Indian J. Pharm. Biol. Res. 2015; 3(2):78-80

CODEN (USA): IJPB07 ISSN: 2320-9267

Indian Journal of Pharmaceutical and Biological Research (IJPBR)

Journal homepage: www.ijpbr.in

*Original Research Article*

# Assesment of Roles and Responsibilities of ASHA workers in Bijapur taluk of Karnataka

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**ARTICLE INFO:**

***Article history:***

Received: 8 April 2015
Received in revised form:
6 May 2015
Accepted: 11 June 2015
Available online: 30 June 2015

***Keywords:***

Asha, Roles, NRHM, Drug Kit

**ABSTRACT**

The discourse on the ASHA's role centres around three typologies - ASHA as an activist, ASHA as a link worker or facilitator, and ASHA as a community level health care provider. She will counsel women on birth preparedness, importance of safe delivery, breastfeeding 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. A cross sectional study was done on 132 ASHA workers selected from 5 random PHCs in Bijapur taluk. Data was collected in a prestructured proforma using interview technique from June to October, 2012. Most of the ASHA workers were not aware about the newer roles and responsibilities been implied on them under various national programmes including the immunization guidelines and schedule. All the ASHA workers were aware about the performance based incentive for the their work in the community and its their right to claim that incentive. Under the cascade model of training to the ASHA, trainings should provide complete knowledge and skills to the trainees within the stipulated time. Quality of training should be enhanced and refresher trainings should be planned regularly.

## Introduction

Despite significant improvements made in the past few decades, the public health challenges are not only so huge but are also growing and shifting at an unprecedented rate in India. The Government of India launched the National Rural Health Mission (NRHM) in 2005, under which many innovations have been introduced in the states to deliver healthcare services in an effective manner to provide accessible, accountable, affordable, effective and reliable primary health care, especially to the poor and vulnerable sections of the population.

One of the core strategies proposed in this mission was to create a village level social activist, designated as ASHA for every village. To a large extent, the actualization of the goal of NRHM depends on the functional efficacy of the ASHA as the grassroots health activist .One of the core strategies proposed in this mission was to create a village level social activist, designated as ASHA for every village with a 1,000 population. This was aimed to provide primary medical care, advice the villagers on sanitation, hygiene, antenatal and postnatal care, escorting expectant mothers to hospital for safe delivery etc. To perform her activity in a proper manner, the NRHM has envisaged capacity -building of the ASHA through training and motivating them through a performance -based compensation. It was suggested that ASHA would be chosen by and accountable to the Panchayat. She would act as an interface between the community and the public health system. As an honorary volunteer ASHA would receive performance-based compensation for promoting variety of primary health care services in general and reproductive and child health services in particular such as universal immunization, referral and escort services for institutional deliveries, construction of household toilets, and other healthcare interventions. [1-3]

In order to enable the states for proper implementation, ASHA guidelines were formulated by the Ministry of Health and Family Welfare (MOHFW), Government of India (GOI) wherein institutional arrangements, roles and responsibilities, integration with ANMs and Anganwadi workers (AWW), working arrangements, training, compensation, fund-flow etc have been discussed. Many states depending on the local context modified the guidelines to suit their requirements, in the true spirit of the NRHM guidelines of decentralized programme management.[4]

## Objective

To evaluate the knowledge of ASHA workers about their roles and responsibilities.

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## Materials and Methods

Out of 12 Primary health centre (PHC) in Bijapur taluk, 5 PHC's were randomly selected for the study. After getting the ethical committee clearance from the BLDE university research cell, and obtaining prior permission from the District health officer (DHO) , the study was conducted .

The ASHA workers were contacted in their respective PHC during their monthly review meetings. After explaining the purpose of the study and obtaining oral consent, the study was conducted using interview technique. Information was collected in a pretested proforma by the investigator.

The study was conducted from June 2012 to October 2012. Every month one PHC was visited and information was collected from the ASHA. Out of 150 ASHA workers selected from the 5 PHC 's only 132 ASHA workers could be contacted during their monthly meeting. Data was collected by interview technique using semi structured questionnaire.

## Results

All the 132 ASHA workers in our study were working in their respective villages. All the workers were selected and trained as per the guidelines of NRHM from the Government of India.

**Table 1: Knowledge of ASHA workers about their roles and responsibilities**

| | | Frequency | % |
|---|---|---|---|
| **Provide information about existing health services?** | Yes | 115 | 87.1 |
| | No | 17 | 12.9 |
| **Creating awareness to the community on heath, hygiene and nutrition** | Yes | 132 | 100 |
| | No | 0 | 0 |
| **Mobilize the community in their access to the health services such as:** | ANC (Ante Natal Care) | 132 | 100 |
| | PNC (Post Natal Check up) | 132 | 100 |
| | Immunization | 132 | 100 |
| | Sanitation | 117 | 88.6 |
| | Illness/Fever | 78 | 59.1 |
| **Counseling women on :** | Birth preparedness | 132 | 100 |
| | New born care | 109 | 82.5 |
| | Exclusive Breast feeding Immunization | 132 | 100 |
| | of infants | 132 | 100 |
| | Family planning | 113 | 85.6 |
| | Personal hygiene and sanitation | 49 | 37.1 |
| **Escort/accompany pregnant women or sick children to the nearest health facility?** | Yes | 105 | 79.5 |
| | No | 27 | 20.5 |
| **Informing the Sub-centre/PHC/CHC about vital events** | Yes | 86 | 65.2 |
| | No | 46 | 34.8 |
| **Promoting construction of household toilets?** | Yes | 67 | 50.8 |
| | No | 65 | 49.2 |
| **Promoting hand washing after toilet and before food handling** | Yes | 34 | 25.7 |
| | No | 98 | 74.3 |

Most of the ASHA workers were not aware about the newer roles and responsibilities been implied on them under various national programmes including the immunization guidelines and schedule. Even though they were aware about the drug kits none of the workers were supplied with the same. The ASHA workers preferred to contact ANM as the first referral point to clear their doubts and confusions. All the ASHA workers were aware about the performance based incentive for the their work in the community and its their right to claim that incentive.

The role of the ASHA workers as the village health guide s and their involvement in the village health committee in the planning of the health related activities for the villages was known by only 47% of the workers. All the workers knew that they are suppose to coordinate and work with and in coordination with the health workers from the Primary health centers and ANM of their areas.

## Recommendation and Conclusion

The Induction training should be decentralized to the district level to ensure that all new ASHAs receive training before working in the field .A full-time training structure and full-time trainers should be implemented in order to ensure that there are no gaps in training in each state. Considering ASHA training modules to a shorter, concise version, given that ASHAs are currently not able to digest the amount of information conveyed in these books. Arrange for proper and regular reorientation and training with the recent advances at the PHC level. Assign a specific supervisor for ASHAs so that there is specific oversight and monitoring of

ASHAs'performance. Institute a formal review process every six months so that ASHAs performance is monitored and tracked.[5]Re-examine the responsibilities of ASHAs to streamline responsibilities and maximize benefit (public health, incentives, and otherwise) between other key health workers in area. On the other hand, consider expanding the ASHAs role to conduct additional activities that are within her capabilities .

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**Cite this article as: Shashank K J, M M Angadi.** Assessment of Roles and Responsibilities of ASHA workers in Bijapur taluk of Karnataka. **Indian J. Pharm. Biol. Res.2015; 3(2):78-80.**