ASHA Facilitators were also trained in HBNC in order to facilitate activities in a peer learning process to support ASHA in her work on neo natal care.

ASHAs are being the torch bearers of the community process practices the knowledge that they have acquired during the HBNC training. It makes the availability of a knowledgeable community level worker (ASHA) at the doorstep of the community to look after of the new born. In the process of home visit, ASHA shares and transmits her knowledge on right neo natal care practice to the mothers of the new born. She has not only percolates the knowledge but also demonstrates the skills to the mothers of the new born.

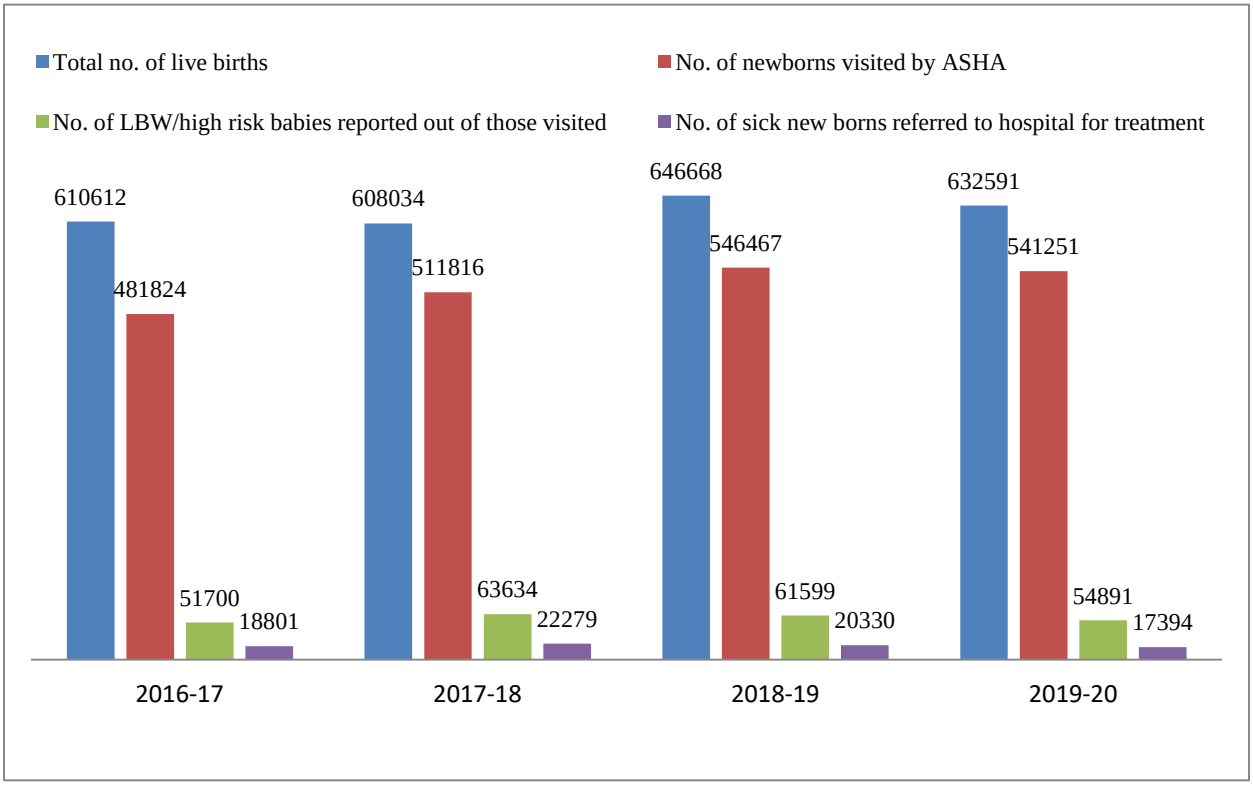


Fig 4: HBNC implementation status in Odisha Source : NHM Reports

In order to ascertain the status of the HBNC programme implementation in the State of Odisha, data of last four years were analyzed. From the above graph it is evident that the coverage of newborn visit in HBNC programme has increased over years. While during the year 2016-17 it was 79%, it increased to 86% during the year 2019-20 with coverage of 5.41 lakh new born per annum. With their enhanced knowledge on identifying newborn with danger signs ASHAs identified near about 10 to 12% newborns having danger signs every year during the last four years. Among those newborn, more than 30% babies were referred to the hospital for treatment.

Home Visit of the new born by ASHA as a part of the HBNC programme has helped to improve in the following areas at community level

- Regular home visit to the new born
- Follow up of the new born on a regular basis
- Provision of timely care for the new born
- Timely check up of the temperature to manage the issues related to temperature, weight of the new born to ascertain the right growth of the new born
- Making the mothers aware regarding regular hand washing practices which benefits the new born health
- Improvement in the knowledge and practise on breast feeding practices and management of the problems related to breast feeding
- Having knowledge regarding the care to be taken for pre term and low birth weight baby.
- Improved understanding on right neo natal care practices
- Identification of danger signs in neonates and its management by ASHA
- Facilitate seeking timely advice from ASHA and HW(F) for the new born with danger signs
- Facilitate timely referral of the sick new born to the health institution for treatment

At the community level, mothers are the primary care givers of the new born. Improving the knowledge of the mother on correct neo natal care and its application was one of the key focus of areas of HBNC. Regular home visit by ASHAto the new born has helped to improve the following

- Better knowledge of the mother on neo natal health care
- Improvement in the neo natal health care practices
- The care practices of secondary care giver's is influenced by the mother’s improved knowledge and practices
- Mothers are aware about the signs and symptoms of the danger signs in the new born, though not complete in all respects. They are aware about the importance of the referral of the new born for treatment when new born is identified with danger signs
- Mothers seek immediate support from the ASHA at the time of need.

The implementation of Home Based Newborn Care programme through ASHA has brought in significant changes in the neonatal health care scenario in the State of Odisha. With her improved knowledge and skills on neonatal health care, she plays a pivotal role in the mobilising the community to promote improved neo natal care.

Mothers of neonates has improved knowledge because of the sharing by the ASHAs and subsequent practice of the same. She shares her knowledge with the secondary care givers like father, mother-in-law and other members of the society and thereby the traditional practices wither away. She shares her knowledge on neo natal care in the community level platforms like Gaon Kalyan Samiti (GKS), Women Self Help Groups (WSHG) which ultimately transfers the knowledge on neonatal health care to the larger community.

Besides in order to share the information regarding neonatal health care, she also uses the community level service delivery platforms like VHND, Immunization Day. ASHA mobilizes the new born babies to the VHND sessions, where the HW (F) checks the health status of the newborn, provide required treatment at the VHND sites. In order to provide the required support, she also pays additional visits to the household of the new born who is identified with danger signs or sick. She facilitates referral of the sick newborn to the hospital for treatment. The community level efforts are well supported by the facility level supports like NBSU, SNCU and trained health providers work force on neo natal care, which ultimately improves the status of neonatal health care.

From the above, it is evident that ASHAs played an important pivotal role in mobilizing the community in order to improve the neo natal health care. With her improved knowledge and skills she could improve the knowledge of the mothers and secondary care givers, which practiced at the household and community level in order to improve the quality in the neo natal health care. By mobilising the community around right neonatal health care practices, she could facilitate withering away of the age old traditional practices like discarding the cholestrum, lack of initiation of breast feeding within one hour of birth, giving early bath to the new born to clean, unhygienic cutting of the umbilical cord and cord care, adopting traditional means of treating the diseases through traditional healers, Jhada phunka, branding of baby for treatment (chenka), budu pila etc. These age old practices were the hindrances against the neo natal care and were affecting the health of the new born in a negative way. Besides, the health seeking behaviour relating to the neo natal health care, identification of the new born with danger signs and their referral to the health institutions improves as a result of the involvement of the community. So in a sense, ASHA could able to form a community level eco system for the improvement in the neonatal health care by involving and mobilising the community around issues related to neonatal health care.

Conclusions

An empowered community is an effective watchdog and manager of its own health. ASHA played a vital role in making the community empowered around issues related to neonatal health. The efforts she put for improving the neo natal care with community participation is encouraging. The best advantage being, she is in the community, available almost all the times, with improved knowledge and skills and most importantly, having a motivation to serve the people. With timely identification of episodes of illness among neonates, its primary care at the community level and prompt referral of the sick neonates to the hospital for treatment, there has been significant improvement in the status of neonatal health care.

However, support systems needs to be further strengthened for ASHA in order to bring improvement in the status of neo natal health care. Availability of HBNC forms at the community level, monitoring of the home visits by ASHA by the mid level managers, need based handholding support to ASHA, availability of the HBNC support kit with ASHA, capacity development from time to time are some of the critical health systems strengthening efforts in building effectiveness in community participation. All these needs to be addressed in order ensure that ASHA plays improved role to involve local community for neo natal health care with their active participation. Involvement of community level platforms and service delivery mechanisms like GKS, SHG, VHND, Immunization sessions needs to be further augmented which are essential factors of Health Systems Strengthening to sustain the impact of changes that has been brought in neonatal health care in order to ensure a better future of neonates with community empowerment. We need to take care of the neonates for our better future, ASHA leads the way.

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