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A study on the role of ASHA and its contribution to the health care system

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ABSTRACT

Accredited Social Health Activist (ASHA) program has been accepted, and the services utilization has been increased among many Indian communities since its inception in 2005 under National Rural Health Mission (NRHM). ASHA worker's knowledge is important for the success of this program. ASHA will be the first port of call for any health related demands of deprived sections of the population, especially women and children, who find it difficult to access health services. Selected from the community itself and accountable to it, the ASHA will be trained to work as an interface between the community and the public health system. The ASHA scheme is presently in place in 33 states (except Goa, Chandigarh & Puducherry).^[1] ASHA plays an important role in the community for providing health care and even in MCH care also it plays in important role.

Key words: ASHA, Accredited Social Health Activist, Health Care, MCH, Maternity & Child Health.

INTRODUCTION

The Government of India has decided to launch a National Rural Health Mission (NRHM) to address the health needs of rural population, especially the vulnerable sections of society. The Sub-centre is the most peripheral level of contact with the community under the public health infrastructure. This caters to a population norm of 5000, but is effectively serving much larger population at the Sub-centre level, especially in EAG States. With only about 50% MPW (M) being available in these States, the ANM is heavily overworked, which impacts outreach services in rural areas. Currently Anganwadi Workers (AWWs) under

the Integrated Child Development Scheme (ICDS) are engaged in organizing supplementary nutrition programmes and other supportive activities. The very nature of her job responsibilities (with emphasis on supplementary feeding and preschool education) does not allow her to take up the responsibility of a change agent on health in a village. Thus a new band of community based functionaries, named as Accredited Social Health Activist (ASHA) is proposed to fill this void.^[2]

Selection of ASHA

- The general norm will be 'One ASHA per 1000 population'. In tribal, hilly, desert areas the norm could be relaxed to one ASHA per habitation, dependant on workload etc.
- The States will also need to work out the district and block-wise coverage/phasing for selection of ASHAs.^[3]
- It is envisaged that the selection and training process of ASHA will be given due attention by the concerned State to ensure that at least 40 percent of the envisaged ASHAs in the State are selected and given induction training in the first year as per the norms given in the guidelines. Rest of the

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ASHAs can subsequently be selected and trained during second and third year.

Criteria for Selection

- ASHA must be primarily a woman resident of the village - 'Married/Widow/Divorced' and preferably in the age group of 25 to 45 yrs.
- ASHA should have effective communication skills, leadership qualities and be able to reach out to the community. She should be a literate woman with formal education up to Eighth Class. This may be relaxed only if no suitable person with this qualification is available.
- Adequate representation from disadvantaged population groups should be ensured to serve such groups better.

Roles and responsibilities

ASHAs are local women trained to act as health educators and promoters in their communities. The Indian MoHFW describes them as health activist(s) in the community who will create awareness on health and its social determinants and mobilize the community towards local health planning and increased utilization and accountability of the existing health services.^[4]

Their tasks include motivating women to give birth in hospitals, bringing children to immunization clinics, encouraging family planning (e.g., surgical sterilization), treating basic illness and injury with first aid, keeping demographic records, and improving village sanitation. ASHAs are also meant to serve as a key communication mechanism between the healthcare system and rural populations.

ASHA is a health activist in the community who will create awareness on health and its social determinants and mobilize the community towards local health planning and increased utilization and accountability of the existing health services. She would be a promoter of good health practices. She will also provide a minimum package of curative care as appropriate and feasible for that level and make timely referrals.

ASHA will take steps to create awareness and provide information to the community on determinants of health such as nutrition, basic sanitation & hygienic practices, healthy living and working conditions, information on existing health services and the need for timely utilization of health & family welfare services. She would counsel women on birth preparedness, importance of safe delivery, breast feeding and complementary feeding, immunization, contraception and prevention of common infections including Reproductive Tract Infection/Sexually Transmitted Infection (RTIs/STIs) and care of the young child. ASHA also mobilize the community and facilitate them in accessing health and health related services available at the village/sub-center/primary health centers, such as Immunization, Ante Natal Check-up (ANC), Post Natal Check-up (PNC), ICDS, sanitation and other services being provided by the government.

She also works with the Village Health & Sanitation Committee of the Gram Panchayat to develop a comprehensive village health plan.

She will arrange escort/accompany pregnant women & children requiring treatment/ admission to the nearest pre-identified health facility i.e. Primary Health Centre/ Community Health Centre/ First Referral Unit (PHC/CHC /FRU).

ASHA will provide primary medical care for minor ailments such as diarrhoea, fevers, and first aid for minor injuries.

She is a provider of Directly Observed Treatment Short-course (DOTS) under Revised National Tuberculosis Control Programme.

She also act as a depot holder for essential provisions being made available to every habitation like Oral Rehydration Therapy (ORS), Iron Folic Acid Tablet (IFA), chloroquine, Disposable Delivery Kits (DDK), Oral Pills & Condoms, etc. A Drug Kit is provided to each ASHA. Contents of the kit will be based on the recommendations of the expert/technical advisory group set up by the Government of India.^[5]

Her role as a provider can be enhanced subsequently. States can explore the possibility of graded training to

her for providing newborn care and management of a range of common ailments particularly childhood illnesses.

She will inform about the births and deaths in her village and any unusual health problems/disease outbreaks in the community to the Sub-Centers/Primary Health Centre.

She will promote the construction of household toilets under the Total Sanitation Campaign.

Fulfillment of all these roles by ASHA is envisaged through continuous training and up-gradation of her skills, spread over two years or more.

Role and integration with Anganwadi

Anganwadi Worker (AWW) will guide ASHA in performing following activities:

- Organizing Health Day once/twice a month. On health day, the women, adolescent girls and children from the village will be mobilized for orientation on health related issues such as importance of nutritious food, personal hygiene, and care during pregnancy, importance of antenatal check up and institutional delivery, home remedies for minor ailment and importance of immunization etc.
- AWW will update the list of eligible couples and also the children less than one year of age in the village with the help of ASHA.
- ASHA will support the AWW in mobilizing pregnant and lactating women and infants for nutrition supplement. She would also take initiative for bringing the beneficiaries from the village on specific days of immunization, health checkups / health days etc. to Anganwadi Centers.

Role and integration with ANM

Auxiliary Nurse Midwife (ANM) will Guide ASHA in performing following activities:

- She will hold weekly / fortnightly meeting with ASHA and discuss the activities undertaken during the week / fortnight. She will guide her in case ASHA had encountered any problem during the performance of her activity.^[6]

- AWWs and ANMs will act as a resource person for the training of ASHA.
- ANMs will inform ASHA regarding date and time of the outreach session and will also guide her for bringing the beneficiary to the outreach session.
- ANM will participate & guide in organizing the Health Days at AWC.
- She will take help of ASHA in updating eligible couple register of the village concerned.
- She will utilize ASHA in motivating the pregnant women for coming to sub centre for initial checkups. She will also help ANMs in bringing married couples to sub centers for adopting family planning.
- ANM will guide ASHA in motivating pregnant women for taking full course of IFA Tablets and TT Injections etc.
- ANMs will orient ASHA on the dose schedule and side effects of oral pills.
- ANMs will educate ASHA on danger signs of pregnancy and labor so that she can timely identify and help beneficiary in getting further treatment.^[7]
- ANMs will inform ASHA on date, time and place for initial and periodic training schedule

Role of ASHA or other link health worker associated with MCH

Identify pregnant woman as a beneficiary of the scheme and report or facilitate registration for ANC.

- Assist the pregnant woman to obtain necessary certifications wherever necessary.
- Provide and / or help the women in receiving at least three ANC checkups including TT injections, IFA tablets.
- Identify a functional Government health centre or an accredited private health institution for referral and delivery.
- Counsel for institutional delivery.
- Escort the beneficiary women to the pre-determined health centre and stay with her till the woman is discharged.

- Arrange to immunize the newborn. Post natal visit within 7 days of delivery to track mother’s health after delivery and facilitate in obtaining care, wherever necessary.
- Counsel for initiation of breast feeding to the newborn within one-hour of delivery and its continuance till 3-6 months and promote family planning.^[8]

ASHA should get her-first payment for the transactional cost at the health center on reaching the institution along with the expectant mother. The second payment should be paid after she has made postnatal visit and the child has been immunized for BCG.

CONCLUSION

In order to decrease the gap between the urban and rural, health government of India has made great efforts in relation to provision and utilization of primary health care. One step in this direction was launch of National Rural Health Mission (NRHM) in year 2005. ASHA (Accredited Social Health Activist) was introduced as a link worker at village level for provision of Health care.) After eight years of launch we have been able to achieve a better maternal health in rural areas as compared to the urban area at least in our study area. ASHA is a boon for rural health care service and it’s playing an important role in improving health care system.

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