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## Maternal & New born Care among Recently Delivered Women of Scheduled Caste Community through the Role of Asha 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 (GOI, 2005, GOUP, 2013). Evaluation studies on the performance of ASHAs was done since 2011 as by then ASHAs had actually worked in the field for a minimum period of 5 years. It is to be noted that National Rural Health Mission was rolled out in April 2005 but it took about one to two years for the states to hire ASHAs and put things in place right from the state to the village level (GOUP, 2013). In this article, a comprehensive feedback is elicited from the mothers of Scheduled Caste (SC) community from the last visit of ASHAs to their homes to visits during pregnancy & newborn care.

The current study explores some of the crucial variables on the performance of ASHAs through their message delivery & visits during natal, newborn care of mothers of Scheduled Caste (SC) community. The article also includes the feedback of the SC community mothers on the work & approach of ASHAs. That's how the perception of the Recently Delivered Women of SC community in the state of UP is included in this article. The mothers of SC community responded about the performance based upon their experience in visits & messaging by ASHAs on Janani Surakhya Yojana (JSY), New Born Care (NBC) & Routine Immunization (RI) as these were the frontline programs for the states. The responses of these mothers or Recently Delivered Women (RDW) (as named for the current study) had a 3 to 6 months old child during the time of survey. They were selected as respondents as they were from SC community & were in a position to recollect the health care events of their children.

The relevance of the study assumes significance as data on the details of visits, care and message during pregnancy, newborn care, postnatal care & perception or feedback details on the health personnel's performance is usually not collected from the mothers of Scheduled Caste (SC) communities. Such responses that collect feedback on the work & approach of ASHAs including the care & visits during all the stages of maternal & newborn care of SC community mothers are not the focus in very large-scale health surveys. Such feedback that go beyond work & focus on the opinion of mothers on the work & approach of ASHAs come under the ambit of social audits. The audits gain more teeth when the feedback is solicited from the mothers of SC communities.

It is important to note that social audit is an integral part of the National Health Mission document but it is not a priority activity of NHM. Usually, the responses, knowledge of trained health personnel are assessed in many studies while neglecting the response & perception of the community members. Here in this article, the same mothers & that too from the socially unprivileged SC community mothers talk about their feedback on the work & approach of ASHAs including the performance of ASHAs through message delivery & visits. Here also it is seen that usually, the trained health personnel become the respondents as part of evaluation of their timely actions in many other studies. The uniqueness of the current study is that the SC community mothers become the pivot around which all the modalities move.

A total of four districts of Uttar Pradesh were selected purposively for the study and the data collection was conducted among the RDWs in the villages of the respective districts with the help of a pre-tested structured interview schedule with only open-ended questions. These in-depth interviews collected descriptive details as responded by RDWs. The responses were collected in Hindi language and were translated to English language later for data analysis. The qualitative data were conducted

amongst the RDWs and a total of 20 respondents participated in the study. The results reflected that regarding the last visits, the ASHAs of Gonda and Barabanki had better performance than the developed Saharanpur district and the very low developed Banda district. Regarding messages during pregnancy, all the mothers in the 4 districts received information on arranging transportation for an institutional delivery. Regarding availing the JSSK benefit, the situation was same as that of JSY in all the four districts. No mother received the critical information regarding cord care from the ASHAs in Barabanki and Gonda districts. Only 3 mothers received the advice on referral in Barabanki district and all the 5 mothers received the advice in rest of the 3 districts. Except one mother each in Barabanki and Gonda district, all mothers opined that they were satisfied with the work of ASHAs as a community worker. The feedback on the approach of ASHAs showed that the satisfaction level of mothers was poor in Banda, Gonda and better in Barabanki and Saharanpur districts.

**Key words:** ASHA, RDW, JSY, JSSK, Social Audit, Scheduled Caste

**Introduction**

The current study focused on the responses of RDWs of Scheduled Caste community who were selected from the catchment area of ASHAs (Accredited Social Health Activist). Feedback of RDWs on the work & approach of ASHAs & thereby the performance of ASHAs are the central focus of the study. Hence, it is prudent to mention about studies that mention about perceptions or feedback of community members or mothers about the performance of health personnel like ASHAs.

The SC community constitutes 21.1% of the population of UP & the absolute numbers of SC population in UP is 35,148,377. It is significant to note that only 0.6% of the total tribal population of India reside in the state of UP (Census, 2011). The current study deals with SC population in 4 districts where only 5 mothers from each of the districts were selected as Recently Delivered Women (RDW) because they met the inclusion criteria of the study where-in they should have a child in the 3 to 6 months age during the time of survey of the study. The following table gives the profile of SC population in the four selected districts of UP.

**Table 1:** Scheduled Caste population in the selected districts of the study/article (Source-Census, 2011).

Names of districts	Community	Population in percentages	Population in numbers
Banda	SC	20.83	320,226
Barabanki	SC	26.89	718,897
Gonda	SC	15.67	433,491
Saharanpur	SC	21.73	629,340

The research tool or the interview guide included feedback from the mothers of SC community on the work & approach of ASHAs. These kinds of feedback come under the ambit of social audits. Hence, the paragraph below is a short profile on social audit.

**About Social Audit**

The concept of social audit came in effect in mid-20<sup>th</sup> century by Charles Medawar. In the 1990s, the concept has been applied for social & health sector. In the beginning, it was applied in the Mahatma Gandhi National Rural Employment Guarantee Scheme (MNREGS) and its details are mentioned in the social audit manual for trainers (GOI, MORD, Aug 2016).

Its principles are perceptions & gradation by community for the programs of the Government come under the ambit of social audit. It is done jointly by government & people who are affected or intended beneficiaries, it looks at outcomes and not merely outputs, brings on broad perceptions and knowledge of people, greater acceptability by government (Puri, Lahariya, 2011).

It is the aspect of social audit that the current study deals with the feedback of RDWs on the work & approach of the ASHAs. In the National Health Mission report of UP social audit is mentioned under the role of NGOs in the mission where it is written that social audit is to be done with monitoring & evaluation (GOUP, 2012). In another study, the social audit is mentioned as a mechanism to ensure that intended benefits reach the target groups. It also mentions that National Rural Health Mission lays down the guidelines of operationalization of decentralization & implementation strategy ensuring greater participation of the community (Deoki N, 2010).

**RDWs of SC community & their feedback in UP**

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 to increase the institutional deliveries (GOI, 2005). The selection of 500 RDWs was dependent on the catchment area of 250 ASHAs as two RDWs were selected from each of the selected ASHA’s area. Besides these, 5 mothers of SC community were selected as respondents for the study to give a qualitative perspective to the study. There were 20 mothers of SC community for the study and their responses from the base of this article. As the study dealt with performance of ASHAs in UP through the feedback of RDWs of SC community on the work & approach of ASHAs, the following paragraphs discusses some studies on ASHAs where their performances are socially audited by mothers of SC community.

One of the qualitative studies done in UP regarding perspective of women on quality of child care stresses the following conclusion. The study concludes that women have clear expectations of quality care from facilities where they go to deliver. Understanding their expectations & matching them with provider’s perspective of care is critical for efforts to improve the quality of care & thereby impact maternal outcomes (Sanghita B et. al, 2018). The study does not talk anything on the perspective of the mothers of SC community.

Similarly, NFHS 4 report of UP mention about SC community in the house-hold composition section where it mentions that the head of 24% of house-holds in UP belong to a SC community. However, the report does not segregate the services by caste of the user groups (NFHS 4, 2016).

The current article deals with services availed by mothers of SC community broadly in nine aspects. These aspects start with the messages by ASHAs in their last visit followed by the role of ASHAs during pregnancy & benefits availed by schemes like Janani Surakhya Yojana (JSY in Hindi & Maternal Protection Scheme in English) & Janani Shishu Surakhya Karyakram (JSSK in Hindi & Mother Child Protection Program in English). If the benefits are not availed, the reasons are elicited also. Thereafter, the role of ASHAs in last trimester of pregnancy & newborn care services are covered. This

portion is followed by the advices that the ASHA gave after the delivery of the child, referral & finally the feedback of RDWs on the work & approach of ASHAs.

The Rapid Survey on Children (RSOC) in UP mentions about a majority of these indicators especially for mothers of SC community. However, it talks only on awareness &

services among mothers but it does not mention perceptions/feedback of RDWs on the work & approach of ASHAs (GOI, WCD, RSOC, UP, 2014). The following table gives the indicators from RSOC on mothers of SC community in UP that are related to the current article.

**Table 2:** SC women who had a live birth in 35 months prior to survey by specific maternal health care (in percentages) Source- (GOI, WCD, RSOC, UP, 2014)

Indicator	Percentage of SC women
Visited at least once during pregnancy by ASHA	37.8
Received Postnatal care within 48 hours of discharge or delivery	All births- 10.1, Home births- 13.1, Institutional delivery (after discharge)-8.6
Newborn who received first checkup within 24 hours of birth/discharge	All births- 10.1, Home births- 13.3 Institutional delivery (after discharge)-8.1
Visited by primary health worker (AWW/ANM/ASHA) at home within one week of delivery/discharge from health institution	20.3
Availed benefit from national program for safe motherhood	JSY-52.4, JSSK-8.4, Both JSY & JSSK-5.5

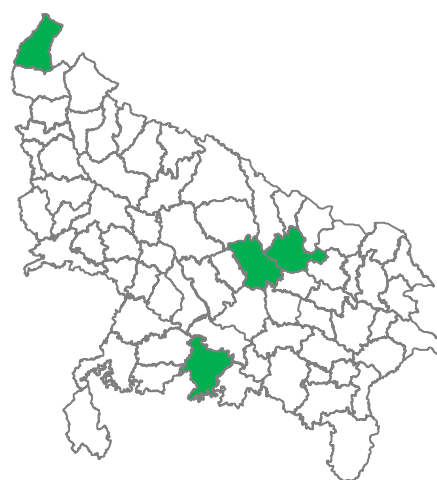
Here, it is noted that among the above-mentioned studies, only the RSOC study primarily dealt in data related to mothers of SC community that the current article focuses upon. It substantiates the importance of the current study further.

**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. From the catchment area of each ASHA, two Recently Delivered Women (RDW) were chosen who had a child in the age group of 3-6 months during the time of the data collection for the study. In this way, 124 RDWs from three districts and 128 RDWs from Gonda district were chosen thus a total of 500 RDWs were selected for the study. In order to include the category of caste in to the domain of the study, 5 Scheduled Caste (SC) mothers from each district were selected from the existing list of ASHAs. As each district has two selected blocks, three mothers were selected randomly from one block & the other two from the other block. The existing list of Recently Delivered Women (RDW) available with the ASHAs at the time of the survey was the universe for selecting the respondents. In this way, a total of 20 SC mothers were selected from the study. The criteria for choosing these mothers were that they had a 3 to 6 months old baby at the time of survey to fulfill the inclusion criteria of being an RDW for the current study or article.

The following figure shows the four districts of UP in the map of the state of UP.



**Fig. 1**

**Data analysis**

The data was analyzed using SPSS software to calculate the percentage of RDWs who gave feedback based up on their visits, services, messages, work for maternity related benefits and feedback about the work & approach of ASHAs. Further, on the feedback related to these aspects, the percentage of RDWs of SC community were calculated for each of the responses. The qualitative data related to the details of all these type of responses forms the basis of the results & discussions section of this article. The reference period of these responses was their entire experience & contacts with the ASHAs especially for their last pregnancy & they were selected as respondents of the current study. Twenty RDWs of SC community were the respondents for the study in 4 selected districts of UP.

**Research tool**

The ASHAs were interviewed using an open-ended interview guide which included seven open ended questions. The article deals with these seven questions of the guide. The response of RDWs were in detailed description of their experiences with ASHA. These descriptions included the activities done by ASHA during her last visit to the house of the mother of the SC community. Further details included the period of pregnancy, work of ASHA on benefits like JSY & JSSK,

detail activity during the first month of the postnatal period, advices during postnatal period. The guide also included the feedback of the SC community mothers about the work & approach of ASHA as a community worker. All these aspects were seen in the context of the entire experience & contacts of the RDWs with the ASHAs especially during their last pregnancy & first month after delivery. Twenty interview guides were used for the study to interview 20 recently delivered women of SC community who had a child in the age group of 3 to 6 months during the survey. The following section details out the results and discussions related to the study.

## Results and discussions

There are seven tables in this section with multiple indicators and the tables are in sequence. It starts with the last visit of ASHA to the RDW followed by the indicators during pregnancy, newborn care, postnatal care, availing of Janani Surakhya Yojana & JSSK benefits. The last two tables are regarding the feedback of the RDWs of the SC community on the work & approach of ASHAs.

During the visit, the ASHAs were supposed to advice for immunization and medicine, address health problem of the child, give information regarding the delivery and the pulse polio campaigns. The seven tables below showed the data regarding the seven questions as given in the interview guide.

**Table 3:** Last visit of ASHAs to RDWs

Number of mothers of SC communities (N= 20)	Banda (N= 5)	Barabanki (N=5)	Gonda (N=5)	Saharanpur (N=5)
<b>Number of RDWs who had visits of ASHAs and the advices she gave to RDWs during her last visit</b>				
Visit done	3	4	4	3
Advice for immunization	2	5	5	2
Advice for medicine	0	1	5	2
Advice for health problem of the child	0	3	4	3
Advice for polio drops	1	0	0	4

The first aspect was regarding the visit made by the ASHAs to the hamlets where the mothers of SC community stay. In Banda and Saharanpur districts, the data showed that 2 mothers in each of the district did not receive regular visits by ASHA whereas only one mother each in Gonda and Barabanki did not receive regular visits. The mothers who did not receive regular visits replied that the ASHA came to their hamlet when they called the ASHA. Regarding visits, the ASHAs of Gonda and Barabanki had better performance than the developed Saharanpur district and the very low developed Banda district.

During these visits, only 2 mothers each in Banda and Saharanpur received advices on immunization whereas all

the mothers received advice in Gonda and Barabanki districts. Further, all the mothers in Gonda district received advice on medicines but none of the mothers received the same advice in Banda district. Only one mother in Saharanpur and two mothers in Barabanki district received the same advice. Regarding advice on the health problem of the child, 2 mothers received advice in Gonda district, one mother each in Banda and Saharanpur and none of the mothers received the advice in Barabanki district. The advice for polio drops were given to 4 mothers in Saharanpur and only one mother in Banda. None of the mothers received this advice in Gonda and Barabanki districts.

**Table 4:** ASHA's Role during pregnancy of RDWs

<b>Role of ASHAs with the RDWs when the RDW was pregnant</b>				
Names of districts & Number of RDWs surveyed (N=20)	Banda (N=5)	Barabanki (N=5)	Gonda (N=5)	Saharanpur (N=5)
Advice for immunization	5	5	5	5
Advice for nutrition	3	4	5	4
IFA tablets	4	5	5	5
Advice to deliver in government hospital	5	4	5	5
Provide information regarding the JSY	5	1	4	5
Immediate breast feeding	5	3	4	4
Information regarding transportation for institutional delivery	5	5	5	5

Next part was the role of ASHAs during the pregnancy of the RDWs. All mothers in the four districts replied that they had received advice for immunization. Regarding the nutritional advice all mothers in Gonda district replied that they had received advice on nutrition whereas 4 mothers each in Saharanpur and Barabanki received the advice. Only 3 mothers in Banda district received the advice on nutrition from ASHA. Except Banda district where 4 mothers received advice on IFA tablets, all the mothers in the other 3 districts received the advice on consumption of IFA tablets during pregnancy. ASHA advised all the

mothers to deliver in government hospital in all the three districts except Barabanki where 4 mothers received the particular advice. In Banda and Saharanpur districts all the mothers received information on JSY whereas 4 mothers received in Gonda district and only one mother received the information in Barabanki district. All the mothers in Banda district, 4 mothers each in Gonda, Saharanpur and only 1 mother in Barabanki district received advice on immediate breast feeding from the ASHAs. All the mothers in the 4 districts received information on arranging transportation for an institutional delivery.

**Table 5:** ASHA's role in Schemes

<b>Role of ASHAs in availing the JSY and JSSK benefits for RDWs</b>				
<b>Names of districts &amp; Number of RDWs surveyed (N=20)</b>	<b>Banda (N=5)</b>	<b>Barabanki (N=5)</b>	<b>Gonda (N=5)</b>	<b>Saharanpur (N=5)</b>
Received JSY benefits	4	3	4	4
Received JSSK benefits	4	3	4	4
<b>Reasons for not availing the benefits</b>				
No bank account	0	0	0	0
Home delivery	1	2	1	1

Next part was the role of ASHAs in helping the RDWs to avail the JSY and JSSK benefits. 3 mothers received the JSY benefit in Barabanki district and 4 mothers each in the rest of the 3 districts received the JSY benefit with the help of ASHAs. Regarding availing the JSSK benefit, the situation was same as that of JSY in all the four districts. The reason for not availing the benefits was that one

mother each in the 3 districts had home deliveries whereas 2 mothers had home deliveries in Barabanki district. Again on birth preparedness, one mother in Barabanki district did not receive information on the preparedness whereas all the mothers in rest of three districts did receive the information.

**Table 6:** ASHA's role in last trimester & NBC

<b>Role of ASHAs in the last trimester of RDW and newborn care</b>				
<b>Names of districts &amp; Number of RDWs surveyed (N=20)</b>	<b>Banda (N=5)</b>	<b>Barabanki (N=5)</b>	<b>Gonda (N=5)</b>	<b>Saharanpur (N=5)</b>
Visit in the last trimester	5	4	5	5
Birth preparedness	5	4	5	5
Early initiation of breast feeding	5	4	4	3
Exclusive breastfeeding	1	2	2	2
Weighing the child	4	4	4	4
Delay bathing	5	4	5	3
Wrapping the child to keep warmth	3	4	5	5
Skin to skin care	1	0	1	1
Do not apply anything on the cord	2	0	0	3

Next section was on the role of ASHAs in the last trimester of RDWs and newborn care. Except one mother in Barabanki district, all the mothers in rest of the three districts received visit from ASHAs in their last trimester. All mothers in Banda, 4 mothers each in Gonda and Barabanki and 3 mothers in Saharanpur received advice on early initiation of breastfeeding from the ASHAs. The situation of exclusive breastfeeding showed that only 1 mother in Banda district received the advice whereas 2 mothers each in rest of the three districts received the information from ASHAs. 4 mothers each in all the 4 districts received information on weighing the child/newborn after birth. All the mothers received

information on delaying the bathing of the newborn in Banda and Gonda and 4 received in Barabanki and only 3 received in Saharanpur. 3 mothers in Banda, 4 mothers in Barabanki and all the 5 mothers in the rest 2 districts were told about wrapping the child to maintain warmth of the child. No mother in Barabanki and only 1 mother in each of the 3 districts were told about skin to skin care by the ASHAs during pregnancy and neonatal care. 2 mothers in Banda and 3 mothers in Saharanpur were told not to apply anything on the cord by the ASHAs and no mother received this critical information from the ASHAs in Barabanki and Gonda districts.

**Table 7:** ASHA's advice after delivery

<b>Advices that ASHA gave after the delivery of the child</b>				
<b>Names of districts &amp; Number of RDWs surveyed (N=20)</b>	<b>Banda (N=5)</b>	<b>Barabanki (N=5)</b>	<b>Gonda (N=5)</b>	<b>Saharanpur (N=5)</b>
Breastfeeding	5	4	5	5
Maternal nutrition	5	4	5	4
Identification of danger signs in newborn	2	3	4	2
Identification of danger signs in mother	0	2	2	1
Referral	5	3	5	5

Next section was on the advice that the ASHA gave to the RDWs after the delivery of the child. 4 mothers in Barabanki and all the mothers in rest of the three districts received information on breastfeeding from the ASHAs during the postnatal period. 4 mothers each in Barabanki and Saharanpur and all the mothers in the other 2 districts were told about maternal nutrition by the ASHAs. 2 mothers each in Banda and Saharanpur, 3 in Barabanki and

4 in Gonda were told about identification of danger signs in newborn by the ASHAs. About telling the danger signs in mother we found that the ASHA informed to 2 mothers each in Barabanki and Gonda, to 1 mother in Saharanpur and to none of the mothers in Banda district. Only 3 mothers received the advice on referral in Barabanki district and all the 5 mothers received the advice in rest of the 3 districts.

**Table 8:** ASHA's approach as a CW

<b>Approach of ASHA as a community worker</b>				
<b>Names of districts &amp; Number of RDWs surveyed (N=20)</b>	<b>Banda (N=5)</b>	<b>Barabanki (N=5)</b>	<b>Gonda (N=5)</b>	<b>Saharanpur (N=5)</b>
Rapport	5	4	4	5
Confidence	5	4	4	5
Communication	5	4	5	5
Satisfied	5	4	4	5

In the next section, the RDWs gave their opinion on the approach of ASHA as a community worker. All the mothers in Banda and Saharanpur district told that the ASHA had a good rapport whereas 1 mother each in Barabanki and Gonda opined that the ASHA did not have a good rapport with the community. Regarding confidence of ASHAs, the opinion of the mothers across the 4 districts

remained the same as that of the issue of rapport. Except one mother in Barabanki district, all the mothers across the 4 districts opined that the ASHAs could communicate effectively. Except 1 mother each in Barabanki and Gonda district, all mothers opined that they were satisfied with the work of ASHAs as a community worker.

**Table 9:** ASHA's work as CW

<b>Work of ASHA as a community worker</b>				
<b>Names of districts &amp; Number of RDWs surveyed (N=20)</b>	<b>Banda (N=5)</b>	<b>Barabanki (N=5)</b>	<b>Gonda (N=5)</b>	<b>Saharanpur (N=5)</b>
Timely visit	3	4	5	5
Gives need specific communication	5	4	5	5
Satisfied	1	4	2	3

The last section was the opinion of RDWs on the work/performance of ASHAs as a community worker. All the mothers in Gonda and Saharanpur informed that the ASHAs did timely visit to their community but 2 mothers in Banda and 1 mother in Barabanki district opined that the ASHAs did not do timely visits to their community. Except 1 mother in Barabanki district, all the mothers in the 4 districts agreed that the ASHAs gave need specific communication during visits. 4 mothers in Barabanki, 3 mothers in Saharanpur, 2 mothers in Gonda and only 1 mother Banda opined that they were satisfied with the work of ASHA as a community worker. It showed that the satisfaction level of mothers was poor in Banda, Gonda and better in Barabanki and Saharanpur districts.

### Conclusions

The above results showed that the feedback of the RDWs on the work of ASHAs through their feedback on the work & approach of ASHAs is satisfactory across the four districts. The major problem is that large scale studies do not focus on the response of the user groups like the mothers of SC community.

The feedback of RDWs of both SC & Scheduled Tribe community would only improve if the ASHAs are oriented on following up all their home visits 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. This strategy would help in more buying in at the level of the mothers while addressing the ever-burning issue of inclusion & coverage in the outreach programs. The process would make the referrals effective & timely there by improving the performance level & grading of ASHAs through the eyes of the mothers especially of the disadvantaged communities.

### Limitation of the study

As shown in the table 1 & the section on the SC community in UP, more than one-fifth of the population of UP constitute SC population. The current article has just 20 mothers of SC community. The current study was basically

a quantitative study where this mere sample size was to address the qualitative part of the study. Hence, the responses of this small sample size cannot be attributed to the entire SC population of the state of UP.

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