

Role of ASHA (accredited social Health Activist) in National Rural Health Mission

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Abstract

The objective of the Indian Government's National Rural Health Mission is to strengthen the healthcare delivery system with a focus on the needs of the poor and vulnerable sections among the rural population. The accredited social health activist (ASHA) represents the pivotal part in the whole plan and strategy of the National Rural Health Mission (NRHM), which, in turn, is an important initiative of the central government to fulfill its promise on comprehensive growth. The performance of ASHAs is, therefore, important for the accomplishment of NRHM and hence of the broad development plan of the government of India.

Key words: ASHA, NRHM, health

Introduction

Identifying the significance of health in the process of financial and community development and improving the quality of life of our citizens the government of India has committed to introduce the National Rural Health Mission to bring out necessary architectural improvements in the elementary healthcare delivery system. The National Rural Health Mission predicted provision of effective healthcare to rural population over the country particularly the 18 states of India which had weak infrastructure. One of the essential strategy planned in this mission was to make a village level

accredited social health activist(ASHA) for every village and she is likely to create awareness on health and its factors, organize the villages towards local health planning and increase utilization of the present health services. The ASHA is selected from itself and are trained to work as boundary between the village and public health system.

Objectives

The objectives of the study is to find out the knowledge of ASHA workers on their roles and responsibilities in National Rural Health Mission and to find out the

health results in ASHA programmes till twelfth five year plan.

Material and methods

For the purpose of the study, both published and unpublished secondary data has been utilized like books, magazines, journals, government reports, internet to know the role of ASHA in National Rural Health Mission.

Review of literature

Suneela Garg, Anita Nath(2007) in his article titled “ current status of National Rural Health Mission” in this article the authors highlights that since the launch of National Rural Health Mission the health system of the country has been progressed in the high focus states of the country that are under priority as well non priority states. It is to be expected that the objective of the mission is to be achieved as per the set time frame.

Brijpal (2012) in his article titled “Strategies for revamping of national rural health mission in India” in this paper the author highlight the development of health service in India. Besides the goals and strategies

of national rural health mission (NRHM) has been discussed. It also explains the working of this programme which is a programme to fulfill the objectives of millennium development goal. The author suggests some strategies which is fruitful to revamping the national rural health mission like association of district health societies, contribution of local self-government, use of secure funds, patient welfare committee, and appointment of specialists.

P R Deshmukh and BS Garg (2008), their article entitled “National rural health mission”In this article the author highlights the key goals of national rural health mission in making the public health delivery system fully functional the key goals are improving the public health infrastructure, improving availability of critical manpower, convergent action on other determinants of health decentralization, flexible financing, decentralization, monitoring, and accountability framework, partnership with the voluntary sector, risk pooling

and the poor are the main goals of NRHM.

Concept of accredited social health activist (ASHA)

The government of India introduced National Rural Health Mission to address the health needs of the rural population especially in the underserved groups in the society, for this a new group of village based representatives named accredited social health activist (ASHA) was made to fill this demand. ASHA is the first harbor of call for any health related demands of the rural population, especially women and children. One of the main beliefs of the mission is to identify one ASHA per 1000 population in the rural areas with the purpose of supporting the villages to admission in public health service. ASHA is assistant health activists in the village it is the duty of the ASHA to spread information on health related issues, social factors and assemble the village towards local health planning and increased utilization and responsibility of the current public health services. The National Rural Health Mission entitled to ASHA on performance based incentives for started activities only. The performance based

incentives required to be given on monthly basis to ASHA. There will be no provision of fixed incentives. The performance of ASHA is, therefore vital for the success of National Rural Health Mission (NRHM) and hence of the comprehensive growth tactics of the government of India.

Role and responsibility of accredited social health activist (ASHA)

The role and responsibility of ASHA include the functions of healthcare pointers, a service provider and a health activist. Generally, her function involve providing defensive, promotive and basic remedial care in a role balancing to other health representatives, educating and assembling communities particularly belonging to downgrade communities, for accepting performances related to better health and create awareness on social factors, increasing better utilization of health services; participation in health movements and allowing people to prerogative health entitlements. The ASHA is also providing a least package of remedial care as suitable and possible for that level and making sensible appointments for further treatment.

The ASHA would be trained to advise village population about

health, sanitation, hygiene, contraception and immunization and to provide medical care for fever, injuries and to companion patients to medical centers. They would also bring directly observed treatment, short course for tuberculosis and oral rehydration; distribute folic acid tablets to patients and aware authorities to rare outbreaks. If the rural women wants information about important issues like breastfeeding, birth preparedness, respiratory tract infection(RTI), sexual transmitted infection(STI) they may concern ASHA she would happy to give them all relevant facilities.

The responsibility of the ASHA to include motivating women to give birth in hospitals, bringing children to immunization clinics, encouraging family planning, treating basic illness and injury with first hand and keeping demographic records; ASHAs are also meant to serve as a key communication instrument between the healthcare system and rural population.

Health outcomes of ASHA programmes till the 12th five year plan

The mission achieves infant mortality rate (IMR) of 34 per 1000

live births till 2016. Five states have achieved the target of less than 21 and 12 states are in the range of 30-40. The recent world Bank data puts the maternal mortality rate(MMR) for India reported in 2015 at 174 per 100,000 live births, which is significant decline from 215 figure that was reported in 2010. This could be achieved due to promotion of more institutional delivery by ASHA workers and fertility rate of 2.4 in 2016 from 2.1 in 2009. The mission achieved these goals through a set of core strategies including enhancement in budgetary outlays for public health, decentralized village and district health, planning and management, appointment of ASHA to facilitate access to health services, strengthening the public health service delivery infrastructure, particularly at village, primary and secondary levels, improved management capacity to organize health system and service in public health, up gradation of the public

health facilities to Indian public health standards, reduction of infant and maternal mortality through Janani Suraksha Yojna(JSY).

Conclusions

To conclude we can say that Accredited Social Health Activist (ASHA) plays an important role in National Rural Health Mission (NRHM). It also plays critical and effective role in bridging the gap between NRHM and communities therefore it is important to keep the ASHA motivated to perform her duties capably and address issues related to terms of quality services. The present paper is committed to identifying and suggesting ways in the short medium term to improve performance of ASHA under NRHM in India.

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