ABSTRACT

Introduction:

Primary health care service is a public right, and responsibility lies in the government to provide these facilities to every citizen in equal measures so that health status of the population could be improved. It enables the government to achieve the nation's fixed goals in terms of mortality reduction, morbidity reduction, increase in life expectancy, decrease in population growth rate, improvement in nutritional status, provision of sanitation, health, manpower requirement and resources development (Naveesh P.K 2010, 1-33).

After independence, in India various national health schemes and programmes have been launched to improve the health status of people specially living in the rural areas but the programmes were ineffective and unable to achieve their goals due to gaps in the implementation, poor planning and unrealistic expectation (Gramvaani, 2013, 629). To fill these gaps of health delivery in rural areas, the government of India launched NRHM in 2005. The aim of NRHM is to bring about dramatic improvement in health system and the health status. (S. Das 2012, 57-67). In order to provide quality health care to the population living in the unreached areas, a band of Community Health Workers (CHW) named as Accreted Social Health Activist (ASHA) was created under National Rural Health Mission (NRHM) in the year 2005.

CHW is a frontline public health worker who is a trusted member and has an unusually close understanding of the community they serve. This trusting relationship enables the CHW to serve as a link between the health system and the community to facilitate health care services and improve the quality and cultural competence of service delivery.

Relevance and objectives of the study:

To provide effective health care services, the government of India has positioned community based female health functionary i.e. Accredited Social Health Activist (ASHA) at the village level under National Rural Health Mission to serve the weaker section of the society. Their role is to act as an interface between the community and the government health care services. ASHA is supposed to be responsible for promoting universal immunization, referral and escort services for reproductive and child health care and other health care delivery programmes.

Certificate from the Supervisor

This is to certify that the thesis entitled "Effectiveness of Community Health Workers (ASHA) in facilitating health care services in the three districts of Assam" submitted to Tezpur University in the Department of Business Administration under School of Management Sciences in partial fulfillment for the award of the degree of Doctor of Philosophy in Management Sciences is a record of research work carried out by Mrs. Mampi Bora Das under my supervision and guidance

Signature of Research Supervisor

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Place: Tezpur

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The purpose of this study is to find out the effectiveness of CHW (ASHA) with particular emphasis on the approaches used by them to carry out their activities and the competency possessed by them to assist the country in achieving the health related goals. It has been found that, the studies with respect to competency and approaches adopted by CHW to fulfill their objectives in North East India particularly in Assam are almost non-existent. Hence a need has been felt for this kind of study. This study is thus proposed with the following objectives.

1. To study interventions and methods adopted by ASHA for community mobilization to attain a better health care amongst its target populace and compare it with that of institutional approaches.
2. To determine competency and motivational level of ASHA in conducting their role effectively.
3. To carry out a comparative analysis amongst the three districts as chosen for the research study with reference to competency and motivational level of ASHA, the interventions and activities carried out by ASHA, and the outcomes.

Methodology followed:

This study involves exploratory and descriptive research design; it includes survey of four different groups of sample i.e. Health Officials, Community Representative, ASHA Workers and Beneficiaries. Firstly information has been collected from health officials at the state level, district level and at the block level to find out roles, responsibilities, functioning and performance of ASHA of their locality. Secondly, Socio economic background of ASHA is studied by using socio economic status scale developed by Pareekh and Trivedi 1964. Thirdly, the effectiveness of ASHA's work based on the feedback related to ASHA's performance provided by community representative and beneficiaries are studied and the required information collected through self administrated questionnaire. Thereafter, the collected data is analyzed by using tools like percentage, frequency, mean, standard deviation, Analysis of Variance and t test.

Scope of the study:

1. The scope of the study is defined by the research topic itself. This study has been conducted in the three districts of Assam i.e Sonitpur, Nagaon and Sivsagar districts of Assam.

2. Study has been conducted among four different groups of respondents such as CHWs (ASHA), Beneficiaries (rural people), Community representatives (members of Gram Panchayat) and Health Officials of Health department both from districts and state level.

Limitation of the study:

This study is confined to understand the delivery of health care services in rural areas only as the ASHA workers were created to provide health care services to the rural community under NRHM.

Analysis and Findings:

To achieve the **first objective**, intervention approaches adopted by ASHA to disseminate health related information are studied, and findings indicated that the ASHAs are instructed to adopt the following approaches namely home visit, counseling, group discussion, meeting, organizing awareness camp, vaccination camp, nutrition day, village health and sanitation day, distribution of leaflet and folder, street play, skit and drama. Result of the study shows that home visit, meeting, vaccination camp, and counseling are the most commonly used approaches adopted by majority of ASHA, whereas street play, skit and drama are rarely used. ASHA of the Sivsagar district conduct visit at the work place of their clients. It helps ASHA to monitor patients self care behavior and medication and in maintaining their frequent contact with their clients for a better follow up. At the Gaurisagar health development block of Sivsagar districts ASHA are trained to advise their clients to use locally available herbs as medication and make people aware to take care of their kitchen garden and to grow herbs and all kinds of vegetables.

To achieve the second objective **competency** is measured in terms of knowledge, skills and attitude that the health workers need to possess to perform. The result shows that ASHA workers have medium level of knowledge. Regarding their skills 49.9% of respondents have some skill, 46.1% have complete mastery in their work and 3.5% respondents have very little skill. The result of attitude measurement shows that majority of respondents (78.6%) have positive attitude towards their work, 20% have neutral opinion and only 1.4% of the respondents have negative attitude.

The findings show that only 32.6% of ASHA received the prescribed 23 days of **training.** The training are mainly provided in the area of maternal and children health.

The Socio Economic Status (SES) of ASHA in the study area is studied according to the different demographic variables such as age, educational level, marital status, family structure, family income, social category, occupation, land holding, organizational membership and previous work experience. The analysis of **SES** reveals that majority of the respondent's (75.6%) belong to lower middle class group. Whereas 13.3% are in lower class and remaining 11.1% from middle class group. The one way ANOVA results shows that there is a significant difference in the knowledge and Attitude of ASHA with the duration of training received.

A majority of ASHA workers (61.8%) feel that their work is challenging to a large extent. 54.2% considered that their work is promising and 82.6% ASHA considered their work is laborious and they find it difficult. 58.3% ASHA feel that their work is interesting to some extent. Majority of ASHA (84.7%) are motivated to a large extent by the recognition received for the work from their community. 75.7% ASHA also responded that a positive health outcome of the community is the motivating factor to a large extent. 93% ASHA reveals that they will continue their work because they wanted to protect their community from diseases. Results regarding ASHAs satisfaction with the rewards provided to them shows that ASHAs are not satisfied with the extrinsic reward provided to them.

Work effectiveness of ASHA is measured by considering beneficiaries, community representative and institutional feedback. Findings reveal that 52.8% of beneficiaries are aware of ASHA holding discussion about hand washing, 38.2% have information on ASHAs discussion about construction of household toilets, 47.7% have agreed with ASHAs holding discussion about safe drinking water. 75.5% respondents admitted to have knowledge about Village Health and Nutrition Day being organized regularly. And only 22.2% have knowledge about the presence of Village Health and Sanitation Committee in the village. 95% respondents revealed that they are informed by ASHA about Janani Suraksha Yojana (JSY) in details, (100%) beneficiaries admitted that ASHA always accompany pregnant women for anti natal care and post natal care. Regarding home visit 54.3% beneficiaries responded that ASHA give regular home visits. The findings indicated that ASHAs are fully engaged in providing all the information regarding the JSY schemes to their clients but

majority of the beneficiaries have not been educated about sanitation and hygiene and about village health and sanitation committee.

100% community representative (CR) reported regular availability of ASHA workers and provision of timely services by sub centers to the patients. 70% CR are aware of ASHAs working in position, 92% are aware of the benefits extended to the women who are registered under JSY schemes. About 46 % CR admitted their involvement in conducting village health planning. Regarding existence of Village Health Sanitation Care in their Gram Panchayat, 58.8% respondents say as yes and 77% respondents are aware of holding VHSC meeting regularly but they are not fully involved. The Village Health Sanitation Committee has not been formed in many villages. 53% of health officials revealed that ASHA do home visits to some extent. They also expressed their satisfaction to some extent on the ASHA's performance.

A comparison of competency, motivation and training imparted to ASHA has been done also the key health indicators among the three districts are compared. For the purpose of the study those health indicators are considered which are strongly related to ASHA's task such as decrease of infant mortality rate, maternal mortality and morbidity rate, birth rate, death rate etc. A positive outcome in the health indicators is observed. Hence it indicated that the health care's services facilitated by ASHA workers are effective.

Conclusion:

Creation of ASHA is one of the major interventions under the NRHM. To bring desirable changes in the health scenario, ASHA have to be competent. ASHA worker's SES, approaches used to transmit health messages, their competency and motivation are important aspect of health systems to improve the coverage of community based health programme at the household level. This study also finds outs some gaps related to ASHA's competency, performance and institutional support, which should be taken care to empower ASHA, so that the services which ASHA facilitates should be more effective. Despite the significant achievement in the health indicators, there is a way to go forward to achieve the desired Indian Public Health Standard and Millennium Development Goal. Therefore, ASHA programme needs more institutional and community support to achieve the desired results.

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