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Responsibility of Accredited Social Health Activist (ASHA) in Promoting Health Consciousness among People

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ABSTRACT: a flagship program had been started by the Indian government in the year 2005 and this program is the accredited social Health worker activist (ASHA), under the umbrella of the national health rural mission (NHRM).More than 10 lakhs of the ASHA worker have been working in the different state of the India. Later, ASHA has emerged as the one of the most important initiative of the NHRM. A Woman in a community selected as the ASHA worker and trained accordingly to look after the improvement in the health status of the people in her own locality. Indian government focused on the institutionalisation of the delivery of the new born through the ASHA worker and introduce the ASHA activist as the key factor in the improvising the maternal health of the women.ASHAs work with theanganwadi workers some time to promote the health issues and motivate the people especially female about their common problems.

KEYWORDS:Community health worker (CHW),accredited social health activist(ASHA), Roles and responsibilities, child birth.

INTRODUCTION

The identification of primary care as the core factor for enhancing community health has become popular among Community Health Workers (CHWs). CHWs are defined by the World Health Organizations as members of the community, chosen by and accountable to the community for which they work, and funded by the healthcare system, but with less training than skilled health workers[1]. While these features describe the fundamental relationships influencing the position of a CHW, depending on the program purpose, in terms of functions and obligations, recruitment, training and rewards, they vary within and throughout countries. The literature conceptualizes the CHW program through two distinct discussion sets: as program extension personnel and as community activists.

Health workers working in wealthy countries' close to zero communities or poor countries' community members show evidence of the contribution of CHWs to preventing serious disease risk, increasing immunization uptake, and encouraging good breast feeding practices. Epidemiological studies report that CHWs have indicated the ability to improve the use of antenatal, postnatal and postpartum services and to help stop prenatal and maternal deaths through earlier detection and referral of difficult pregnancy complications in low-income countries like Bangladesh, Brazil as well as Nepal)[2]. The deployment of CHWs has become a

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popular approach for the liberation of primary health care at the people stage due to these successes and the growing acknowledgment of the emergency in human possessions for health.

Many Southeast Asian Countries and Africa, particularly India, are preparing and introducing the CHW program to improve primary health care systems on a national scale. The perceptions of population health workers have been affected by many factors, including the form and consistency of supervision, the degree of interactions with health system systems, the availability of medications, the clarity of roles, funding trends and the quality of program management. Studies have also shown that within these groups, CHWs who originate from the communities they represent have higher levels of acceptance[3]. Personality qualities and strengths such as interaction, inspiration, leadership and willingness to attract members of the group are also essential factors influencing CHWs' effectiveness..

This paper also presents a review in the North Indian state of the Government of India's Community Health Worker (CHW) program, the Certified Social Health Activist (ASHA) program, exploring the impact of institutional constraints on the progress of the CHW program. CHWs are laypeople who, across a variety of initiatives, encourage wellbeing among their peers, from expanding healthcare services to mobilizing at-risk people or all members of the group to pursue preventive activities. At the 1978 World Health Assembly in Alma Ata, the CHW program earned recognition as a central component of the primary care agenda in the 30 years because the World Health Organization (WHO) promoted greater community participation in health. These programs, however, it have had mixed outcomes and much continues to be learned about how effective CHW programs can be planned and managed.

Increasing our awareness of this program is especially relevant in view of the recent WHO recommendation that poor countries raise their CHW program numbers as part of an attempt to resolve the global shortage of health workers in developing countries. This shortage greatly impedes progress towards many health reforms, including the fight against HIV/AIDS in particular. Experience with the ASHA program will provide insights into how to generally help the CHW program, including those explicitly based on HIV. Usually, CHW programs are conceptualized in two ways. Second, in the current conventional biomedical health system, CHWs are seen as service extenders, assisting doctors and nurses with tasks such as measuring infants, operating immunization camps and disseminating expert-developed health messages.

This strategy values the CHW program for its potential to expand health care to underserved areas by filling employee shortages with relatively low-paying employees who are unlikely to move out of the country. Second, by acting as cultural intermediaries between the current health system including local residents and by functioning as agents of change, CHWs can be seen as playing a wider role in improving the health of a group. Cultural mediators are members of a network that promotes interaction between lay people and healthcare providers in communities.

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This mediation aims to help close the divide between neighborhoods and biomedical facilities that often struggle to address the needs of marginalized individuals [6].

By empowering healthcare consumers to share opinions about the programs provided and by promoting ways to align medical care with conventional values and practices, CHWs can play a larger social role as community mediators. As part of the reform, CHWs can be seen as essential to promoting the engagement, critical reflection and action required to recognize and work towards addressing social challenges that contribute to inadequate health for people in the community. CHWs are also seen as fostering social change through serving in the community as an empowerment model for others, mainly females, who constitute the majority of CHWs.

ROLES AND RESPONSIBILITIES OF ASHA WORKER

ASHA will be a public health leader who will raise knowledge of safety and its socioeconomic factors and organize the community to prepare for local health and to improve the use and transparency of current health services[4]. She will be a champion of good practices for wellbeing. She will also have, as necessary and feasible for that class, a minimum therapeutic care package and made appropriate references. Her tasks and duties will be as follows:

- ASHA will undertake steps to raise knowledge as well as provide public information about health predictors such as education, clean water and hygienic practises, safe working conditions, knowledge on current health facilities and the need for family and personal care services to be used in a timely manner.
- She will advise mothers on antenatal care, the value of healthy delivery, nursing and supportive feeding, immunization, contraceptives and avoidance of severe diseases, including Genital Tract Infection/Sexually Transmission Disease and adolescent child care.
- ASHA will organise and enable the community to access education and health-related facilities available at the township health centres, such as Vaccination, Ante Natal Check-up (ANC), Post Natal Check-up (PNC), ICDS, hygiene and other government-supplied services.
- ASHA worker need to work in coordination with gram panchayat to work for the comprehensive health plan for the people of the village.
- ASHA worker work as an escort to pregnant women for the required treatment at nearest public health facilities.
- ASHA worker train to take care of the people with minor ailment like diarrhoea, fever etc and also provide the first aid to the needy people.
- ASHA worker also act as a supervisor for a depot holder with availability of the essential medication as oral rehydration therapy, iron tablets, chloroquine, oral pills etc.

- ASHA Worker also responsible for inform the authority for birth and death in the village apart from any usual outbreak of the diseases. ASHA worker also responsible for spread the awareness about construction of the toilets in the village for proper sanitation.

CONCLUSION

In meeting some economic objectives, the ASHA program has shown early success. Structural aspects of the program however have restricted ASHAs' ability to bridge the gap among biomedical programs and community needs and act as agents of change. In essence, this has decreased the ability of ASHAs to dramatically increase program priorities that are at odds with community expectations. Poor health transport system can lead to disheartening care for those that are trying to participate in the healthcare system, leading to ASHA mistrust. In order to facilitate progressive reform, the compensation system does not support cultural arbitration or reward ASHA efforts. Instead of modifying and developing programs to make them attractive, the healthcare system focuses on persuading rural citizens to take up biomedical therapies, mostly by providing financial benefits

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