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ASHA –Bridging Community With Facilities

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Abstract: At the World Health Assembly (WHA) on May 22, 2020, ASHAs were recognized as the sixth awardee. ASHA is a trained community based link worker who acts as a bridge between government functionaries and the tribal and non-tribal populations that find it difficult to access health services. ASHA will organized communities to make health care more accessible to them and health-related services available at the anganwadi, sub-centre, and primary health canters, such as immunization, antenatal checkups (ANC), postnatal checkups, supplementary nutrition, sanitation, and other services being provided by the government. Main objective behind this research is to understand role of ASHA in empowering women about health. Through this paper, we specifically mention the struggle of the ASHA worker by giving the various state conditions of ASHA and their incentive problems.

Index Terms **- ASHA, National Rural Health Mission, Women Health, Child Health, COVID.**

I.INTRODUCTION

These health care activities took shape when the government realized that most of the rural population was dying from medical malpractice. People in these areas do not know how to receive treatment if they contract diseases such as malaria, chikungunya and cholera. And it's not easy for them to go to the hospital. Birth rates drop because women do not receive proper care and treatment during pregnancy. The ASHA program was inspired by lessons learned from two previous initiatives: 1) the 1975 WHO monograph entitled "People's Health" and 2) the 1978 World Health Organization Conference in Almaty (then USSR and now) International Conference on Primary Health Care in Kazakhstan).

However, the greatest inspiration for ASHA's program design came from the Mitanin initiative of Chhattisgarh (Mitanin means "friend" in Chhattisgarh), which began in May 2002. Mitanin is fully available for 50 households and 250 households. people.

The Accredited Social Health Activist [ASHA] was formed to educate rural populations about this problem. As a follow-up to this plan, the Government of India launched the National Rural Health Mission (NRHM) on April 12, 2005 to provide accessible, accountable, affordable, efficient and reliable primary health care, especially to the poor and disadvantaged. A key part of the National Rural Health Mission is to provide every village in the country with an ASHA-trained Community Health Activist or Accredited Social Health Activist.

Accredited Social Health Activists (ASHA) have become popular on social media platforms since Dr. WHO Director-General Tedros Adhanom Ghebreyesus announced the six Global Health Leadership Awards on May 22, 2020 during the opening of the 75th World Health Assembly (WHA). The Indian informal unorganized female cadre of ASHAs was recognized as the sixth winner for their "essential role in linking communities to health systems to ensure access to primary health care for those living in rural areas poor, as evidenced by the COVID-19 pandemic." ASHA serves as the interface between the community and public health. More than 1.04 million ASHA workers have been selected, trained and deployed nationwide to date.

India launched the National Urban Sanitation Mission in 2013, and the program has also expanded to urban settings. But in this study, we mainly focus on the development of rural health. Despite these significant contributions, ASHA workers face a variety of issues related to pay, social security, and job tenure. Despite their significant contributions to improving health outcomes, ASHA employees are demonstrating across the country demanding higher wages, health benefits and longer work hours. Also consider better administering the ASHA program and taking serious action in cases of harassment.

II.LITERATURE REVIEW

This article reviews some of the articles that contribute and appreciate the work of ASHA. We have tried to summarize the post-2020 special releases.

Sumegha Asthana and Kaveri Mayra [2] tell the story of a brave woman. These more than one million female health workers have been commended for their responsibilities in surveillance related to the epidemic, screening of returnees, sensitization, contact tracing, assistance in investigations related to COVID-19 and facilitating access to services. Even if they lack personal protective equipment (PPE) or credible support for priority treatment, according to their study.

In addition to COVID, they facilitate pregnant women's access to antenatal care, facility births, postpartum care, immunization services, family planning services, NCD monitoring and prevention, nutrition and chronic disease care. According to their research, volunteer workers receive only $20-60 per month, but work 6-7 hours a day, which increased to 10-12 hours at the height of the pandemic. According to them, it can soon be said that ASHA wants to initiate broader health system reform, including policies to strengthen fair hiring and compensation, retention, financial protection, leave management, protection against sexual harassment and protection of physical and mental health.

Saprii, L., Richards, E. and Kokho [6] who conducted a survey of the tribal areas of Manipur and showed the real situation. Manipur is a hilly region and some parts of it do not have proper roads or transportation to get from one place to another. Some villages are around 85 km from the nearest PHC (primary health care). In this context, ASHA is considered responsible for disseminating health information and motivating women to perform prenatal care and hospital deliveries through home visits and counselling. The remote village has poor roads and takes around 5 hours to walk. ASHA maintains village health records, saving nurses time in identifying pregnant women, children and sick people.

Preety R. Rajbangshi, Devaki Nambiars and Aradhana Srivastava [7] collected information in the Tripura region. The areas they cover are mostly tribal. Many women never go to school and instead work for a daily wage. As a result, prenatal and postnatal examinations are underestimated by women, government pregnancy and childbirth assistance programs are not even used at all, and no one knows about them. Illiteracy and lack of knowledge of women and their families influence their decision to give birth at home, also for economic reasons. Within these areas, ASHA raises awareness of the importance of care-seeking during pregnancy and other factors that associate it with underutilization of services (sometimes referred to as "undertreatment rates"). Participants further added that there has been an increase in births in health facilities over the past year due to ASHA.

Shridhar Kadam [8] concerned the income of ASHA workers from voluntary work. Incentives are mostly related to pregnancy and institutional delivery; each ASHA's target population determines the amount of incentive they receive. ASHA with a smaller population will end up with a smaller amount of rewards. In contrast, ASHAs living in densely populated villages received high incentives. Despite their hard work, ASHA in remote areas earn less. A fair compensation policy, a clear capacity building strategy and a support system to address ASHA's grievances can help bring hope to India's 1 million community health workers.

Miss Monika Gogoi[9] explained Asha's role in the pandemic in Assam. ASHA staff are on the front lines during the COVID-19 pandemic. They cover all issues related to health and nutrition within the community. In the wake of the COVID-19 pandemic, the roles and responsibilities of ASHA staff have increased significantly. Therefore, ASHA staff must verify the health status of immigrants and record the data. During flood season in Assam, some ASHA staff had to travel by boat to patients' homes at great risk. According to Gogoi, ASHA workers receive 2,000-3,000 rupees per month under normal circumstances, and after the COVID-19 pandemic, the government announced an additional 1,000 rupees per month. So, an ASHA worker is worth Rs 33 per day during the pandemic.

Fathima FN, Raju M, Varadharajan KS, Krishnamurthy A, Ananthkumar SR and Mony PK[10] article on role of ASHA workers in rural areas. They make home visits during labour, provide advice on danger signs

and refer patients in a timely manner. Likewise, targeted home visits and better counseling for basic neonatal care (feeding, thermoregulation), recognition of red flags and early referral for common killers such as diarrhea and pneumonia, and nutritional advice (appropriate complementary feeding), could contribute to improving the health of the newborn and the child.

III. CONCLUSION

The channels of communication between the government and the rural population must be free. A deadly pandemic has highlighted the value of these channels, but the roles of ASHA staff need to be formalized. Recognizing them as workers gives them dignity and protection and helps them to be valued by the state. Despite their significant contributions to improving health outcomes, ASHA employees are demonstrating across the country demanding higher wages, health benefits and longer work hours. While the wave of cheers for the award has rightly reached its crescendo, what matters is how the Indian government provides its health workers with the last mile on the ground.

The purpose of placing "activists" in "ASHA" was to reflect that they were the representatives of the community in the health system, rather than the lowest government officials in the community (the perception of community health volunteers at the time). Contribute to raising awareness of government policies among the rural poor. Through the primary care provided by these ASHA workers, they are rightly helping to build confidence in medical assistance for the underserved.

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