



EVALUATION OF SERVICES OF ASHA WORKERS IN TELANGANA: A STUDY

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Abstract: This paper is the portion of ongoing Ph. D work of the author/scholar entitled A Study to Evaluate the Performance of ASHA Workers in Improvement of Health Status in Telangana. The main aim of this paper is to study the services performed by the ASHA workers in Telangana state. For this research work two districts i.e., Nizamabad and Mahabubnagar were selected. 180 samples from each district and a total of 360 is selected through stratified random sampling method. The parameters like home visits, prenatal, postnatal services and some other supportive activities taken in to consideration for this study. The study identified that the ASHA workers have been performing in most effective manner in the study area.

Keywords – prenatal care, postnatal care, escort duties, community sensitization etc.

I. Introduction:

The government of India launched the ASHA as a part of National Rural Health Mission (NRHM) in 2005. They are selected from the village itself and are trained to work as an interface between the community and the published system ASHA is the first port of call for any health related demands of the rural population especially women and children who find it difficult to access health services ASHA workers village level public health past few decade one of the core strategies proposed in this mission was to create a village level social activity development as ASHA every villages with 1000 population this was aimed to provide primary medical care advice the villagers on the sanitation, hygiene, antenatal, and postnatal, care escorting mother to hospital safe delivery perform her activity in a proper manner.

II. Objectives of the study:

The main objective of the study of is to health improvement rural population the specific objectives of the study include the following.

1. To study the health care system in Telangana state.
2. To evaluate the work performance of ASHA workers in their filed area.
3. To know the role/importance of ASHA workers in promoting health care in the community.
4. To understand the duties of the ASHA workers.

III. Methodology:

This study is based on the primary and secondary data. Multi Stage Stratified Random Sampling method was used to identify the samples. The field data was collected from Nizamabad and Mahabubnagar districts of Telangana state in first stage. In second stage, three mandals from each district were selected. Nizamabad, Dichpally and Indalwai mandals from Nizamabad district and Mahabubnagar, Koilkonda and Jadcherla mandals were selected. In third stage, three villages from each district and twenty samples from each village and in total 360 sample were selected for the study. A well-structured questionnaire was prepared to collect the primary data. Tools like simple averages were used to analysis the performance of ASHA workers. The study period for this study is 2015 – 2021.

IV. Sampling Selection Procedure:

The discussion on the methodology indicates sampling method used how the data is ascertained and statistical tools used for the analyses. Multi Stage Stratified Random Sampling method is used for the present study. The selection process is carried out in three stages, in first stage in the samples are taken from Nizamabad and Mahabubnagar district of Telangana state were taken for the study, in second stage each three mandals from each district and in third stage three villages from each mandal for the study. The ASHA beneficiaries from three mandals where the ASHA workers high in the respective district are selected randomly from the nine village each selected 20 sample from each village and in total 360 sample were selected for the study.

V. Data collection:

This study is based on 360 samples of the primary data collected through personal interview specially prepared interview scheduled for the collection of primary data collected from ASHA workers and second data was collected from National Health Mission, ministry of health of state and central government, websites, and various journals and book. The statistical package was used to analyze the result is descriptive statistics which includes percentage and figures were used in calculation.

VI. Performance of Telangana on the Health Index

Since the formation of the state, the Government has been making concerted efforts towards improving the health status of Telangana. The result of its efforts is reflected in the noteworthy performance of the state in the recent NITI Aayog Annual Health Index, 2019-20. The index is a weighted composite score incorporating 24 indicators covering key aspects of health performance across three critical domains:

- Health Outcomes
- Governance and Information
- Key Inputs and Processes

**STATE-WISE RANKING ON NITI AAYOG'S HEALTH INDEX SCORE
(2019-20)
Table No: 1**

State	NITI Aayog's Health Index Score
Kerala	82.20
Tamil Nadu	72.42
TELANGANA	69.96
Andhra Pradesh	69.95
Maharashtra	69.14
Rajasthan	41.33
Madhya Pradesh	36.72
Bihar	31.00
Uttar Pradesh	30.57

Source: Overall Performance Index Score of NITI Aayog (Reference Year 2019-20)

The Annual Health Index is a holistic measure of the health systems performance as well as progress on health outcomes over time. Telangana state secured rank 11th amongst the 19 larger states, in terms of the overall performance in the year 2015-16. Its rank improved to 10th in 2017-18, to 8th in 2018-19, jump to 3rd in 2019-20. Further, it was the only larger state to have demonstrated a strong overall performance in 2019-20, as well as a marked incremental performance in comparison to its 2018-19 status. The state ranked 3rd among the 19 large states in terms of its incremental performance as well.

KEY INDICATORS OF TELANGANA

Table No: 2

Indicator	Telangana	India
Total Population (in Crores)	3.52	121.08
Rural Population (in Percentage)	61.12	68.85
Urban Population (in Percentage)	38.87	31.14
Sex Ratio	901	899
Life Expectancy at Birth (in Years)	69.6	69.4
Literacy Rate	66.54	72.99
IMR	23	30
MMR	63	113
TFR	1.6	2.2
Neo Natal Mortality Rate	19	23
Under Five Mortality Rate	30	36

Source: NRHM Health Dossier 2021: Reflections of Health Indicators – Telangana.

According to NRHM Health Dossier 2021, Telangana state is at good position than national average regarding various health indicators. In Telangana, Sex ratio is 901, IMR is 23, MMR is 63, TFR is 1.6, NNMR is 19 and UFMR is 30 and it is better than national average.

MATERNAL MORTALITY RATIO- INDIA AND TELANGANA (2010-18)

Table No: 3

Year	Maternal Mortality Ratio	
	Telangana	India
2010 – 12	110	178
2011 – 13	92	167
2014 - 16	81	130
2015 – 17	76	122
2016 - 18	63	113

Source: Sample Registration System

According Sample Registration System, the maternal mortality rate in Telangana is 63 and 113 in India during 2016-18 and 110 in Telangana and 178 in India during 2010-12. It is very clear from the above table that Telangana is far better than India from 2016-18 to 2010-12.

COMPARISON OF TELANGANA AND STUDY DISTRICTS REGARDING INSTITUTIONAL DELIVERIES BETWEEN 2015-16 AND 2019-20

Table No: 4

District	Institutional Deliveries as Percentage of Total Deliveries	
	NFHS-4 (2015-16)	NFHS-5 (2019-20)
Nizamabad	91.6	97.20
Mahabubnagar	78.4	97.40
Telangana	91.50	97.00

Source: National Family Health Survey-4&5

According to National Family Health Survey, institutional deliveries were increased in Nizamabad as well as Mahabubnagar district. It is also very clear that institutional deliveries were also increased between NFHS-4 and NFHS-5.

CURRENT STATUS OF CHILD MORTALITY RATE IN TELANGANA

Table No: 5

Child Mortality Rate	NFHS-4 (2015-16)	NFHS-5 (2019-20)
Neonatal Mortality Rate (NMR)	20.0	16.8
Infant Mortality Rate (IMR)	27.7	26.4
Under 5 Mortality Rate (U5MR)	31.7	29.4

Source: National Family Health Survey-Round 4 and 5

As per National Family Health Survey-Round 4 and 5, Neonatal Mortality Rate decreased from 20 to 16.8, Infant Mortality Rate from 27.7 to 26.4 and Under 5 Mortality Rate from 31.7 to 29.4 in Telangana state between 2015-16 to 2019-20.

COMPARISON OF TELANGANA AND STUDY DISTRICTS REGARDING FULLY IMMUNIZED CHILDREN BETWEEN 2015-16 AND 2019-20

Table No: 6

District	NFHS-4 (2015-16)	NFHS-5 (2019-20)
Nizamabad	64.2	82.0
Mahabubnagar	45.0	86.0
Telangana	67.5	79.1

Source: National Family Health Survey-5

According to National Family Health Survey-5, fully immunized children were increased from 64.2 to 82 in Nizamabad district and from 45 to 86 in Mahabubnagar district between 2015-16 to 2019-20. It is higher than state average in 2019-20.

VII. ROLE / SERVICES OF ASHA WORKERS IN THE STUDY AREA

Prenatal Health Care Support by ASHAs

Table No: 7

Type of Service	No. of Respondents	Percentage
Home Visit	305	84.73
Identification of Pregnant Women	312	86.67
Nutrition Education	326	90.55
To Assist in Hospital Visit	341	94.72
Identification of Place of Delivery	337	93.62
To Assist in Safe Institutional Delivery	305	84.72

Source: Field Study

The above table shows the various types prenatal health care services provided by the ASHA workers in the study area. Prenatal health care facilities like diagnosis of illness, home visits, helping in hospital visits, identifying place of delivery, to assist in safe institutional delivery etc., are important for pregnant women. A total of 305 beneficiaries i.e., 84.73 per cent expressed as the ASHAs catered the service of home visit, 312 i.e., 86.67 per cent identification of pregnancy, 341 i.e., 94.72 per cent assisted in hospital visit, 337 i.e., in 93, 62 per cent as helped in identifying place of delivery, and 305 i.e., 84.72 per cent as helped in safe institutional delivery in the study area. The study shows that the ASHAs have been playing very active role in delivering prenatal health care services to the beneficiaries.

Postnatal Health Care Support by ASHAs

Table No: 8

Type of Service	No. of Respondents	Percentage
Tetanus Toxic Immunization	313	86.95
Supply of Iron and Folic Acid Tablets	309	85.83
Maternal Nutrition	315	87.50
Home Visits	348	96.67
Infections	329	91.39
Family Planning	347	96.39

Source: Field Study

Postnatal medical assistance is very important for women after her delivery. There may be a chance of getting types of problems regarding post-delivery issues like pains of surgery, leakage or broke of stitches, infections, fever etc., to the women. In such cases ASHAs home visits and other assistance will be very helpful to the delivered women. ASHAs supplied Tetanus toxic immunization to 313 i.e., 86.95 per cent respondents, Iron and Folic Acid tablets were supplied to 309 i.e., 85.83 per cent beneficiaries, maternal nutritional support has been extended to 315 i.e., 87.50 per cent women, helped to 329 i.e., 91.39 per cent women to cure infections, suggested 347 i.e., 96.39 per cent women in family planning and 348 home visits were conducted to identify various types medical and nutritional issues in the study area. The study clearly states that postnatal health care services were better performed by ASHA workers in the study area.

Support Activities to Lactating Mother by ASHAs

Table No: 9

Name of the Activity	No. of Respondents	Percentage
Fungal Infections	316	87.78
Nursing Strike	189	52.50
Counseling	347	96.39
Nutritional Support	331	91.94
Multivitamin Tablets	349	96.94

Source: Field Study

Lactating mothers face different types of problems such as fungal infections, vitamin and iron deficiency, nursing strike, milk deficiency and problems in feeding etc. ASHA workers assistance is very helpful to the lactating mothers to overcome such matters. ASHAs helped 316 i.e., 87.78 per cent lactating mothers in curing fungal infections, solved the problem of nursing strike of 189 i.e., 52.50 per cent mothers, supplied multivitamin tablets to 349 i.e., 96.94 per cent mothers, extended nutritional support to 332 i.e., 91.94 per cent women and counseled 347 i.e., 96.39 per cent lactating mothers regarding lactating and marital life. It is very clear from the study that ASHAs have been supporting in different ways to lactating mothers in great extent in the study area.

Escorting Activities by ASHAs

Table No: 10

Activity	No. of Respondents	Percentage
Prenatal Health Checkup	352	97.78
Postnatal Health Checkup	356	98.89
Safe Delivery	349	96.95
Family Planning	327	90.84
Other Medical Issues	335	93.05

Source: Field Study

The above table show the various escorting duties performed by the ASHA workers to assist the beneficiaries in the study area. In many cases and situations medical assistance may influence the health care status. Timely identification and response for medical and other support such as diagnosis of diseases, identification of pregnancy, safe delivery etc., requires the escorting support to the respondent to make visit to the hospital. ASHAs are the only major persons to undertake such escorting activities. They supported 352 i.e., 97.78 per cent beneficiaries in prenatal health checkup, assisted to 356 i.e., 98.89 per cent women in postnatal checkup, escorted for safe delivery to 349 i.e., 96.95 per cent women, helped 327 i.e., 90.84 per cent women in adopting family planning measures and attended along with the women and they also extended escorting support to 335 i.e., 93.05 per cent beneficiaries in case of multiple health and nutritional needs of the beneficiaries. It is very clear from the study that the ASHAs have been carrying out escorting duties along with their regular activities in the study area.

Supply of Drugs by ASHAs

Table No: 11

Name of the Drug	No. of Respondents	Percentage
Malaria	198	55.00
TB	156	43.34
Vitamin Tablets	128	35.55
Calcium Tablets	307	85.28
Fever Tablets	325	90.28

Source: Field Study

The above given data show the details of supply of medicines for various types of illness in the study area. ASHAs not only identify the diseased people, but also provide the primary level of medical care and provide the suitable medicines as per the directions of the health care centers. ASHAs provided Malaria tablets for 198 i.e., 55 per cent respondents, Tuberculosis control tablets to 156 i.e., 43.34 per cent respondents, supplied vitamin tablets for 128 i.e., 35.55 per cent people, calcium tablets for 307 i.e., 85.28 per cent beneficiaries and provided medicines for fever to 325 i.e., 90.28 per cent people in the study area. It is identified from the field study the ASHA worker was successful in the supply of suitable medicines to the respondents in study area.

Health Programmes in Gramasabha by ASHAs

Table No: 12

Activity	No. of Respondents	Percentage
Health Plan	335	93.05
Nutritional Days	348	96.67
Sanitation	329	91.39
Other Issues	317	88.05

Source: Field Study

Making a suitable health care action plan is the only important key factor in the execution of health programmes, mass vaccination, medical camps etc. The ASHA workers have been actively involving in the identification of societal health and other needs. They are actively involving such activities with the help of Gramapanchayaths. ASHAs identify health and other problems in Gram Sabha with the help of local government officials and leader. A total of 335 i.e., 93.05 per cent respondents expressed as ASHAs made health plan, 348 i.e., 96.67 per cent as conduct of nutritional days, 329 i.e., 91.39 per cent as sanitation issues and 317 i.e., 88.05 per cent respondents as the identification of other issues in the study area. It is observed from the study that ASHAs have been playing key role in the identification health issues, nutritional deficiencies, sanitation drawbacks and other issues through Gram Sabha.

Support on Multiple Health Issues by ASHAs

Table No: 13

Activity	No. of Respondents	Percentage
New Born Child Issues	318	88.34
Old Age Women Issues	309	85.83
Communicable Diseases Issues	347	96.39
Community Mobilization Activities	348	96.67

Source: Field Study

The Duty of ASHAs does not end with identification of issues in the community through Grama Sabha, but they follow up the issues and take necessary steps to such issues. ASHA worker not only help the women, but also extend their support to children, old aged persons, diseased persons etc. ASHA workers supported 318 i.e., 88.34 respondents regarding new born child health issues, solved medical problems of 309 i.e., 85.83 old aged women, helped 347 i.e., 96.39 per cent respondents regarding communicable diseases and community awareness activities conducted for 348 i.e., 96.67 per cent respondents in the study area. The study says that ASHA workers are also providing health care support for multiple health issues in the community.

Counselling Activities by ASHAs

Table No: 14

Activity	No. of Respondents	Percentage
Diagnosis	351	97.50
Hospital Visits	343	95.28
Prevention of Diseases	327	90.84
Awareness on Breast Feeding	348	96.67

Source: Field Study

Creating awareness and providing moral strength is very important in securing better health status in the community. Regular monitoring and counselling activities are the most effecting factors of community health. ASHA workers are counselling the needy persons in case diagnosis, hospital visit, breast feeding, prenatal issues, birth plan, about communicable diseases etc. ASHAs has counselled 351 i.e., 97.50 per cent respondents for diagnosis of health problem, 343 i.e., 95.28 per cent respondents for hospital visit for health checkups, 327 i.e., 90.84 per cent respondent regarding the ways to prevent diseases and 348 i.e., 96.67 per cent respondents on breast feeding. The present study shows that ASHA workers are very important to create awareness and to provide counselling to the needy people in the study area.

Community Sensitization Activities by ASHAs

Table No: 15

Activity	No. of Respondents	Percentage
Health Issues	312	86.67
Nutritional Issues	326	90.55
Govt. Programmes	351	97.50
Mass Vaccination	353	98.05
Immunization Programmes	349	96.95

Source: Field Study

Implementation of preventive measures not only enough to attain healthy community, but initiation, execution and extension of community sensitization activities regarding health disorders, malnutrition, communicable diseases, vaccination etc., are the most essential things. The ASHA workers have been playing very important role in the execution of community sensitization activities. ASHA workers sensitized 312 i.e., 86.67 per cent people regarding health issues, created awareness on nutrition for 326 i.e., 90.55 per cent people, took part in the creation of awareness on government health care programmes to 351 i.e., 97.50 per cent people, helped 353 i.e., people in vaccination and explained about immunization programmes for 349 i.e., 96.95 per cent people in the study area. It is very clear from the study that the ASHA worker role is very important in the community sensitization activities.

Conclusion:

The present study concludes that the concept of ASHA is most useful on in improving the community health status. ASHAs have been playing important role in providing the services like creation of awareness, identification of health and nutritional challenges, vaccination programmes, nutritional and health days, prenatal and postnatal care services, escorting duties for safe delivery and other critical health issues, maternal and child care services etc. presently ASHA workers are facing some problems like over burden, lower payment, shortage of infrastructural facilities, low level of education, more political interference etc. If the government concentrates to eliminate the above mentioned issued, certainly the concept of ASHA will certainly become as a game changer in the field of health care.

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