

## Preface

The common saying ‘health is wealth’ is relevant in all ages, because the health of people is the wealth of a nation and the survival of its people depends on it. The access to improved health care services and educational opportunities provide new options and opportunities to every individual to improve livelihood and economic status.

In India health programmes are getting priority in the five year plans; but still the health outcome is behind the nation’s goal. The major problems such as growth of population, inadequacy of services and infrastructure, lack of trained personnel in health sector, neglected rural areas, malnutrition and adulterated food, non availability of essential drugs in rural areas, inadequate and ineffective health education make the health and medical services ineffective. To sort out these problems and to achieve Millennium Development Goal, under 10<sup>th</sup> five year plan, the Government of India launched National Rural Health Mission to undertake corrective measures and improve the health system especially in the rural areas. The goal of the mission is to provide accessible, affordable and quality health services to every individual living in the unreached and unserved areas.

With development of health institutions and additional man power the most important creation under NRHM was ASHA workers (i.e. Community Health Workers). They looked as change agents who brought the reforms in improving the health status of community. ASHA facilitates their community in accessing health services available at the sub centers/ primary health centers such as immunization, antenatal care, postnatal care, supplementary nutrition to improve maternal and child health. They also create awareness regarding safe drinking water, sanitation, nutrition, clean surroundings, personal cleanliness, and hygiene and health education. For ASHA to make an effective contribution they must be competent, and should have motivation for their work. Measuring ASHA’s competency is essential for determining the effectiveness of ASHA workers in facilitating health care services.

Therefore, this study emphasizes on determining the competency and motivation of ASHA required in facilitating health care services, the intervention and an approach adopted by them for providing health education to their community and also tries to find out the major problems facing by ASHA in carrying out their activities. The study shows that ASHA workers have medium level of knowledge and do not have complete mastery in their work. It

implies that there is a gap in ASHA's competency which impacts their performance and leads to ineffective result in the health indicators/ NRHM's goal. Therefore it is important that selection of ASHA should be done carefully and they must be properly trained to enhance with necessary knowledge, skill and confidence. They should be provided consistent support, supervision and motivation. Training gap is found in the study area. ASHAs are mainly provided training regarding handling of issues related to maternal and child health; due to which they give less priority to other tasks such as motivating the people for construction of toilets, participation in Village Health Sanitation Committee (VHSC) and development of comprehensive village health plan, family planning, adolescent health education etc.

Therefore, ASHA workers should be provided refreshers and on the job training. They also require formal training on an ongoing basis. The Village Health Sanitation Committee in the study area are non-existent or non functional in most cases. Therefore community representative along with ASHA workers should be adequately oriented and sensitized about the ASHA programme and their roles and responsibilities. It also helps community representative to monitor and supervise ASHA and to keep a transparent record of expenditure which is sanctioned to VHSC for sanitation related work in the village.

This study could help health care organizations to set the appropriate level of competency needed by health workers to perform better. Competency assessment also could help to identify health workers who are competent to provide services and who need improvement in specific knowledge or skill. The study finds out the factors that could motivate ASHAs to continue their work and their dissatisfaction related to the extrinsic rewards. It also highlighted the major problems faced by ASHA i.e. lack of funds, low allowances, heavy workload, lack of adequate training, lack of interest of people and non availability of drugs. This discourages ASHA in facilitating health care services to the target segments. ASHA need constant institutional and community support and supervision for effective outcomes and to maintain their motivation level.