

Role of ASHA Workers in Andhra Pradesh - A Review Article

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Abstract: According to 2011 Census, in Indian population 68.4% lived in rural areas. They depend on agriculture and nearly 45% people are living below poverty line. They are suffering with health, sanitation and education issues. To uplift their life standards there is a need to concentrate on the above three factors. The same conditions are prevailing in Andhra Pradesh. So, the government under the umbrella of the NRHM has primarily focused on strengthening rural health infrastructure, including the physical workforce and other facilities. One of NRHM's key interventions is the creation of Accredited Social Health Activists (ASHAs) to act as liaisons between communities and the health system. Therefore, this study is focused on the role of ASHA workers and their contributions towards service of mankind and as a whole community. ASHA will be a community health activist, raising awareness of health and its social determinants, and mobilizing communities to increase access and accountability of community health programs and existing health services.

Keywords: Rural population, health, sanitation, education, ASHA, NRHM, service to mankind

1. Introduction

According to 2011 Census, in Indian population 68.4% lived in rural areas. They depend on agriculture and nearly 45% people are living below poverty line. They are suffering with health, sanitation and education issues. To uplift their life standards there is a need to concentrate on the above three factors. To provide basic medical facilities and protection to rural residents, the Government of India has established the National Rural Health Mission (NRHM). This mission ensures that rural populations are fully provided with primary health care services. NRHM has primarily focused on strengthening rural health infrastructure, including the physical workforce and other facilities. One of NRHM's key interventions is the creation of Accredited Social Health Activists (ASHAs) to act as liaisons between communities and the health system. ASHA have been the 'cog in the wheel' as far as the implementation of various programmes under NRHM is concerned, as they are the ones who communicate with the target audience on one-to-one basis" (Mission Document 2005).

2. Community Health Workers

A community health worker (CHW) is a member of the community who either works for pay or volunteers in the local health system to provide primary health services to the community. They are frontline health workers in the health system and work with a thorough knowledge of the communities they serve. Today, CHW is an important part of the healthcare system. "They provide an important link between the health system and the community" (Ballester 2005).

CHW contributes to the development of communities by increasing access to medical services in remote areas and

taking actions that lead to improved health conditions. "The concept of CHW evolved with community-based health care programs that played a key role in ensuring that frontline workers had access to health services for everyone (WHO 1978). In 1975, the World Health Organization established Alma Ata as his CHW collective name, defining the international role of CHWs and emphasizing the importance of primary health care. WHO said CHW contributes to "health for all" by directly providing health care, raising awareness of health services and their value to communities, and acting as agents of community developers.

The definition of community health worker proposed by a World Health Organization study group in 1989 states that CHWs should be members of the community in which they work, should be selected by the community, and should be considered for their work. Communities should be responsible and supported by health. However, they are not necessarily part of that organization and are less trained than professional workers. According to Walt (1989), "community health workers" generally refers to mothers in the surrounding communities. A local population with limited training to provide specific basic and nutritional services. The deployment of CHW is helping to overcome the growing shortage of health workers, especially in low-income countries. One CHW for every 1000 inhabitants provides medical services, provides adequate medical care to rural residents and educates them on medical and promotional issues "(Bhatteracharya 2001).

3. Role of Community Health Workers

Community Health Worker (CHW) programs are implemented in many countries to improve reproductive, maternal, neonatal and child (RMNCH) health. CHWs are

trained to work in their communities and are expected to be held accountable to them (Olaniran et al, 2017). In low- and middle-income countries (LMICs), including India, there is significant evidence that CHW interventions have a positive impact on RMNCH outcomes. These interventions reduced perinatal mortality (Agarwal, PK et al, 2007).

Selection of ASHA

The National Rural Health Mission's main motto is to provide trained ASHA or certified social health activists to all villages in the country. ASHA workers are selected from the same village where they live and are accountable to the villages themselves. ASHAs are trained to serve as a link between the community and the public health system. They are selected through a strict selection process involving officers, district nodal offices, village health committees and Gram sabha. Generally, for every 1000 people one ASHA will be appointed. Sometimes, in tribal and desert areas, this ratio may change based on workload. Stakeholders should pay due attention to the ASHA selection and training process to ensure that at least 40% of the 3ASHEs proposed within the state are selected and receive induction training in the first year. The rest of his ASHA can be selectively trained in his second year and his third year. ASHA must be women and residents of that village, aged between 25-45 years, with education minimum of eighth class background.

Role and Responsibilities of ASHA

- ASHA provides information on the determinants of health, including diet, basic sanitation and hygiene practices, healthy living and working conditions, information on existing health services, and the need for timely access to health and family welfare. Take steps to raise awareness and inform the community. service. (Gol2005, p.3)
- Educate women about preparation for childbirth, the importance of safe childbirth, breastfeeding and complementary feeding, immunizations, contraception, prevention of common infections including genital and sexually transmitted infections (RTI / STI), and infant care.
- ASHA will mobilize communities and facilitate access to health and health-related services available in villages / sub-centers / primary health centers such as: B. Immunization, Prenatal Care (ANC), Prenatal Testing (PNC), CDS, public health, and other government-provided services
- ASHA provides basic medical care for mild cases such as diarrhea, fever, and first aid for minor injuries. She will become a Direct Observational Short Course (DOTS) provider under the revised National Tuberculosis Control Program.
- She also acts as a storehouse for essential items such as Oral Rehydration Therapy (ORS), Iron Folic Acid Tablets (IFA), Chloroquine, Disposable Delivery Kits (DDK), Oral Medications, Condoms, etc. Medication kits are provided for each ASHA. The contents of the kit are based on the recommendations of the

Expert/Technical Advisory Group appointed by the Government of India.

- She notifies the sub-center/primary health center of births and deaths in her village and of unusual health problems/outbreaks in the community.
- Though the main role of ASHA was to help rural people in health issues including postnatal care for women and Integrated Child Development Services. In Andhra Pradesh, ASHA has been asked to screen truck drivers and migrant workers for Covid-19 symptoms at construction sites.
- During the lockdown, many students returned to their villages and ASHA had to collect their travel details and provide quarantine advice. District medical personnel may request additional information based on local needs, often requiring ASHA to return to the home.

Constraints faced by ASHA workers

- 1) **Extra work hours**-ASHA workers average working time was 7-8 hours per day to complete all the tasks assigned to them. But with the entry of COVID pandemic they were assigned many tasks and this resulted to work for 8-10 hours per day. This resulted many health issues finally.
- 2) **No public transport**-In lockdown periods there was no govt transport or private transport, and all ASHA workers had no two wheelers so, after collection of data they had to walk 10 km from one place to another based upon the work allotted.
- 3) **Lack of computer knowledge or gadgets** - In some places they were asked to submit the data online, but as the educational qualification was less it could not support them to handle android phone and they also could not offer to purchase gadgets for convenience.
- 4) **Less incentives paid during pandemic period**-In Andhra Pradesh per month they are paid 10, 000 salary along with some incentives for additional duties like Immunisation, Awareness programmes etc., But during pandemic to avoid crowding these activities were stopped by govt, so incentives were not paid.
- 5) **Safety at work**-Due to the nature of their work, ASHAs are at high risk of infection. Respondents were concerned about their own safety and potential risks to their families. At the time of Pandemic they faced many problems as they were the front line warriors to protect the public. The only measure ASHA took to ensure the safety of household members was to wash their hands, bathe, and wash their uniforms immediately after returning from work. A few respondents avoided cooking or childcare activities if there was another adult woman at home. (S. Niyati and S. Nelson Mandela, 2020).

4. Conclusion

National Rural Health Mission main motto is to provide trained ASHA or certified social health activists to all villages in the country. this will raise the rural population positively in relation to health which will develop the country indirectly. Hence the government officials should think what are the superior eminites to be provided to

ASHA so that they can still better perform their duties with all the efforts and help the public to maintain healthy life. This will help the country to develop progressively.

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