

Effectiveness of Asha (Accredited Social Health Activist) Campaign

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Abstract:

Introduction: A healthy body holds a healthy soul & mind. This statement justifies the World Health Organization's definition of 1948 that health is "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO, 1948). The definition has a holistic concept. According to the great Aristotle, Man is a social animal. He needs affection & concern from the family and society as a whole. The human's live dimensions are interconnected with each other. For instance, the physique and mental are inter associated. The poor physical health results in poor mental ability & vice versa. Above all the poor access to medial ventures is always a constraint in a country like India. To overcome from it, Government is taking keen interest by designing several schemes & programmes. ASHA (Accredited Social Health Activist) initiative is one of them.

Methodology: To evaluate the effectiveness of ASHA campaign by reviewing the study carried out by Ministry of Health and Family Welfare, Government of India, an evaluation was commissioned by the National ASHA Mentoring Group and coordinated by National Health System Resource Centre (NHSRC) in selected states of in three rounds.

Findings: Most of the ASHAs in all districts are educated up to class VIII and above; and reported family income between Rs.1000-5000 per month. Over coverage, lack of incentives, lack of support structure & lack of training to the ASHAs were reported as shortcoming of the campaign.

Keywords: Infirmity, physical and mental health, schemes & programmes, Accredited Social Health Activist (ASHA)

The health of people is the foundation upon which all their happiness & all their powers as a state depend.

Benjamin Disraeli

Overview on ASHA Campaign:

The originality of ASHA programme is revealed as being fundamental in achieving the entity of increasing community obligation with the health system, and is one of the key mechanisms of the National Rural Health Mission (NRHM). The ASHA is a woman from local residency, who is a well- trained and positioned to support to function in her own village for improvising the morbidity status of the community

by securing the people's access to health care facilities. She does this from side to side to improve health care practices and behaviour.

The word ASHA, meaning "hope" in English, was first proposed as an abbreviation for "Accredited Social Health Activist" is now recycled as a specific identity in itself. This campaign was unveiled in the year 2006 in around eighteen states of India and in the tribal regions of all the States of the nation. In a couple of months over 300,000 ASHA had been selected and located. In response to popular endorsement and demand, the ASHA initiative was lengthened in the beginning of 2009 to the whole nation. At present, the programme occurs in 31 states and Union Territories (UT). Today, the ASHA crusade is converted as an intrinsic & inherent part of the health organism.

An **Accredited Social Health Activist** popularly known as ASHA is a health worker in community from the own community itself was inaugurated by the Ministry of Health and Family Welfare, Government of India as an integral part of the National Rural Health Mission (NRHM). The campaign was initiated in the year 2005 with the target of full implementation all over the nation by the year 2012. Once fully executed, there is to be "an ASHA in each village" in India. According to the annual report of the Department of Health & Family Welfare, Ministry of Health & Family Welfare, Government of India released in the financial year 2013-2014, there are approximately 859,331 ASHAs in 32 states and union territories designated under the **National Rural Health Mission (NRHM)**. The number of ASHA is one per 1000 village population.

Progress under National Rural Health Mission (NRHM) (Till June 2013)

Total number of ASHAs (In country)	8.89 Lakh
Total number of trained ASHAs (Up to Module- I)	8.25 Lakh
Designated trained ASHAs (after completion of training)	8.06 Lakh

One of the vital ingredients of the National Rural Health Mission (NRHM) is to make necessary arrangements for every ruralite by providing a well trained and nurtured female community health provider/felicitor i.e. 'ASHA' (Accredited Social Health Activist) designated from the own village itself and responsible to it, the ASHA will be taught to graft as an edge between the community and the Government health system. The key components of ASHA campaign are as below:

Key Components of ASHA campaign:

- The first and foremost concern here is that, the ASHA, the woman, must be a resident of the same village, she may/may not be the married or the widow or a divorcee but, preferably the young one i.e. of the age ranges from 25 to 45 years.
- An ASHA should be an educate woman with formal education up to class eight. This can be exempted in case of non-availability of a qualified suitable candidate.
- ASHA will be chosen through a severe process of selection concerning many community groups, self-help groups, Anganwadi Institutes, the Block Nodal executive, District Nodal executive, the rural Health Committee and the Gram Sabha.

- Capacity construction of ASHA is seen as an on-going process. ASHA is supposed to undergo a series of training occurrences to procure the obligatory awareness, skills, understanding and confidence for accomplishment of predicted roles.
- The ASHAs will have performance-based enticements for promoting widespread immunization, referral or recommendation services and escort services for Reproductive & Child Health and other health caution programmes, and production of household lavatories.
- An ASHA will awaken the community on health determinants such as nourishment, basic cleanliness (sanitation) & hygienic practices, healthy living and working conditions, information on existing health services and the necessity for periodic utilization of well-being & family prosperity amenities.
- Endowed with information and a drug-kit to distribute first-contact healthcare, every ASHA is anticipated to be a fountain cranium of community involvement in government health programmes in her respected village.
- ASHA will be the first port of appeal for any health concerned demands of underprivileged sections of the populace, specifically women and children, who find it difficult to approach health amenities.
- ASHA will be a health activity in the community who will bring consciousness on health and its societal determinants and assemble the community towards local wellbeing planning and increased utilization and responsibility of the prevailing health facilities.
- An ASHA would be a developer of virtuous health practices and will also make available a minimum compendium of remedial care as proper and practicable for that level and make well-timed referrals.
- She is expected to play a role of a counselor on birth readiness, prominence of safe delivery, breast-feeding and complementary feeding, immunization, contraception and anticipation of common contagions including Reproductive Tract Infection (RTIs) Sexually Transmitted Infections (STIs) and care of the young and adolescents.
- ASHA is to mobilize the community and simplify them in retrieving health and health pertaining services accessible at the local health institutions i.e. Anganwadi centre/sub-centre/primary health centers, such as immunization, Ante Natal Check-up (ANC), Post Natal Check-up (PNC) corresponding nutrition, hygiene and other services being provided by the administrative.
- She will work for indispensable provisions being made accessible to all habitations like Oral Rehydration Therapy (ORS), Iron Folic Acid Tablets (IFA), chloroquine, the Disposable Delivery Kits (DDKs), Oral Pills & Condoms, etc.
- At the village level it is documented that ASHAs cannot function without sufficient institutional aid. Women's working groups at local level i.e. self-help groups, rural Health & Sanitation Committee of the local self-government popularly known as Gram Panchayat, peripheral well-being workers especially Auxiliary Nurse Midwiferies (ANMs) and Anganwadi workforces, and the instructors of ASHA and in-service episodic training would be a key source of aid to Accredited Social Health Activists.

Child is a future of the nation on which the stone of development is laid down. According to Pandit Jawaharlal Nehru's words "You can tell the condition of a nation by looking at the status of its women." He further says, "When women moves accelerative, the family moves, the community moves and the country moves". Several attempts have been made by the state & union ministry in the health & hygiene & in other

subsequent regard for building a strong & sustained nation. The initiative of ASHA is one of the pillars in this regard.

An ASHA (Accredited Social Health Activist) is one who takes footsteps to generate awareness and provide information in the community on the elements of health. Such as nourishment, healthy breathing, working environments, material on prevailing health amenities, and the essential for appropriate application of health and family prosperity amenities. She counsels women on birth preparedness, importance of safe delivery, breast-feeding and supplementary feeding and vaccination, prevention of common infections including reproductive tract infection (RTI) and sexually transmitted infection (STI) and care of the young child.

The following statistics briefly traced our attention on the existence of ASHA impact & output.

Sr. No.	Particulars	2005-06	2015-16
1	Infant Mortality Rate	50	34
2	Maternal Mortality Rate	230	174
3	Child Immunization	45.2	50.4
4	Institutional Delivery	58.7	88.5
5	Breastfed within one hour of birth	2701	49.9

(Source: National Family Health Survey http://rchiips.org/nfhs/pdf/NFHS4/GJ_FactSheet.pdf)

An evaluation on Accredited Social Health Activities (ASHA) was specially made by the **National ASHA Mentoring Group** in co-ordination with **National Health System Resource Centre (NHSRC)** in 16 States of the nation. An evaluation was accompanied in three rounds:

The state of Gujarat was evaluated by the said commission in third round of it. The major findings of the evaluations are highlighted hereby.

- The coverage of ASHAs for service users is observed to be fairly high in the states of Gujarat i.e. in the range of 80-90%. It is expressively lower in Haryana (53.4%) and Delhi (65%).
- The utility of ASHAs in terms of visitation to the service users throughout antenatal period is higher as paralleled to visits within three days of delivery in the post natal period across all states of the nation.
- In Gujarat it is reported that 70% of the functional ASHAs visit for PNC visits.
- As per the specification of HBNC (Home Based New Born Care) six visits are mandatory for An ASHA to undertake, it was evaluated by the commission that Gujarat figure outs the lowest in this regard by 11% only. Where the registered ASHA are following the guideline for the effective work to achieve the objective of her designation.
- In the conversation of the researchers with the service users, it was reported that the majority of the ASHAs visit the target group at least three times during the prenatal period & in post natal (within three days of delivery) in Gujarat. It was also mentioned that in the same regions the women with the maternal complication had accessed advice & guidance. This shows the effectiveness & skill of the ASHA workers in the nation for the development & progress of positive health of the population of the Indian countryside people.

- Regardless of not availing any services rendered by the health activists, it was statistically observed that more than 85% who were non-users of the services, picked the institutional delivery.

Actions taken to address some of shortcomings are given below:

Training: Most states have now invested in creating a pool of trainers for ASHA training to expedite the pace of training. For the simplification of the periodic training of health activists (ASHAs), the Ministry of Health & Family Welfare has dispensed the procedures for Primary Health care Centres' monthly meeting in the year 2014.

Coverage: A catalogue reflecting the training of ASHA named 'Reaching the unreached' was designed in the year 2012 with a view to find the small exposure of ASHAs.

Support Structure: States have made substantial progress in setting up support structures for ASHA programme. Handbook for ASHA facilitators were introduced in 2011 for training the ASHA facilitators in their roles of supportive supervision and performance monitoring of ASHAs. A grievance redressal for ASHAs was designed in the year 2012-13 which resulted in the committee formation at district level to toll free numbers' settlement and also registration of complaints through post boxes.

Incentives: In order to further rationalize the expenditures of ASHA encouragements MoHFW introduced the visibly sponsored management systems. This would assist in eliminating postponements in ASHA disbursements and certify systematic observing of funds movement at all heights.

In totaling to the monetary incentives support is being provided to states to provide non-monetary incentives to ASHAs uniforms, I Card, cycle, CUG (Closed User Group) SIM, radio and ASHA awards. In other words, these are the forms of incentives and societal appreciation.

In an another study of **Bhanderi, D.J. Varun, A. R. and Sharma D.B. (2018)** on an evaluation on the Accredited Social Health Activist formerly known as ASHA in Anand District in the states of Gujarat in the recent year i.e.in 2018. The core objectives of the study were to assess the understanding and knowledge and enactment of Accredited Social Health Activist and to evaluate the elements troubling the said two attributes of Accredited Social Health Activist. The non-probability sampling method was selected from the all blocks of the Anand District.

The key findings of the study says that majority of the research subjects i.e. ASHA workers were educated till 8th standard i.e. (1-8 standard) & almost all were the homemakers. The guidelines of National Rural Health Mission (NRHM) for ASHA (Accredited Social Health Activist) say that primarily the ASHA should be a member of a village itself so that the access to the target group can be easily tracked. In the study it was observed.

Looking towards the financial aspect of the research subjects, it was observed that majority of the respondents receive a very less amount as she is not receiving a salary & her duty is all on honorary basis.

The dedication of ASHA was witnessed in the study. According to the NRHM guideline for the ASHA worker, it is estimated that the ASHAs should spare 2-3 hours per day. Majority of the research subjects generally they utilize 5 hours a day (5 days a week).

The study conducted by **Mony, P. and Raju, M. (2012)** in Karnataka on an evaluation of ASHA initiative in the state of Karnataka under the National Rural Health Mission (NRHM). The method adopted for the same study was the multi stage sampling design by carrying out indepth interviews.

The ASHA programme was found to be operational in the villages of study districts in Karnataka. The ASHA workers accomplish chores customarily as linking workers and community health workers and to only a small extent as social activists. It was found that there is inadequate coverage of downgraded families within communities and settlements in rural and sub-urban state.

CONCLUSION:

The national Family Health Survey conducted a research in the year 2015-16, in an institutional delivery matter. The study magnificently revealed that Gujarat stands 10th in rank where the institutional delivery is 88.7 (85.5 in rural & 93.4 in urban.) in percentage. Kerala stands first in cadre with the highest 99.9 %. Annual report of 2013-14 released by the Department of Health & Family Welfare, Ministry of Health & Family Welfare (MoH&FW), Government of India specified that under the National Rural Health Mission more than 8.94 lakh community health volunteers i.e. Accredited Social Health Activists formerly known as ASHAs have been involved under the mission to serve as a link amongst the community and the public health system. ASHA is the first dock of sound for any health concerned demands of disadvantaged sections of the inhabitants, specifically the women and the children, who seek it challenging to contact health services in rural regions. ASHA Programme is escalating across the States of India and has predominantly been fruitful in fetching people back to Civic Health System and rise in the consumption of their casualty services, investigative conveniences, organizational deliveries and in-patient (admission to hospital) care.

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