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Quality and success of training programmes to ASHAS: A critical appraisal

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Abstract
Contents, coverage, quality of training play predominant role in success of any training programme. ASHA is one of such caring services, which has been considered to be an essential services particularly at grass-root level and in providing basic health-care services and provide advices to needy people at their door steps. However, these services need proper training and development in order to reach the people effectively. The department health has been provided training to ASHA to make the capable and skillful to deliver the basic health care services. Accordingly, in the present study an attempt has made to examine the quality of training given to ASHA workers particularly in Karnataka. The study has used primary data collected from 300 ASHA in Karnataka and Chi-square has been used as analytical technique for drawing inferences and decision making. It has been found from the study that the training programme has covered the contents like, handling, managing and caring. But ASHA have expected to be taught and trained on ASHA services, patient handling and training to serve in the urban areas. Therefore, there is miss-match between what the ASHA expects from training and what the program train. Accordingly, the contents of training programme are inadequate for some of the ASHA and excessive for some of the ASHA. Because of these reasons ASHAs have expressed their desire to have refresher courses to fulfill the deficiencies in the training programme. Therefore, each training programme should be followed by an appropriate refresher course to fill the deficiencies of the training programme. Matters of fact, ASHA are happy about the refresher courses. Therefore, the study argues to conduct refresher courses to support training programmes.

Keywords: ASHA, health, training, quality of training, contents of training, coverage of training

Introduction
Human development is the process of enlarging the choices of people by in-binding education, skills and knowledge to have a fuller, longer, healthier, a decent standard of life. Accordingly, one of the prime components of human development is health. Health is the prerequisite and it has to be fulfilled by individual and if they failed, the government has to be provided. Matter of fact, most of the modern governments have been developed the system to provide health care services and advices to the people. And one such service is providing health care services and advices through ASHA both at rural and urban areas. ASHA is one of such caring services, which has been considered to be an essential services particularly at grass-root level and in providing basic health-care services and provide advices to needy people at their door steps. However, these services need proper training and development in order to reach the people effectively. The department health has been provided training to ASHA to make the capable and skillful to deliver the basic health care services. At the same time, contents, coverage, quality of training play predominant role in success of any training programme. Accordingly, in the present study an attempt has made to examine the quality of training given to ASHA workers particularly in Karnataka.

The augmented growth model of Solow has identified the role of human capital in the process of development. Human capital represents health, education and related socio-economic issues. During 1990s United Nations has shifted the development focus from economic to human centered development. After the publication of first human development in 1990, most of the countries have given high priority to health and education. Within the health sector, caring has received at most priority. Having said this the present work has valid reason and relevance.

Review of Literature
Investment in human has longer and higher returns than any other investments (Harbison & Myers, 1964) [3]. Most of the theoretical works on human capital development have strongly established the relationship between expenditure on health and education with development (Becker, 1976) [2]. The human development theories have argued for knowledge and kills for a decent standard of life. (UNDP, 2011) [8] And all these irrespective of their prospective argued for investment in human capital for better and quality of development (Schultz, 1961) [5], (Simon, 2012) [6]. With these view point most of the studies have argued for quality education and training (Todaro & Smith, 2003) [7], (Wilson & Briscoe, 2004) [9]. Training of ASHA is the extension of the same argument particularly by WHO (Organisation, 1946-2016) [4], (Ashton & Green, 1996) [1]. The expectations of the trainees need to be fulfilled in the training programme. It requires proper designing of training programme with suitable contents and coverage. These issues have not studied by the previous studies and the present paper

will try to fill this gap.

Methodology

The study has followed analytical and inferential decision making methodology for the analysis of the subject matters discussed in the present paper. The study has used primary data collected from 300 hundred sample respondents (ASHA). The information collected from ASHA have processed and presented in the form of tables and graphs. Two Chi-square tests are conducted; one for difference in opinion or distribution and another for association between opinion and type of health centers. The results have been accepted or rejected at five percent level of significance. The arguments made in the paper are completely based on tested proofs and evidences.

Results and Discussion

The following section presents the analytical results on the quality of training programmes to ASHA. It also presents inferential decisions made on the basis of tests conducted. The results have presented in the sequence of contents covered by training programme, the expectations of trainees, adequacy of training programme and need of refresher courses.

Table 1: Contents of Training Programme

Level of Coverage		Hospitals					Total
		DH	CHC/FRU/TH	PHC	SC	VHSC	
Managing	Count	26	24	18	18	16	102
	% within Hospitals	43.3%	40.0%	30.0%	30.0%	26.7%	34.0%
Handling	Count	20	22	29	23	20	114
	% within Hospitals	33.3%	36.7%	48.3%	38.3%	33.3%	38.0%
Care	Count	14	14	13	19	24	84
	% within Hospitals	23.3%	23.3%	21.7%	31.7%	40.0%	28.0%
Total	Count	60	60	60	60	60	300
	% within Hospitals	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Chi-Square Value of Equal Opinion: 4.560				df: 02		Sig: 0.102	
Chi-Square Value for Association: 11.256				df: 08		Sig: 0.188	

***Source*:** Field Survey Data.
Note: Results are not significant at five percent level.

Contents of training programme explain the scope of the training programme. In this background, respondents have asked to reveal their opinion about the contents covered in the training programme and the above table presents information about the contents of training programme.

According to 28 percent of ASHAs, training programme has been focused on caring related issues. According to 38 percent of ASHAs, training programme has been focused on handling related issues. According to 34 percent of ASHAs, training programme has been focused on management related issues.

Two Chi-square tests are conducted; one for difference in opinion and another for association between opinion and type of health centers. Chi-square test for equal opinion is not statistically significant even at five percent level. Therefore, there is no specific focus in the training programme.

The chi-square test for association is statistically not significant even at five percent level. Therefore, ASHAs have not been specifically trained-up irrespective of their place of origin. Accordingly, training programme should understand the expectations of ASHA before conducting the training programme.

The following graph also presents information about contenets of training programmes;

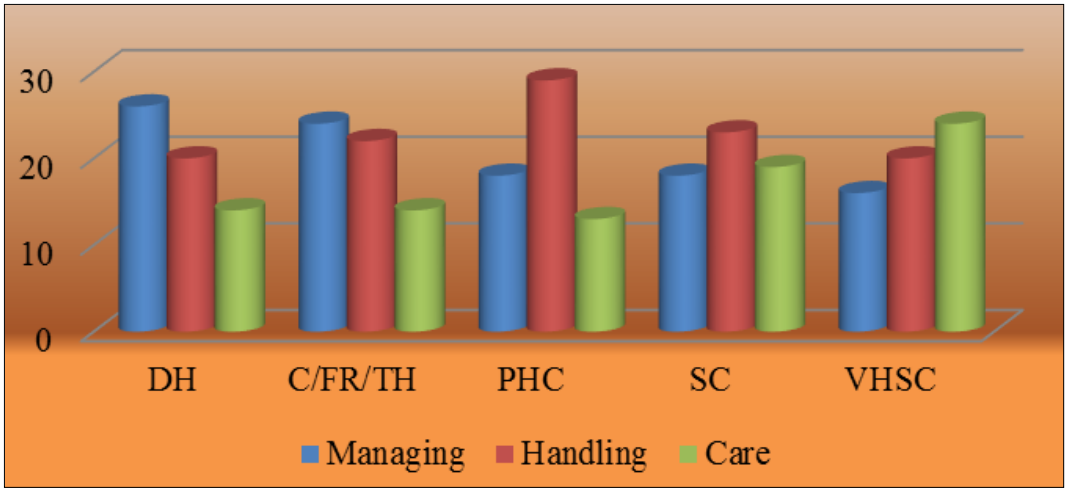

Fig 1: Contenets of Training

Table 2: Expectations of ASHA from Training

Expectations		Hospitals					Total
		DH	CHC/FRU/TH	PHC	SC	VHSC	
ASHA Services	Count	10	16	15	32	38	111
	% within Hospitals	16.7%	26.7%	25.0%	53.3%	63.3%	37.0%
Patient Handling	Count	11	16	25	11	9	72
	% within Hospitals	18.3%	26.7%	41.7%	18.3%	15.0%	24.0%
Urban Area Care	Count	39	28	20	17	13	117
	% within Hospitals	65.0%	46.7%	33.3%	28.3%	21.7%	39.0%
Total	Count	60	60	60	60	60	300
	% within Hospitals	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Chi-Square Value of Equal Opinion: 11.940***				df: 02		Sig: 0.003	
Chi-Square Value for Association: 56.124***				df: 08		Sig: 0.000	

***Source*:** Field Survey Data.
***Significant at one percent level.

There is a need to understand by the organizer of the training programme that what the trainees expects from training programme. In this background, respondents have asked to reveal their opinion about expectations from training programme and the above table presents information about the expectations of trainees from training programme.

According to 37 percent of ASHAs expects orientation for effective functioning of ASHA. 24 percent of ASHAs expects training related to handling of patients. 39 percent of ASHAs expects training related to how to work in urban areas.

Two Chi-square tests are conducted; one for difference in opinion and another for association between opinion and type of health centers. Chi-square test for equal opinion is statistically significant at one percent level. Therefore, the trainees have expects train up for better functioning and to learn how to work in urban areas.

The chi-square test for association is statistically significant at one percent level. Therefore, ASHAs have significant differences in terms of expectations from training programme. For the ASHAs from rural area expects training for better functioning at rural areas and ASHAs from semi-urban and urban areas expects training to be given on better functioning at urban area. Accordingly, expectations of ASHAs from different places are different. Trainers should understand these expectations and should design training programme according to the needs of ASHAs.

The following graph also presents information about expectations from training programmes;

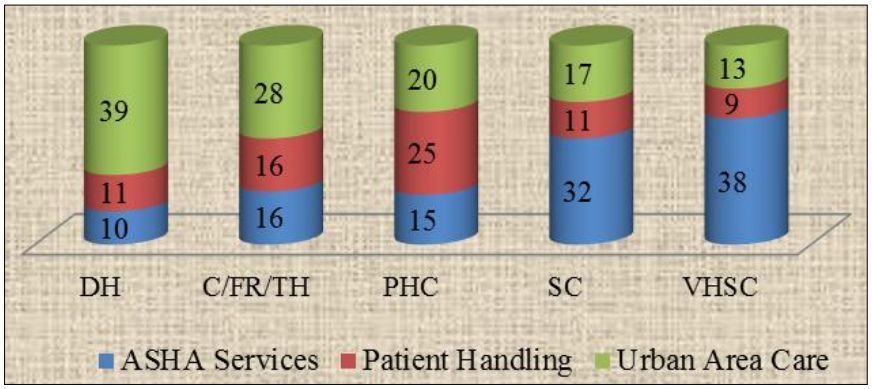

Fig 2: Expectations from Training

Table 3: Adequacy of Training Programmes

Opinions		Hospitals					Total
		DH	CHC/FRU/TH	PHC	SC	VHSC	
Need Refresher Training	Count	8	9	11	9	10	47
	% within Hospitals	13.3%	15.0%	18.3%	15.0%	16.7%	15.7%
Excessive	Count	10	13	22	34	38	117
	% within Hospitals	16.7%	21.7%	36.7%	56.7%	63.3%	39.0%
Inadequate	Count	42	38	27	17	12	136
	% within Hospitals	70.0%	63.3%	45.0%	28.3%	20.0%	45.3%
Total	Count	60	60	60	60	60	300
	% within Hospitals	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Chi-Square Value of Equal Opinion: 43.940***				df: 02		Sig: 0.000	
Chi-Square Value for Association: 51.506***				df: 08		Sig: 0.000	

***Source*:** Field Survey Data.
***Significant at one percent level.

Contents and coverage of training programme explain the adequacy of the programme. The training programme should adequately fulfill the needs of the trainees. In this background, respondents have asked to reveal their opinion about adequacy of training programme and the above table presents information about the adequacy of training programme.

According to 45.3 percent of ASHAs, training programme is inadequate and not sufficiently cover the requirements of the trainees.

Training programme has not been fulfilled the expectations of the trainees. As per 39 percent of ASHAs' contents in the training programme are adequate and excessive. 15.7 percent of ASHA demanded for refresher courses.

Two Chi-square tests are conducted; one for difference in opinion and another for association between opinion and type of health centers. Chi-square test for equal opinion is statistically significant at one percent level. Therefore, the trainees have different opinions about the adequacy of training programme.

The chi-square test for association is statistically significant at one percent level. Therefore, ASHAs have significant differences in terms of adequacy of training programme. For the ASHAs from rural area the training programmes is adequate and even it excessive for them. For the ASHAs from semi-urban and urban areas training programme is inadequate and they need additional training programme.

The following graph also presents information about adequacy of training programmes;

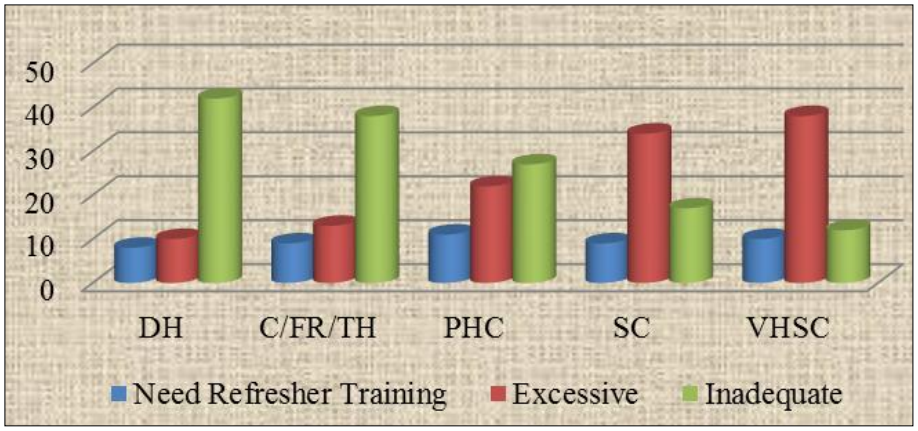

Fig 3: Adequacy of Training

Table 4: Opinion about quality of refresher course

Opinions		Hospitals					Total
		District	CHC/FRU/TH	PHC	SC	VHSC	
Average	Count	11	6	4	5	4	30
	% within Hospitals	18.3%	10.0%	6.7%	8.3%	6.7%	10.0%
Good	Count	30	30	33	27	23	143
	% within Hospitals	50.0%	50.0%	55.0%	45.0%	38.3%	47.7%
Excellent	Count	19	24	23	28	33	127
	% within Hospitals	31.7%	40.0%	38.3%	46.7%	55.0%	42.3%
Total	Count	60	60	60	60	60	300
	% within Hospitals	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Chi-Square Value of Equal Opinion: 74.780				df: 02		Sig: 0.000	
Chi-Square Value for Association: 12.123				df: 08		Sig: 0.146	

***Source*:** Field Survey Data.

***Significant at one percent level.

The quality of training programmes or refresher courses reflects on the efficient of functioning of ASHAs. In this background, respondents have asked to reveal their opinion about quality of refresher programme and the above table presents information about the quality of training programme.

According to 42.3 percent of ASHAs, refresher programme is excellent, good for 47.7 percent of ASHAs and average for 10 percent of ASHAs.

Two Chi-square tests are conducted; one for difference in opinion and another for association between opinion and type of health centers. Chi-square test for equal opinion is statistically significant at one percent level. Therefore, majority of ASHAs have good and excellent opinion about the refresher courses.

The chi-square test for association is not statistically significant even at five percent level. Therefore, ASHAs have good and excellent opinion about refresher courses. Accordingly, ASHAs expects refresher courses in order to support training programmes and to overcome from the deficiencies in training programme.

The following graph also presents information about quality of refresher programmes;

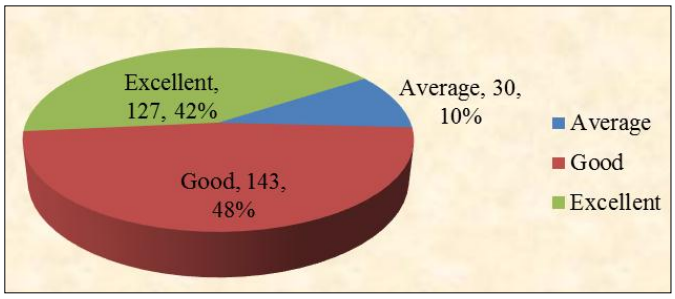

Fig 4

Conclusion:

The present paper has analyzed the quality and success of training programme to ASHA to make them skillful to meet the requirements of rural and urban needy people. It has been found from the study that the training programme has covered the contents like, handling, managing and caring. But ASHA have expected to be taught and trained on ASHA services, patient handling and training to serve in the urban areas. Therefore, there is miss-match between what the ASHA expects from training and what the program train. Accordingly, the contents of training programme are inadequate for some of the ASHA and excessive for some of the ASHA. Because of these reasons ASHAs have expressed their desire to have refresher courses to fulfill the deficiencies in the training programme. Therefore, each training programme should be followed by an appropriate refresher course to fill the deficiencies of the training programme. Matters of fact, ASHA are happy about the refresher courses. Therefore, the study argues to conduct refresher courses to support training programmes.

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