



STUDY ON ASHA WORKERS AND THEIR CONTRIBUTIONS DURING COVID-19 PANDEMIC WITH REFERENCE TO ERATTUPETTA BLOCK IN KOTTAYAM DISTRICT OF KERALA.

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INTRODUCTION

Kerala model of healthcare rests on a decentralised public health system built over decades and a strong welfare state has had previous experience of dealing with the 2018's Nipah outbreak, which equipped the state to develop a robust response to Covid-19. Kerala's success, in large part, can be credited to the ASHAs' meticulous pre-Covid-19 data collection of every household, their intricate database of every person who moved out of Kerala for work and their health indicators. This enabled the state to develop a rapid 'trace-test-isolate-support' strategy. ASHAs, who are recognised as being central in its resistance against the disease.

The National Rural Health Mission was launched on 12 April 2005, to provide accessible, affordable and accountable quality health services to the poorest households in the remotest rural regions. The thrust of the Mission was on establishing a fully functional, community owned, decentralized health delivery system with inter sectoral convergence at all levels.

One of the key strategies under the NRHM is a **community health worker, i.e., Accredited Social Health Activist (ASHA)** for every village at a norm of 1,000 population. ASHAs are voluntary workers who are paid incentives based on performance. ASHAs will act as a link between the community and health care services and ensure that the primary health care services are accessed by the rural poor.

ASHA Workers are the foot soldiers of Kerala's Covid-19 battle. The community health worker's has a major role in the development of health status especially during this period of COVID -19 pandemic. Nowadays ASHA is becoming popular among rural population with their contributions to tackle the Covid -19 and through other Health activities.

Therefore an attempt is made to study the role of Accredited Social Health Activist (ASHA) in improving the health needs of rural population during the pandemic of Covid -19 with reference to ERATTUPETTA BLOCK in Kottayam district of Kerala State. .This project aims to know the contributions of ASHA workers during Covid season and the health development of rural population through the implementation of effective resistance programmes at the community level by ASHA workers. This project also study about the motivation of ASHA workers and others – emoluments and training delivered to them and the Safety of ASHA workers, and other frontline workers.

OBJECTIVES

- Identify major activities done by ASHA Workers in its resistance against the disease including house visits, monitoring quarantine, management of home quarantine system, data collection and record of the health metrics of every person, coordinating between different departments etc.
- To analyse the safety and working conditions of these health workers with respect to adequate masks, sanitisers and gloves and other risk factors
- To study the major emoluments and training delivered to them to tackle the COVID -19 Pandemic.

METHODOLOGY

Selection of Sample

The study area is ERATTUPETTA BLOCK in Kottayam district of Kerala State. There are 8 Panchayats in Erattupetta block – Melukavu, Moonilavu, Poonjar, Poonjar Thekkekara, Teekoy, Thalanad, Thalappalam, Thidanad. About 50 ASHA workers are there in each panchayat. This location is relevant for study because it comprises rural population and was able to resist the spread of disease due to the effectiveness of community health workers and the services they rendered. The sample respondents include 400 ASHA workers from eight Panchayats of the given study area.

Collection of data

Both primary and secondary data will be used for the study. Primary data will be collected through structured questionnaire issued to the sample respondents, scheduled interviews, etc. Secondary sources includes various records and data regarding the trend of Covid cases, and the accessibility of health workers to the rural community area.

Tools of Analysis

Appropriate tools will be applied based on the objectives of the study.

Expected outcome and relevance of findings.

ASHA workers provide better monitoring and evaluation of health programmes during the Covid -19 pandemic. Since before Covid-19, ASHAs in Kerala maintained a meticulous record of the health metrics of every person under their care: The number of old people and their comorbidities, pregnant women, children between the ages of 0-5, and the number of people with tuberculosis, heart problems, leprosy, physical disabilities and so on. They also maintain a detailed record of every family member who has gone out of the state, whether in India or abroad, for work. This intricate data collection process was central to Kerala's test-trace-isolate-support strategy against the Nipah virus and also Corona virus.

This study is relevant because of the immense services they provide. ASHAs also work in community kitchens alongside Kudumbashree members, preparing food for people in containment zones, home and community quarantine and migrant relief camps across the state. They deliver food packets, rations, medicines and anything else people might need, but still they are not paid a fixed salary and have no paid leave or other basic benefits. Instead, they receive task-based incentives for every immunisation.

Kerala has managed to tackle the corona virus to an extent that thanks to the efforts of ASHA workers, who are the first to alert local bodies and the health department in case any suspected case turns up.

This project also provides future outlooks in various aspects that, Compensation provided to ASHA must increase so that more people will come forward to uplift the rural society and also Effective implementation of health policies to the weaker section should be there. Thus this project is highly relevant and useful in policy framework in future through mobilising community health care system.

INTRODUCTION

India has made substantial progress in health determinants over the past decades .The critical indicators of health, including Infant Mortality Rate, Maternal Mortality Ratio, Disease prevalence, morbidity as well as mortality rates have shown consistent decline over the years. These achievements are the cumulative result of several interconnected changes .The overall economic upturn as well as improvement in collateral determinants of health has assisted the country achieve critical milestones like elimination of leprosy and reducing the burden of Tuberculosis.

The National Rural Health Mission was launched on 12 April 2005, to provide accessible, affordable and accountable quality health services to the poorest households in the remotest rural regions. The thrust of the Mission was on establishing a fully functional, community owned, decentralized health delivery system with inter sectoral convergence at all levels.

One of the key strategies under the NRHM is a community health worker ,i.e., Accredited Social Health Activist (ASHA) for every village at a norm of 1,000 population .Large scale demand side financing under the Janani Suraksha Yojana (JSY) has brought poor households to public sector health facilities on a scale never witnessed before. The community health worker's has a major role in the development of tribal health status.

Nowadays ASHA is becoming popular among rural population with Reproductive and Child Health activities .Therefore an attempt is made to study the role of Accredited Social Health Activist (ASHA) in improving the health needs of rural population with reference to Erattupetta municipality with reference to COVID 19.

STATEMENT OF THE PROBLEM

The development of health has very importance since they are promising factor of tomorrow .ASHA is a first port of any health related demand of deprived section of the population especially women and children which finds its difficult to access health services particularly in this Covid Scenario. So this study is very relevant and helpful .

SCOPE AND IMPORTANCE

Scope

The study was conducted to know the contributions of ASHA workers during this Covid 19 with reference to Erattupetta municipality.

IMPORTANCE

Earlier there were no such health care activities for the needs and wants of the rural people .These health care activities were formed when the government realized the fact that majority of the rural people died because of improper medical treatment. The people of those areas did not know how to take treatment and didn't have an easy access to the hospitals.

In order to create awareness among the rural people about this problem ASHA was formed. The study helps to know the contribution of ASHA workers during Covid 19 pandemic .

ROLE OF HEALTH SECTOR IN ECONOMIC DEVELOPMENT

Being healthy, meaning a complete state of physical mental and soul well being including the absence of illness, is one of the goals most valued by human beings. Thus, the most common analysis related to health is an understanding of factors that determine good health for its intrinsic value.

Good health plays a substantial role in economic growth. A better understanding of the magnitude of this relationship and the mechanisms under which it operates would allow the design and implementation of more efficient policies for the sake of improving population's health and economic development in general. Investing financial resources in health more wisely can increase levels of growth in the long run, reduce poverty, and contribute to the general well-being of the population.

Health is not the mere absence of disease; it is a requisite for defining a person's overall wellbeing. The state's obligation toward the health of its people is beyond social reasons. It is more because healthy people can only contribute productivity towards nation building and high economic growth. It is expected that the state with high economic growth will be able to allocate more towards providing basic health facilities. The launch of NRHM is the much-dreamt programme which can make health for all and placing people's health in their hands a reality.

NRHM aims to improve rural health by targeting a phased increase in the funding for the health up to 2-2% of GDP. The strategy of NRHM encompasses the principles of health for all. Such an equitable distribution, community participation, inter-sectoral coordination, and appropriate technology etc. decentralized planning, community ownership of health service system are the basic pillars of the system.

Health affects economic growth directly through labour productivity and the economic burden of illness, for example. Health also indirectly impacts economic growth since aspects such as child health affect the future income of people. The impact health has on education. Cross-country microeconomic studies suggest that health positively affects growth. For example, an increase in life expectancy from 50 to 70 years (a 40% increase) would raise the growth rate by 1.4 percentage points per year. For Latin America and the Caribbean, health measured as the probability of surviving to the next age group has a strong long-term relationship with growth. Due to the direct impact, health is one of the important determinants in economic growth.

HEALTH IN INDIA AND POLICIES

The construction of India makes health in India the responsibility of state government rather than the Central Government. It makes every state responsible for raising the level of nutrition and the standard of living of its people and the improvement of public health among its primary duties.

India has made substantial progress in health determinants through several policies. The National Rural Health Mission (NRHM) was launched on 12 April 2005, to provide accessible, affordable and accountable quality health services to the poorest households in the remotest rural areas. One of the key strategies under the NRHM is a community health worker i.e., Accredited Social Health Activist (ASHA) for every village at a norm of 1,000 population.

Health is a function, not only of medical care but also of the overall integrated development of society, cultural, economic, educational, social and political, each of these aspects has a deep influence on health, which in turn influences all these aspects. Hence it is not possible to raise the health and quality of life of people unless such efforts are integrated with the wide efforts.

Other major public health programmes include the following: Universal Immunisation Programme, Polio Eradication Programme, National Vector Borne Disease Control Programme (nvbdcp), Revised National Tuberculosis Control Programme (RNTCP), National AIDS control programme, National Iodine Deficiency disorder control programme. As per National Family Health Survey 111 (2005-06) Child Mortality Rate is 18 down from 29 in NFHS-11. Maternal Mortality as per sample registration Survey has declined from 398 per hundred thousand in 1997-98 to 301 in 2005-06. Janani Suraksha Yojana, a cash benefit scheme to promote Institutional Delivery with a special focus on Below Poverty Line and SC/ST pregnant women. JSY has rapidly increased the demand for Institutional deliveries and off take of funds has substantially expanded. More than a crore women have benefitted from the scheme.

ROLE OF ASHA IN TACKLING COVID 19

One of the important strategies under the NRHM is a community health worker, i.e. ASHA Accredited Social Health Activist. The role of ASHA vis-a-vis that of Anganwadi worker (aww) and Auxiliary Nurse Mid Wife is also clearly laid down. More than 5.4 lakh ASHA's and link workers are connecting households to health facilities.

The presence of community volunteers on this unprecedented scale has resulted in people's growing pressure on utilization of services from the public sector health system. ASHA is 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.

They create awareness on health and its social determinants and mobilise the community towards local health planning and increased utilisation and accountability of the existing health services. They are the promoter of good health practices and will also provide a minimum package of curative care as appropriate and feasible for that level and make timely referrals.

They counsel women on birth preparedness ,importance of safe delivery, breast feeding and complementary hygienic practices, healthy living and working conditions, information on existing health services and the need for timely utilisation of health and family welfare services. Large scale demand side financing under the Janani Suraksha Yojana (JSY) has brought poor households to public sector health facilities on a scale never witnessed before.

More than 50 lakh women have been bought under the Janani Suraksha Yojana (JSY) for institutional deliveries in the last two and a half years. They act as a depot older for essential provisions being made available to all habitations like Oral Rehydration Therapy (ORS) , Iron Folic Acid Tablet, Chlorquine Disposable Delivery Kits , Oral pills and condomns.

They mobilise the community and facilitate them in accessing health related services available at the Anganwadis Subcentre or primary health centres such as immunisation, Ante Natal Check up , Post Natal Check up, sanitation and other services being provided by the government .Strengthening old District Hospitals, Community Health centres, Primary Health Care centres and Sub-centres to provide basic essential maternal and child health care.

ROLE OF ASHA WORKERS IN ERATTUPETTA BLOCK PANCHAYAT DURING COVID 19

In Erattupetta municipality at ASHA workers provide better monitoring and evaluation of health programmes .There are 30 wards and 25 ASHA workers. They create awareness and provide information to community.

ASHAs also work in community kitchens alongside Kudumbashree members, preparing food for people in containment zones, home and community quarantine and migrant relief camps across the state. They deliver food packets, rations, medicines and anything else people might need, but still they are not paid a fixed salary and have no paid leave or other basic benefits. Instead, they receive task-based incentives for every immunisation.

Kerala has managed to tackle the corona virus to an extend that thanks to the efforts of ASHA workers, who are the first to alert local bodies and the health department in case any suspected case turns up.

The major roles and responsibilities of ASHA in this panchayat are the follows: Counsel mothers on birth preparedness, safe delivery , feeding practices ,immunization, family planning etc. Accompany pregnant women and children to health facility , they provide care for minor aliments, they also act as depot holder for ORS,IFA DDR, Oral pills and condoms.

ASHA workers inform birth and death ,disease outbreaks ,newborn care and treatment of childhood illness (IMNCI) ,construction of toilets and facilities , community access to health care and health facilities. They are the health activist in the community to create awareness on health and mobilises through planning.

The basic health issues of tribal population in this panchayat are the follows; According to 2000 report, 60% of children below the age of three were malnourished .Different forms of malnutrition are protein energy malnutrition also known as protein calorie malnutrition ,Iron Deficiency : nutritional anaemia which leads to lessened productivity.

In order to raise the level of nutrition and the standard of living of its people the Primary Health Centres (PHC) and ASHA workers contributed for better health facilities. Sanjeevani Clinic for diabetic persons, Pain and palliative clinic are the major services received by them. The main focus was on the mother child health and prevention of communicable diseases.

.The number of children immunized has increased frequently .Sanitation facilities are available to all houses .Registration of pregnant women and frequent check up are more as compared to early years. The percentage of undernourished and anaemic children below 5 years has decreased comparatively .Infant mortality rates and crude death rates have declined .The idea of family planning and using of pills ,condoms has increased as compared. Prevention of communicable diseases, cancer care early detection , drinking water supply are also available for better tribal health. Indicators of nutritional deficiency has decreased .Assistance provided for fever , diarrhoea ,delivery and others .Prevention from sexually transmitted diseases and awareness classes were organised.

The percent of fully immunized children has reached to 99.1%in 2015.Most of the respondents are of the opinion that frequent visit of the ASHA workers are there in their locality .Iron and Folic Acid supplementation, Vitamin A+ supplementation ,essential new born care –care at birth, protection from hypothermia, provision of warmth ,cord care, protection from infection and early initiation o breastfeeding ,immunization , Programmes for prevention and control of diabetes, cardiovascular diseases has been launched in the locality.

The services of ASHA workers includes assistance in minor health injuries ,nutritional facilities, Ante natal check up, immunization schedule for new born babies, prevention from sexually transmitted diseases .The vaccinations includes polio, Hepatitis B , MMR, BCG Polio etc. Persons who are attending institutional deliveries has increased up to 92.5%in 2015.Percent of undernourished female has decreased to a great extent. Health education programmes were conducted on behalf of the Moonilavu Panchayat , Primary Health Centre, Anganwadis , Hospitals and other health centres. These programmes increased the awareness of tribal regarding the health services.

HIGHLIGHTED HEALTH PROGRAMMES

Quarantine facilities

Providing gloves and masks

Providing preventive medicines

Palliative Care

Registration of pregnant women

Anti Natal Clinic on every Monday

Registration of New Born Babies

Blood testing programmes

Mosquito Eradication Programmes

Chlorination of drinking water

Health Card Distribution

Food Security

Adolescent programmes

Tuberculosis Treatment

Life Style Diseases Programmes

Health Education Classes in Anganwadis



All the occupational groups are included in the survey .The following table and figure shows the occupational wise classification of respondents.

OCCUPATION

OCCUPATION	NO.OF RESPONDENTS	PERCENTAGE
Private employee	4	16
Business	2	8
Farmer	7	28
Daily workers	12	48
Total	25	100

AGE WISE CLASSIFICATION

AGE	NO.OF RESPONDENTS	PERCENTAGE
Below 18	3	12
18-30	6	24
31-45	10	40
46-60	2	8
Above61	4	16
Total	25	100

FINDINGS

On the basis of extensive analysis of data collected , classified and tabulated using statistical tables and processed using various statistical tools ,the following findings have been arrived regarding the role of ASHA workers during Covid 19 .

- 64 % of the respondents belongs to BPL category .
- Majority of the respondents belong to the age group of 31 to 45.
- Majority of the respondents are employed as daily workers.
- They provided quarantine facilities.

- They provided masks and gloves.
- 66% opined that ASHA assisted them in fever.
- Health education programmes were conducted frequently .
- Most of the respondents are of the opinion that frequent visit of ASHA workers are there in the locality.

SUGGESTIONS

Based on the findings of the study and observations made in Erattupetta municipality, the researcher puts forward the following suggestions and recommendations.

- ASHA works on a population size of 1000. The population size should be decreased so that ASHA can care better for the small part.
- It should be important to improve the effectiveness of plans through incorporating innovative plans.
- Compensation provided to ASHA must increase so that more people will come forward to uplift the rural society.
- Effective implementation of health policies to the weaker section should be there.

CONCLUSION

With the introduction of ASHA there has been an evident development in the health of rural people, especially during this covid scenario In Erattupetta municipality . Preventive measures ,providing masks and gloves ,covid awareness programmes and immunization programmes were the major services rendered by the ASHA workers in the municipality.

Through this research study we are able to fulfil objectives of the study .The random sampling used for the study was adequate .Study revealed that the hypothesis set was true .The methodology adopted also helped us to conduct this project with great accuracy .We are able to present the data using graphs and diagrams that can be understood by a common man.