

## **CHAPTER- 11**

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#### 11.1 Suggestions

On the basis of analysis of findings the following suggestions are put forward.

- i) The ASHAs are very keen on some of their job responsibilities like registration of pregnant women, ANC/ PNC, immunization because of the financial incentives they are get for their work under JSY, but they give less priority to some of the task such as motivating the people for construction of toilets, participation in VHSC and development of comprehensive village health plan, family planning, and adolescent education etc., therefore ASHAs should be provided additional financial incentives for every task.
- ii) Compensation for ASHAs should be suitably increased and payment should be done on time.
- iii) Functioning of VHSC in the study area are found non -existent or non functional in most cases. The VHSC should be revamped or constituted and ASHAs should be motivated to prepare comprehensive health plan.
- iv) Community representatives should be adequately oriented and sensitized about the ASHAs programme and their roles and responsibility so that they monitor and supervise ASHAs and keep a transparent record of expenditure which are sanctioned to VHSC for the sanitation related work in the village. They should be sensitized to make use of the Right to Information Act which is extremely important to understand the situation and take appropriate corrective measures needed to improve the performance of ASHAs
- v) Gaps were found in the knowledge and skill of ASHAs in the study area therefore adequate information and stipulated 23 days of training as prescribed by NRHM should be provided to them.

- vi) Training gaps was found in the study therefore reorientation training should be conducted. Further, on the job training should be provided by the experts in order to ensure that there remain no gaps in training.
- vii) It was found in the study that ASHAs are heavily work loaded, they have to look on many health issues such as maternal health, child health, adolescence health, sanitation, nutrition, immunization, family planning, organizing awareness camp, vaccination day, meetings and active involvement in village health planning. Also they have to cover 1,000 households to facilitate health care services. Sometimes an ASHA fail to cover 1,000 households and certain section of population remains un-served which reduces their performance. Therefore coverage of household should be decreased in order to have better health outcomes.
- viii) Regarding intervention approaches used by ASHAs to facilitate health information to the target segment, it was found that the visits of ASHAs in the work place of their client is an effective method. It helps ASHAs to monitor patients self care behaviour, medication for a better follow up. Thus this kind of visits should be incorporated along with the home visit in all the districts of Assam.
- ix) ASHAs should be provided more of visual aids, leaflets, folders, flash cards and pictorial booklets with simple messages so that instead of reading out the information too much they could simply explain the needed information in an interesting way. Also they could distribute the handouts among the populace which can be used as a reminder for future reference.
- x) Selection of ASHAs should be based on interview rather than recommendation and verification to avoid personal biases of members of GP.

## **11.2 Conclusion**

To achieve better health for all and the future of a healthy nation, government of India launched NRHM in the year 2005. Creation of ASHA is one of the major interventions under the mission. ASHA has to do home visit to create awareness for adoption of healthy practices, health education, nutrition and surveillance, control of communicable diseases, fast aid, maternal

health, child health, mobilize community towards local health planning and motivate them to utilize available health services. To perform all these activities ASHA workers have to be competent enough so that they can contribute effectively in order to bring desirable changes in health scenario.

The purpose of the study was to find out effectiveness of ASHAs in facilitating health care services in Assam. For this study effectiveness of CHW (ASHA) are determined at the individual level (i.e performance of ASHA) and at the organizational level (i.e change in health status of people district wise by NRHM). The factors such as competency, motivation, institutional support, community support, intervention and approaches adopted, SES of ASHA, and the feedback from the beneficiaries, Community Representative and institution was considered to determine ASHAs performance at the individual level. The changes in the health indicators of the population especially in those areas in which ASHAs are dealing are considered to determine effectiveness at organizational level.

It was found in the study that there is a significant increase in institutional deliveries, immunization, family planning, antenatal care, post natal care and increased in the numbers of people for construction of household toilets. There is a decrease of infant mortality rate, maternal mortality and morbidity rate, birth rate, death rate etc. This positive outcome in the health indicators is due to the efforts of ASHA workers. Hence, it indicated that the health care services facilitate by ASHA workers is effective. Despite the significant achievement in the health indicators, there is a long way to go forward to achieve the desired Indian Public Health Standard and Millennium Development Goal. Therefore ASHA programme need more institutional and community support to achieve the desired results.

The study concluded that ASHA workers' SES, approaches used by ASHAs to transmit health messages, their competency and motivation are important aspects to improve ASHAs' performance. It could result in improved coverage of community based health programme at the household level.

### **11.3 Contribution of the study**

The study presented the present socio economic status of ASHAs and beneficiaries dealt by ASHAs. Socio economic status of ASHAs help to understand the ASHA workers'

background, which influence value and norms of behavior, their social participation, pattern of leadership and motivation for improvement and communication in a community. It could help policy makers to formulate and design training for ASHA workers. Similarly socio economic status of beneficiaries could help to assess the impact of the programmes on health outcomes and also help to understand the perspectives and background of people with whom ASHA workers deal so that ASHAs choose appropriate method to convince them to accept changes in health related behavior.

To determine effectiveness of ASHA/CHW in facilitating health care services, Competency assessment is important. It would help health care organization to ensure and set the appropriate level of competency needed by health workers to perform to a standard. Competency assessment could help to identify competent health workers in providing health care services and incompetent workers who need improvements related to the gaps in specific areas of knowledge and skill. Based on this need the required training can be designed to enhance ASHAs' knowledge and skill to make them confident in the field.

This study revealed that the factors such as recognition, positive health outcomes motivate ASHAs to continue their work. It also highlighted the major problems faced by ASHA and the need for constant institutional, community support and supervision for achieving effective outcomes.

#### **11.4 Scope for future research**

The following areas are recommended for the future research

- i. Similar study may be conducted in the other districts of Assam.
- ii. A comparative analysis of competency of CHWs among the different states of India can be carried out.
- iii. Intervention in health programme and its impact on the health status of population of India.
- iv. Cost effectiveness of using CHW in the health sector.
- v. Research needs to focus on how to improve the motivation and performance of health workers in resource constrain environment.