Reactions of ASHAs to a Decision Support Tool to Support Population Level Distribution of Iron and Folic Acid Supplements

Accredited Social Health Activists (ASHAs) from India were honored as world leaders at the 75th World Health Assembly for their efforts to strengthen the ties between the public health system and the community [1]. Also, an understanding of the challenges faced by ASHAs, such as a growing workload, insufficient training, having to run multiple programs concurrently, a lack of respect and acknowledgment from the community, were recognized. “Women in Global Health” has identified “capacity building in relation to the use of technology” as a key tactic for tackling the difficulties encountered by ASHAs [2].

The Government of Telangana has already started encouraging ASHAs to register households using smartphones. However, manual record-keeping is still used for routine follow-ups including maintaining the log of iron and folic acid tablets.

ASHAs play a key role in enabling the Jan Andolan which is central to the Anemia Mukt Bharat (AMB) strategy targeted at reduction of anemia. Since the AMB life cycle approach involves several demographic groups and dose types of iron and folic acid (IFA), ASHAs need to establish the necessary capacity to take on this challenge. With this in mind, a custom application was created that can directly integrate hemoglobin data from the auto analyzer straight from the field when the STAR trial group [3] launched a cluster randomized trial to assess the impact of a “screen and treat anemia” approach in the community [4]. This software can classify participants into distinct stages of anemia using a decision-support tool. It can also display the quantity, color, and dose of the tablets or syrup, as well as the frequency of consumption. Supporting ASHAs as the trial’s intervention delivery agent was the goal of this endeavor.

A structured likert-scale was used to gather feedback from 42 ASHAs from three primary health center catchment areas in Hyderabad, Telangana, after they were shown this decision support tool. Approximately 62% \((n = 26)\) ASHAs concurred that utilizing a digital device will lessen the workload for ASHAs. Regarding the decision support tool’s ability to produce proper decisions regarding IFA distribution, roughly 38% \((n = 16)\) ASHAs strongly agreed. 50% \((n = 21)\) of the ASHAs thought that using the decision support tool would save them time when giving pills or syrups, and 42% \((n = 18)\) thought it would be beneficial because they would not have to recall different doses of IFA. The majority of them believed that ASHAs’ trust in implementing the program would increase while reducing the human error in determining IFA dose. With the right training, the tool can help ASHAs optimize their workflow for the roll-out of the Anemia Mukt Bharat Program and help them become digitally competent.

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