International Journal of Research in Engineering and Science (IJRES)
ISSN (Online): 2320-9364, ISSN (Print): 2320-9356
www.ijres.org Volume 10 Issue 1 ǁ 2022 ǁ PP. 69-72

Role of Asha as Health Worker: A Study in Uttar Dinajpur in West Bengal

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Abstract: *In 2005, Government of India launched National rural health mission in hopes to bridge the ga between healthcare delivery system to the needed community. The key component in achieving this is by ASHA WORKER-a honorary volunteer from the community itself with minimum qualifications, and trained to be the link activist for making the community meet its health needs to the health care delivery. Over years they proved a great benefit and improvement in health parameters, causing government to further extend it into 2017 year. The current study aims to evaluate self-reported work performance of ASHA Workers in sequentially selected 5 PHCs in Uttar Dinajpur WB, and also takes feedback of them in improving their performance and in turn improve the programme . The results were average and the article gives insight to the challenges that ASHA workers face and their piece of suggestion helping the policy makers to improve and administer the programme more efficiently.*
Keywords: *ASHA workers, challenges, evaluation, feedback, work performance*

Date of Submission: 10-01-2022 Date of acceptance: 24-01-2022

I. Introduction

" The people have right and duty to participate individually and collectively in planning and implementation of their health care. "

Declaration of Alma Ata, 1978.

One of The major setbacks for universal, effective, affordable healthcare distribution is lack of community participation. WHO devised a community health worker- a person from the community trained as link activist in healthcare in making the community meet its needs in heath care opportunities . Government of India launched NRHM in 2005 with a vision of universal access of healthcare and strengthening of primary health care with a strong focus on community engagement to ensure peoples participation in improving health and social standards.The key action plan was that of creation of a new cadre called ASHA worker and training her in basic health concepts and integrating her services into various health schemes,thus, making the community in need to meet its health care requirements.her major tasks pertain to mother and child health,nutrition,hygiene,basic ailment treatment,family planning,acting as dots provider,etc., As her role immensely improved the community health standards ,so did her responsibilities that were implored into her by the program increased. The Government took both National Rural Health Mission and National Urban Health Mission under one umbrella as National Health Mission (NHM) in 2013.[1] It has also extended the term of NRHM to 2017. As per the recent norms,she has been associated with VHSNC (Village Health Sanitation Nutrition Committee) as well as acting as a drug depository for AYUSH for minor aliments making into holistic WBproach of health care. at this junction, her challenges to effectively discharge her role rose and the need of certain changes in the programme in her perspective.

II. Objectives of The Study

- To evaluate the work performance of ASHA Volunteers in their field practice area
- To gather feedback given by the ASHA workers regarding the challenges they face during their disposal of duties and responsibilities

III. Methods and Methodology

3.1 Study Setting

The study was carried out in Uttar Dinajpur district in West Bengal whose population is about 41.7 lakhs,[2],with about 70% of population living in rural areas. Male to female literacy rate ratio is about 80:63., The child sex ratio is 931 females for every 1000 males with decadal population rate growth of 11%. 19% of the population belongs to SC and 4% belong to ST. For this district, 3328 ASHA Workers were deployed for this district, of which 720 dropped out and 2608 ASHA workers are functional at present.

3.2 Study design

A cross sectional study was conducted, with enquiry made from a preformed questionnaire based on recent NHSRC/NHC [3]. The study was conducted in the period of October-November, 2021

3.3 Sampling techniques

90 ASHA workers were selected from 5 PHCs (Chopra, Itahar, Raiganj, Islampur, Kaliaganj) which were selected by sequential sampling.

3.4 Data Collection

For the work performance, the number of various tasks that were done by Asha worker were self reported by them [4] during the period of 6 months prior to the time of study , according to monitoring and evaluation standards prescribed by NHM guidelines,2014. The suggestions and feedback was taken from them subjectively.

3.5 Data analysis

Data is sorted using Microsoft excel and analyzed used Epi info ver.7.0.
Suggestions given by ASHA workers were sorted out manually into broad categories.

IV. Results

4.1 SociodemogrWBhic profile

4.1.1 Age distribution of study subjects

Age Group (completed years)	No. of Subjects	Percentage
15 -19	2	2.3
20 – 24	44	48.8
25 -29	24	26.7
30 – 34	14	15.5
35 -39	4	4.4
40 and above	2	2.3
Total	90	100.0

Majority of the subjects belonged to (20-24) years age group -48.8% followed by (25-29) years age group -26.7%

4.1.2 Social Status

Social status	No.of subjects	Percentage
Other castes	8	8.9
Backward castes	6	6.6
Scheduled castes	76	84.5
Scheduled tribe	0	0
Total	90	100

Majority of the Subjects in study group belong to Scheduled Castes(84.5%)

4.1.3 Educational Qualifications

Educational Qualification	No.of subjects	Percentage
Primary	4	4.4
Secondary	-	-
Hr.Secondary or above	86	95.6

Total	90	100

Majority of study subjects had „higher secondary and above" educational status (95.6%) and only 4.4% had primary educational status.

4.2 Indicators

Performance indicators	Performance percentage* <50%	(50-75)%	(75-100)%
VHSNC meetings	79(87.8)	9(10.0)	2(2.2)
Antenatal Cases Counseled Antenatal Cases escorted	26(28.9) 57(63.3)	36(40.0) 18(20.0)	38(31.1) 15(16.7)
Post Natal Cases Counseled Post Natal Cases Escorted	18 (20.0) 42(46.7)	29(32.2) 33(36.7)	43(47.8) 15(16.7)
Children ImmunizedChildren escorted	60 (66.7) 61(67.8)	18(20.0) 19(21.1)	12(13.3) 10(11.1)
Family Planning Motivation Family Planning cases escorted	60 (66.7) 40(44.4)	18(20.0) 28(31.1)	12(13.3) 22(24.4)
ORS Packets distribution	37 (41.1)	13(14.4)	40(44.4)
Iron & Folic Acid Tablets Distribution	42 (46.7)	32(35.6)	16(17.8)
Treatment for minor ailments	53 (58.9)	35(38.9)	2(2.2)
Home visits on first day of new born,if home delivery All set of home visits for newborn as specified in HBNC	18(20.0) 19(21.1)	60(66.7) 61(67.8)	12(13.3) 10(11.1)
Ashas acting as DOTS providers	16(17.8)	32(35.6)	42(46.7)

*No. of subjects (% representation of sample size)

4.3 Feedback

Suggestion	No.of Subjects	Percentage
Monthly honorarium	81	90
Transportation improvement	79	87.8
Personal security	42	46.7
Further advancement/training as worker	53	58.9
Male worker	33	36.7
Others	9	10

V. Discussion and Analysis

The socio demogaphic profile of the ASHA workers fairly adheres to the standards that are guided NRHM. It clearly shows that the women of Scheduled caste were more in number.

The present study revealed performance level with regard to conducting/attendingVHSNC camps was found to be less than 50% in 88.9% cases. The performance level in terms of antenatal counselling was found to be less than 50% in 37.8% and up to a level of 75-100% in another 37.8% volunteers whereas in escorting of Antenatal cases, it was less than 50% in 57.8% and up to a level of 75-100 % in 31.0% of cases.

The study was conducted during the period where the further training was taking place in batches for integrating the ASHA worker into additional realms of sanitation and hygiene awareness, adolescent health and nutrition. The clinch of training needed time to convert into action.

The level of performance was 75-100% in around 40% of the volunteers in councelling of post natal cases whilein 22.2% of the volunteers it was less than 50%. In escorting postnatal cases, the performance was found to be less than 50% in around 51.1% volunteers. and in distribution of ORS packets to the needed.

In terms of newborn care, according to HBNC guidelines, 66.7% of ASHA workers reported 50-75% coverage in visiting newborn on first day of birth in cases of home delivery and 67.8% of ASHA volunteers reported to have completed the complete set of visits (6 visits, incase of institutional delivery and 7 visits, incase of home delivery) with 50-75% coverage which is quite satisfactory.

The performance level of the volunteers was found to be less than 50% in 62.2% cases towards helping in immunisation of children whereas a majority (66.7%) cases performed less than 50% in escorting children. Only around 8.9% volunteers performed to a level of 75-100% in both immunising and escorting children.

Feedback gave us an interesting plethora of suggestions and opened a creak"s view of challenges that were faced by ASHA workers in their field[5]. As a part of feedback, majority of the ASHA workers(90%) suggested that the honorarium that they get should be regularised and should be uni-sourced without confusion between First referral centre and PHC as sources to collect their payments,so that they can be economically

more balanced and more motivated to do work. 87.8% suggested for improving transportation facilities and 58.9% opinionated to have periodic retraining and upgrading their knowledge and skill base and also wanted to improve their position to escalate in position which is possible only when they are recognised as proper government employed and not honorary volunteers.

Interestingly , about a 37% of them found difficulty in counselling couples regarding family planning ,especially about vasectomy. Despite the knowledge and awareness, they seem to suggest that male people can better create awareness amongst their peers and motivate them for the same.

VI. Conclusion

The present study revealed that overall, the performance was low to average with regard to certain parameters like conducting VHSNC camps, getting children immunised, escorting Antenatal, postnatal and Family planning cases and distribution of Iron and folic acid tablets. The distribution of ORS Packets and DOTS provider services were average at best. The performance level was found to be at average level with regard to counselling of antenatal cases, postnatal cases and motivating cases for family planning. Newborn care seemed to be of the best performance amongst all the parameters.

The feedback of ASHA volunteers seems valid as its best to regularise their honorarium for every month as it can act as major motivating factor[6]. Facilitation of transport to them such as providing them cycles on subsidy could help them to dispose their duties more efficiently. She can always take the help of PHC personnel ,in creating the awareness amongst her community.

Acknowledgement

We so licitly express our gratitude to all the PHC staff and ASHA Workers who participated in the study and gave the information and opinions true to their knowledge and experience.

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