**Summer Training at**
**UNICEF, Jaipur**
**(April - June, 2013)**

# ASHA'S STORY IN JASOL VILLAGE

**By**
**Akshay Gupta**

**Under the guidance of**
**Dr. Ashok Kaushik**

**Post Graduate Diploma in Hospital and Health Management**
**2012-2014**


**Institute of Health Management Research,**
**Jaipur**
**2013**

**INSTITUTE OF HEALTH MANAGEMENT RESEARCH**
1, Prabhu Dayal Marg
Sanganer Airport, JAIPUR - 302 011, INDIA
Tel. : 3924700, 2791431-32
Fax : 91-141-3924738
E-mail : iihmr@iihmr.org
URL : http://www.iihmr.org
Gram : HEALTHINST

# CERTIFICATE

This is to certify that Mr. Akshay Gupta, student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from Institute of Health Management and Research, Jaipur has undergone Summer training in UNICEF, Jaipur Rajasthan, from April 6th to June 6th 2013.

The candidate has successfully carried out the study assigned to him during summer training and his approach to study has been sincere, scientific and analytical.

I wish him success in all his future endeavors.

Dr. Ashok Kaushik

Faculty and Mentor

IIHMR, Jaipur

Dr. Ashok Kaushik

Dean, Academics and Student affairs

IIHMR, Jaipur

## Table of Content

**Acknowledgement**

At the onset of the report I would like to express my special gratitude and appreciation to UNICEF Rajasthan and all those who gave me the possibility to complete this report.

A special thanks to our project coordinator Dr. Anil Agarwal who despite of other pre occupations and busy schedule was there to guide me in my training.

I express my gratitude and respectful regards to my mentor Dr.Ashok Kaushik,IHMR, Jaipur for his able guidance and useful suggestions ,which helped me in completing the project work .

I would like to thank Dr. Vishnu Agarwal ( M.O) , PHC Jasol village for his support and Mr. Shyam Sundar (ASHA SUPERVISOR) for his help at various stages of my project.

At last I would like to thank all the ASHA workers in PHC Jasol for co-operating with me and given their valuable time from their busy schedule.

_____

Akshay Gupta

# PREFACE

Summer internship is an integral part of the PGDHM currriculum.As a part of the course;students of the first year are required to undergo summer training at an organization to get in depth exposure of various departmenrs in the organization and better understanding of the health care delivery system.

The major objectives of the summer training programs are as follows:

1) To better understand the existing health delivery system including public and private sectors.
2) To observe the implementation of various National Health Programmes at National/State/District levels.
3) To understand various functions of health systems by interactions with key stakeholders,policy makers, programme managers,academicians and researchers
4) To work on the project/task assigned by summer training organizations.

During my training period I had an an opportunity to work for UNICEF in their ongoing project of E- ASHA. And also I took a project "ASHA's Story In Jasol Village".

## ABOUT UNICEF

UNICEF has been working in India since 1949. The largest UN organization in the country**,** UNICEF is fully committed to working with the Government of India to ensure that each child born in this vast and complex country gets the best start in life, thrives and develops to his or her full potential.

The challenge is enormous but UNICEF is well placed to meet it. The organisation uses quality research and data to understand issues, implements new and innovative interventions that address the situation of children, and works with partners to bring those innovations to fruitition.

UNICEF uses its community-level knowledge to develop innovative interventions to ensure that women and children are able to access basic services such as clean water, health visitors and educational facilities, and that these services are of high quality. At the same time, UNICEF reaches out directly to families to help them to understand what they must do to ensure their children thrive.

What makes UNICEF unique in India is its network of 13 state offices. These enable the organisation to focus attention on the poorest and most disadvantaged communities, alongside its work at the national level.

UNICEF knows that key to addressing these challenges are its partnerships with sister UN agencies, voluntary organizations active at the community level, women's groups and donors.

The organisation also works with an array of celebrities, including members of the Indian cricket team and leading actors from the Indian film industry, as well as hundreds of thousands of unnamed volunteers who tirelessly give their time and influence to ensure that, together, they are able to help every child realize his or her full potential.

### UNICEF in Rajasthan

Rajasthan is generally considered a conservative society that still values long-held beliefs and attitudes. Although the state is home to a number of large cities, most people live in rural areas, farming and herding as they have for centuries

The Government of Rajasthan is committed to tackling urgent issues concerning children and women and achieving accelerated progress on social development indicators in partnership with UNICEF. Some of the major issues confronting the state are high student dropout rate, a large number of children in labour, particularly in the cotton industry, girls being married before the age of 18 and becoming pregnant soon after, putting the lives of both mother and child at risk. Malnutrition is pervasive across all age groups, especially among girls.

UNICEF support is largely around the demonstration of models of empowerment for generation of demands, strengthened local self-governance, and improved coverage and quality of basic services to children and women.

New Born Care Units piloted with UNICEF support are being established across the state in a phased manner. As a high percentage of children under three are underweight and anaemic, which puts them at risk of serious illness and even early death, the State Government is working with UNICEF to train anganwadi workers to encourage families to adopt appropriate child care and feeding practices to prevent and reduce malnutrition. Special centres for severely malnourished children have been set up by government with assistance from UNICEF in all the districts of the state.

**Challenges and Opportunities**

In Rajasthan, more than a third of children younger than three are underweight, and almost 80 per cent are anemic. Malnutrition is one of the major causes of morbidity among young children in the state.

The number of children in Rajasthan who has been fully immunized against common childhood diseases such as tuberculosis, polio and diphtheria is very low and barely a third of children who suffer serious bouts of diarrhoea receive life-saving oral rehydration treatment.

**UNICEF in Action**

Being a partner of choice for the Government of Rajasthan, UNICEF is working on a set of models and demonstrations of delivery of essential interventions and approaches in select priority districts, such as Tonk, Baran, Dungarpur and Udaipur, aimed at statewide scale up. Initiatives include programmes to ensure better nutrition for children, and provide assistance to those already malnourished.

This includes improving the skills of village anganwadi , or child care, workers, assessing the weight and healthy growth of children and referring them for extra nutritional help and medical care when needed. UNICEF is also working to save the lives of mothers and newborns threatened by inadequate childbirth practices by encouraging institutional deliveries.

UNICEF is supporting a range of interventions in two broad areas: 'Child Survival and Development' and 'Learning and Protective Environment for Children' in partnership with various government departments. The following is a brief description of major activities in the two categories:

**Child Survival and Development**

• Training of village health workers (Accredited Social Health Activists, ASHAs) and Auxiliary Nurse Midwives (ANMs) to identify early danger signs during pregnancy and childbirth for referral to a facility in case of emergency.

• Visiting newborns to detect early symptoms of morbidity and referring to a facility.

• Helping in establishing specialized newborn care units in every district for newborns facing difficulties during or after birth.

• For severely malnourished children, UNICEF has helped to establish malnourishment treatment centres.

• Implementing anaemia control programmes among adolescent girls in and out of schools.

• Promoting the use of iodized salt, especially in villages through the public distribution system

• Provisioning of safe drinking water and home based treatment of water to prevent fluoride contamination in villages

• Creating demands for toilets at home (in association with community groups), improving supply chain to provide easy options to households to have toilets and promoting appropriate behaviour change for hygienic living.

• Community-led total sanitation approach for universal use of toilets.

## ACRONYMS

| | |
|---|---|
| **ANC** | Antenatal care |
| **ANM** | Auxillary nursing midwife |
| **ASHA** | Accredited social health activist |
| **AWC** | Aanganwadi centre |
| **AWW** | Aanganwadi worker |
| **DOTS** | Directly observed treatment short course |
| **FGD** | Focused group discussion |
| **JSY** | Janani suraksha yojana |
| **NRHM** | National rural health mission |
| **PNC** | Post natal care |
| **PHC** | Primary health centre |
| **ICDS** | Integrated child development services |
| **IMNCI** | Integrated management of neonatal and childhood illness |
| **ORS** | Oral rehydration solution |
| **MO** | Medical officer |
| **UNICEF** | United nation international children emergency fund |

## EXECUTIVE SUMMARY

This report is completely about life of ASHA's of P.H.C Jasol . ASHA ( Accredited social health activist) came along with N.R.H.M in 2005. ASHA are local woman trained to act as a health educators and promoters in community, a lot has already been published about their capability, knowledge, trainings and shortcomings.

This report talks about their self belief, motivation, their dreams, problems they face and a lot more.

They never thought that they would be a part of such a big mission like N.R.H.M or any part of work till 2005. Actually they never thought that they can do any sort of work, but this belief was broken when N.R.H.M came into existence.

Their dreams were many during childhood like becoming a teacher, doing government job etc can-not fulfilled now but they are happy that they are doing something for their village and for the country by providing their services.

All of them had to leave their studies at some point of time in their life very early due to some reasons like early marriage, financial constrain, parental pressure etc. According to them they are into this work for learning new things along with that they understand their social responsibility and money was not the topmost priority for them. They also said that this work provided them opportunity to feel and become self dependent, more than anything else they got respect and recognition in their village.

Problems are many solution are few, same was with these 22 ASHA's , they had their list of problems with them , but those problem can be resolved slowly and gradually not immediately. This is the social work in the real sense spreading awareness about good health and helping villagers to attain good health gives a lot of self satisfaction to them. One of the ASHA said "Secret behind a successful person is good health".

One of the key findings of this was that out of 22 ASHA , many of them get good support from their in laws and husbands for doing this work and continue their studies as well. Only 3 ASHA's said that their in-laws objected for doing this work and 10 ASHA's were not only allowed but very well supported to complete their studies .

ASHA's are doing great work in villages, and various sources of data is available in support of them. But it was sad to know that a very high percentage of ASHA were unaware about their incentives. Maximum knowledge was about institutional delivery and immunization and all the other incentives were either not known or partially known to them. The question which arises is that even after 8 years of N.R.H.M why these ASHA workers didn't knew about their own incentives, which leads to dissatisfaction with the incentives which are currently given to them. How can they be satisfied when there is immense lack of knowledge about it.

## INTRODUCTION

The National Rural Health Mission (NRHM) is a strategy for integrating ongoing of Health & Family Welfare, and addressing issues related to the determinants of Health, like sanitation, Nutrition, Safe Drinking water. The NRHM seeks to adopt a sector wide approach and aims at systematic reforms to enable efficiency in health service delivery. One of the key components of the National Rural Health Mission is to provide every village in the country with a trained female community health activist – 'ASHA' or Accredited Social Health Activist -who would serve as a link between community and the rural health system.

As a health activist in the community ASHA would create awareness on health and its social determinants, mobilize the community and facilitate them in accessing health and health related services available at the village/sub-center/primary health centers, such as Immunization, Ante Natal Check-up (ANC), Post Natal Check-up (PNC), ICDS, sanitation and other services being provided by the government. She will counsel women on different issues including birth Preparedness & importance of safe delivery. She will arrange escort/accompany pregnant women & children requiring treatment/ admission to the nearest pre- identified health facility i.e. Primary Health Centre/ Community Health Centre/ First Referral Unit (PHC/CHC /FRU). Despite the scepticism of the early years, influenced partly by the memory of the country's not very successful past Community Health Worker efforts, today the ASHA programme has 850,000 ASHAs across the country, and can confidently claim to have contributed in no small measure to the achievements of the NRHM.

ASHAs have moved from promoting institutional delivery and immunization to providing home based care and counseling for pregnant women, newborns and children. The portfolio of services that the ASHA offers also includes the promotion of products such as sanitary napkins and spacing contraceptives not as commercial commodities but as behavior change delivery vehicles.

A primary resident of the same village with formal education up to VIII and preferably in the age group of 25-45 she would be selected by following intensive community level processes. Though she would not be paid any monthly fixed honorarium, but would be entitled for performance based compensation for the contribution that she makes at the community level.

Each of the ASHAs is provided with a drug kit which she uses for the treatment of the common minor ailments. Besides, she also share information and mobilizes action around good health care practices. Fulfillment of these roles is envisaged through continuous skill up gradation and providing required adequate support system.

**ASHA Roles and Responsibilities**

1. Create Awareness and provide information to community
2. Counsel mothers on birth preparedness, safe delivery, feeding practices, immunization, family planning, RTI, etc.
3. Facilitate community access to health care and health facilities
4. Accompany pregnant women and children to health facility
5. Provide care for minor ailments
6. Act as depot holder for ORS, IFA, DDK, Oral pills, condoms
7. Provider of DOTS
8. Newborn care and treatment of childhood illness (IMNCI)
9. Inform birth and deaths, disease outbreaks
10 .Construction of Toilets for TSC

**WHAT IS AN INCENTIVE**

Incentive pay, also known as "pay for performance" is generally given for specific performance results rather than simply for time worked. While incentives are not the answer to all personnel challenges, they can do much to increase worker performance.

In this chapter we discuss casual and structured incentives. Although each rewards specific employee behaviors, they differ substantially. In structured incentives, workers understand ahead of time the precise relationship between performance and the incentive reward. In a casual approach, workers never know when a reward will be given.

**MOTIVATION**

Motivation is the word derived from the word 'motive' which means needs, desires, wants or drives within the individuals. It is the process of stimulating people to actions to accomplish the goals. In the work goal context the psychological factors stimulating the people's behaviour can be -

- desire for money
- success
- recognition
- job-satisfaction
- team work, etc

These two words motivation and incentives plays a very important role in life of ASHA , because there must be a high level of motivation for working as ASHA , therefore we should not look them as volunteer

workers but as a daughter of society who devote their time selflessly in helping community for attainment of better health and awareness about various health issues .

There are various problems that are faced by ASHA in day to day life, but she overcome all of the problems as well as complete her duty , takes care of her family members .

They learn new things and immediately apply those methods so we can say they are very good managers in their community .

LITERATURE RIVIEW

There are several key issues regarding incentives and compensation for ASHAs, which, if mitigated, would greatly contribute to an improvement in ASHAs‘ motivation and performance. First, though there exists a nationally prescribed standard for the amount of incentive ASHAs receive for each activity they are engaged in, many ASHAs in all states are not actually receiving these minimum amounts in practice. Second, key activities such as sanitation improvement and new born/child health are often not compensated for, providing no incentive for ASHAs to engage in them. ASHAs spend most of their time on and receive most of their incentives from activities related to ANC and delivery; activities related to new born care are not incentivized at all, nor are there specific incentives for treating childhood illnesses. Taking part in these activities will yield significant public health benefits, and thus incentives for these additional responsibilities must be considered. Third, at least 25% (75% in one state) of ASHAs feel that the amount of compensation received did not meet their expectations.

Several ASHAs also reported spending out of their own pockets for travel and related items, especially in rural areas. Potential for cuts and demands form ASHAs compensation also demotivates ASHAs to perform their tasks to the best of their abilities; as a result, ensuring that all ASHAs have bank accounts in their own names and direct money transfers in a timely manner, perhaps on a fixed schedule, will be imperative for the growth and improvement of the ASHA programme.

It is important to note that financial incentives weren‘t the only motivational factors for ASHAs to perform and perform well. A desire to improve health facilities in their village and social prestige associated with their job were also in the top three reasons why ASHAs chose to become community health workers. As a result, in addition to a revamping of the financial compensation structure and processes, innovations must be considered to place ASHAs on a progressive career track where the potential for upward movement and recognition in their careers will also greatly contribute to their motivation and thus their performance.

The unique motivational factors for ASHAs, members stressed financial remuneration is one of the key motivating factors, since it is the source for her livelihood. Respondents felt that the concept of ASHAs, serving as a “link-worker” to motivate women to utilize healthcare facilities is good; however, they argued against incentive-based remuneration for ASHA’s effort in marketing health services.

To address this concern, some members suggested the government consider offering a small honorarium with incentives, to keep up motivation levels. At the same time, others noted the dismal experience in terms of accountability with salary based healthcare providers, and felt performance-based payment (not

incentives) for ASHAs would ensure delivery of health services and would prove a good initiative. The mechanism and amount of payment to ASHA is still evolving and thus, respondents suggested several ways to make the incentives substantial enough to sustain the motivation, such as:

· Increase in the amount of assigned incentives

· Introduce a wider range of services, for which the ASHA is eligible to receive an "incentive"

· Ensure timely and transparent payment of incentives by routing the money through local NGOs and/or Village Health Committees

## OBJECTIVES

### GENERAL OBJECTIVE

To have an overlook about the life of ASHA.

### SPECIFIC OBJECTIVE

1. To know about the problems they face.
2. To check their knowledge about incentives.
3. To know about various motivating factors for them for working as ASHA.

## METHODOLOGY

### Study Area

P.H.C of Jasol village was selected as an study area. There were 7 villages under that P.H.C, and 25 aanganwadi centre (AWC), having 22 ASHA'S.

### Sample

All the 22 ASHA's of P.H.C Jasol were selected purposefully for the study .

### Study Design

Descriptive Study

### Tools & Techniques

Questionnaire

Assessment strategy which was selected included questionnaire for ASHA workers which was open ended.

Each ASHA was personally visited on the field , and questionnaire was filled by them in hindi language. Questions covered all the aspects of their life beginning from their childhood dreams till their present life status.

### F.G.D

F.G.D was conducted in which 8 ASHA's participated in order to get more filtered information about the problems they face in the field, and how can we improve the current situation so that they can work more efficiently.

## DATA COLLECTION AND FIELD WORK

All the data was collected between 18th April 2013 and 8 may 2013, all the ASHA that were interviewed were contacted at their respective area and the questions were asked after establishing a good rapport .All the ASHA's were given sufficient amount of time for filling the questionnaire , average time which was observed for filling that 16 questions was 2hrs 45 minutes.

## RESULT AND DISCUSSION:

### *ASHA PROFILE*

- The ASHA workers were in their youth age, so there was no lack of enthusiasm and motivation for work.
- Their average work experience was 49.88 months (4 years), which means they are into this profession for quite a while.
- However the interesting fact was their average age at marriage which was just 17 years. Thus due to early marriage they had to compromise with varied things in their life. If they would have undertaken higher studies, their lifestyle and livelihood would have improved.

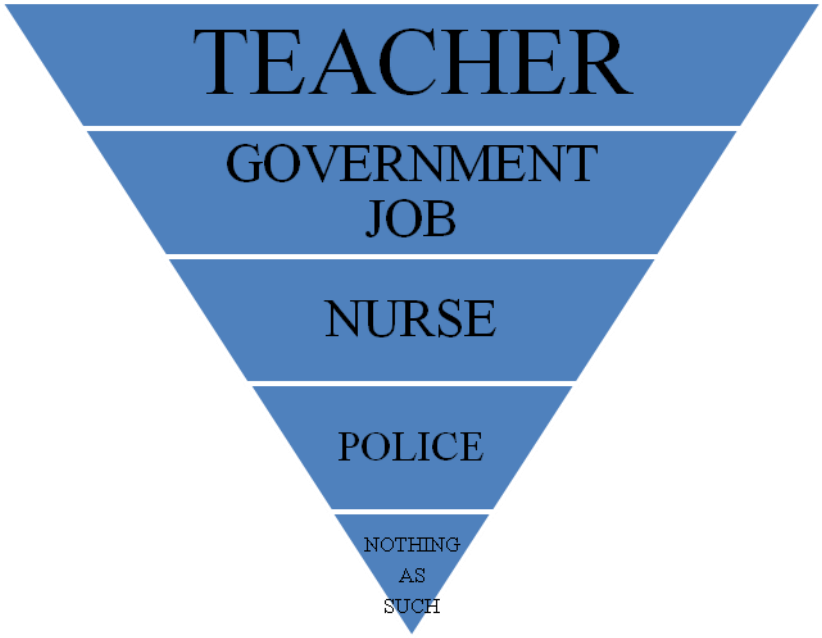
| INDICATOR | AGGREGATE |
|---|---|
| SAMPLE | 22 |
| AGE | 26.27 |
| NUMBER OF CHILDREN | 2.31 |
| ASHA SINCE | 49.88 MONTHS |
| AVERAGE AGE AT MARIAGE | 17 years |
| MONTHLY FAMILY INCOME | 7759 Rs |
| EDUCATION | $8^{th}$ standard |

Average age of ASHA workers in a sample of 22 ASHA's was 26.27 years, which clearly indicates they all are in the most productive phase of life. They can do reach marvelous levels in their work if they are highly motivated. They are young, hard working, enthusiastic, are keen to learn , want to earn money for better livelihood ,which is evident from the average monthly family income which is rupees 7759 only, a very less amount for running a family.

Their average qualification was found to be till $8^{th}$ standard, which is not an obstacle though as it is a viable age mentioned in NRHM document and their capacity can be fortified by giving them training from time to time for various issues, so that they can learn and work simultaneously.

***DREAMS & ASPIRATION***

ASHAs' act as a connecting link between health services & the community. They devote their time in serving and tending to the community. But what actually did they want to do in their life, their childhood dreams, and the reasons for leaving their studies..




Since childhood is an important phase in everyone's life, asking them about their dreams was critical since asking them about their dreams would sensitize them to answer further questions and also build a good rapport. As this question is rarely asked to them, they had to think a lot about it. For us it is very easy to describe our childhood dreams and such related questions but it was observed that this was one of the tough question that was answered by them. Basically they were all blank and said that they did not have any such dreams, but after a while they divulged a few answers. Out of 22 ASHA's most wanted to become teachers a few wanted to get some kind of government job, some wanted to go into nursing profession and a few wanted to become police constable. Only 1 out 22 ASHA was not able to answer this question and all the other ASHA came out with some affirmative answers.

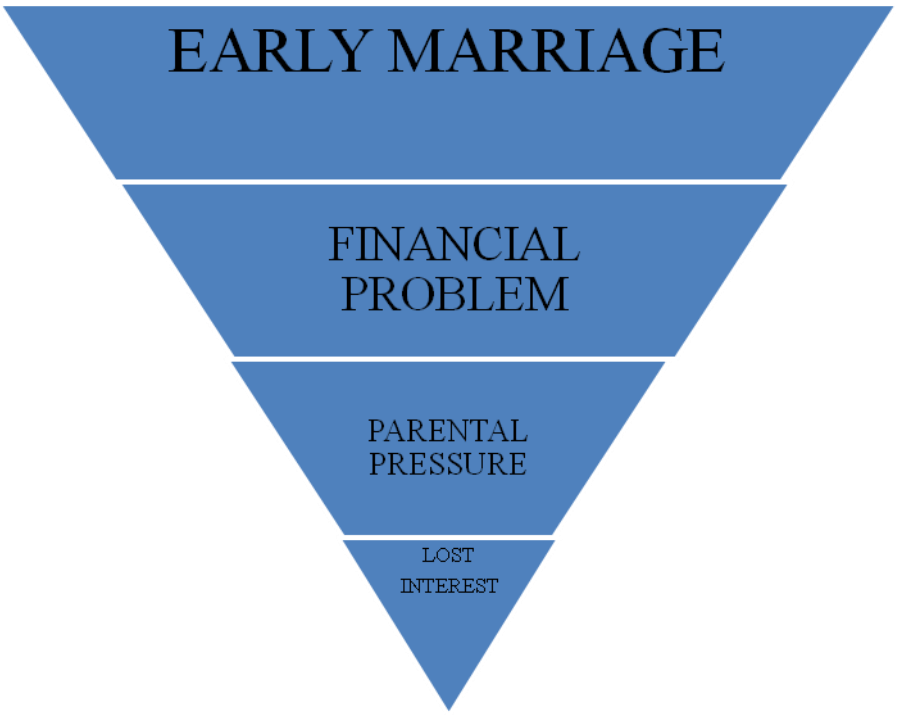
They had given various reasons why they wanted to go into these above professions. Some wanted to fulfill their family needs by earning more money, some wanted a better livelihood and still other reasons also prevailed. But India being a patriarchal society, girl child is still considered as burden to family, and hence all these ASHAs' were forced to leave their studies and asked to learn household work , thus forcing them to enter into another bitter truth of life i.e Early marriage. Thus basically early marriage was major factor responsible for wrecking their dreams. Till they were about the bitter and harsh world and the needs to survive in this world, they had already started a new family, embraced new customs and a new family, as a result forgetting all their childhood dreams about themselves. Thus this was one of the difficult questions to be answered by them.

My ultimate aim is to become teacher.

Pushpa Asha (Mewanagar)

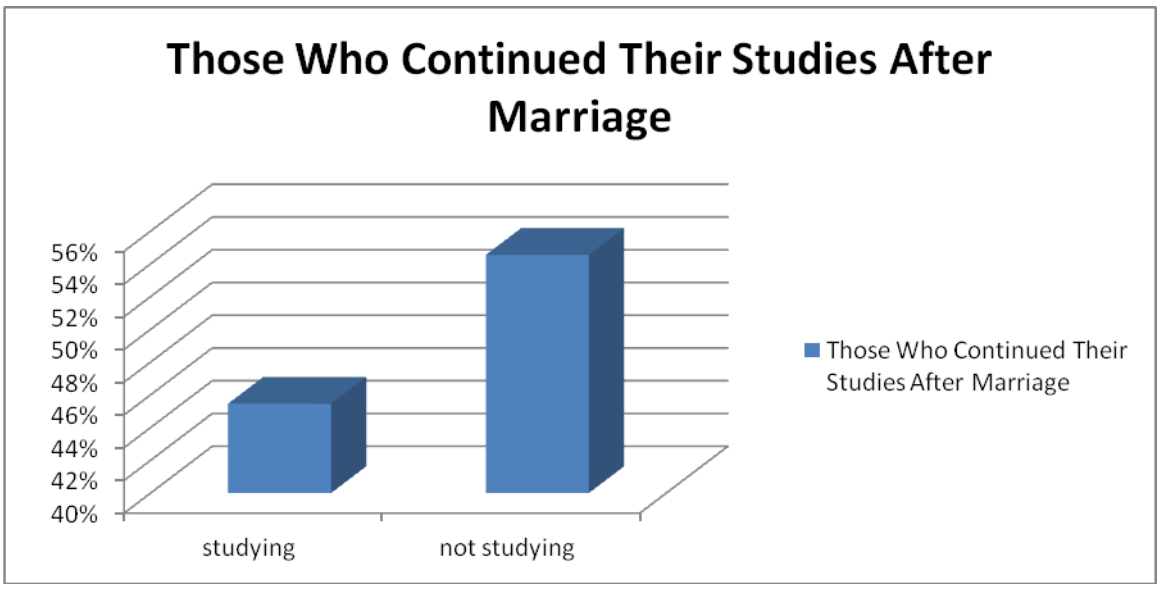
***REASONS FOR QUITTING STUDIES***

All the ASHAs' had some or other problems which made them quit their studies, Many of them did not even have a matriculation degree , since educational qualification of ASHA, as mentioned in NRHM document requires minimum qualification of 8th grade. However it was amazing to learn that many of them have recommenced their studies after joining as ASHA. There must be a strong motivation behind this which lead ASHAs' to study further .This was very much appreciable in the rural communities. They wanted to study more.




Average age of marriage of 22 ASHAs' came out to be 17 years. This was the major reason that maximum number of ASHA's left their studies. And since they grew up in a society where child marriage was a custom, marrying at the early age of 17 years was acceptable to them.

Secondly, financial problem was another major reason for which these women had to quit their studies and get into marriage life at such an early age. Their parents didn't have enough money to finance their studies. However it was surprising to know that though parents of a few ASHAs' had the money to finance their education, they still did not support the ladies in continuing their studies. Two ASHAs' had lost interest in studies as they were made to do household work by their parents.



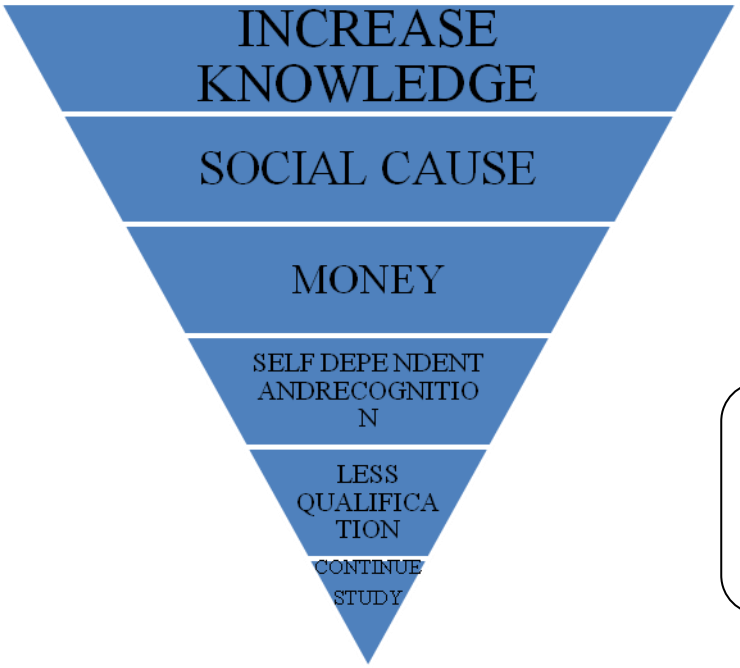

We were surprised to notice that the ASHAs' understood the importance of studies and 10 out of 22 ASHA workers had started studying after marriage. Currently many of them are pursuing their 1higher secondary education, which is very appreciable. They got support from their in laws and husbands to continue their studies. It needs lot of courage and motivation to recommence studying in such type of social settings. Education is the only way to change the thinking of the community and by recommencing their studies, they are not only t educating themselves, but also spreading awareness among people simultaneously. They are developing themselves as well as the community. They were satisfied and felt lucky that their in-laws supported them in continuing their studies further, which, alas could not be done by their own parents.

I was supported by my mother in law for studying further , and I am grateful to god that I got such a good family .

Manju Khetaraam( mungda)

***WHY THIS WORK****???????*

Though this work does not provide any substantial financial help, still working as an ASHA for the community is highly appreciable, but what were the reasons provided by them which kept them motivated all the time. Although there were many different reasons provided, each of the reason carried a certain level of significance with them.




It was my dream to work for the society and I am thankful to god that after so many years he provided me a platform to work for society .

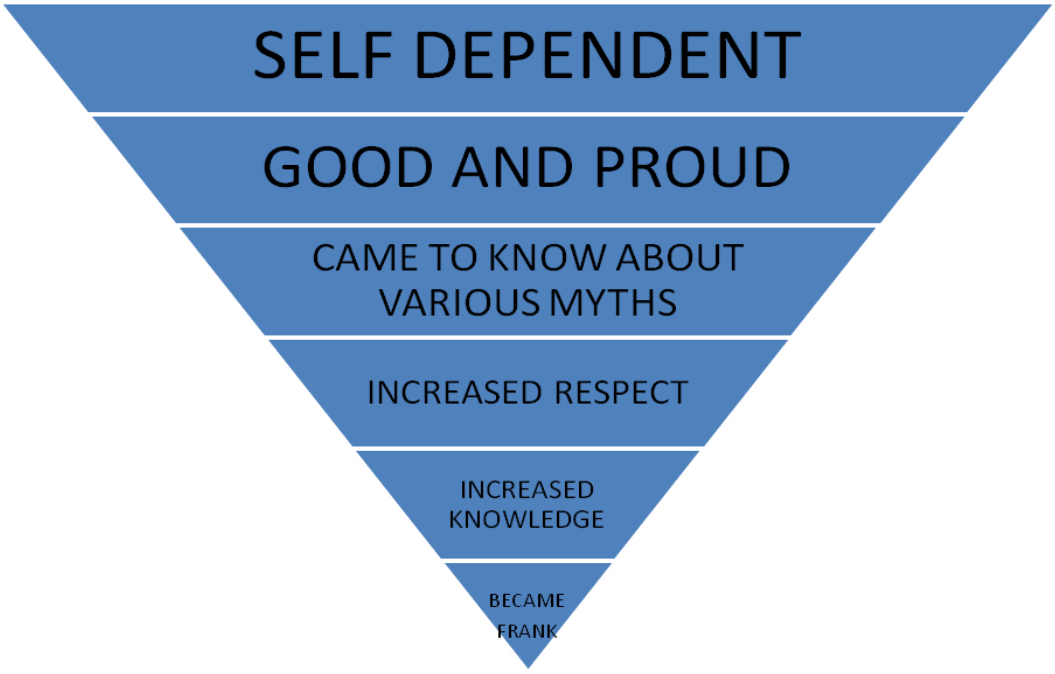
GAYATRI ASHA (MEWANAGAR)

This work increase their knowledge regularly, they interact with people and exchange information, thus increasing their own database of knowledge via which they can help and improve the status of the society

Furthermore, this work makes them to work for the society and help the society to make it a better place to live in. By doing this job, they can even earn some amount of money which they were not earning previously.

Some important answers which were given by some of the ASHA were that they became self dependent and got recognition from their family and society as well. Some of them were even recognized for their marvelous work in their village and were highly appreciated. Additionally they could continue their studies whilst working. Thus these were some of the reasons that were given by ASHA workers and they seemed very satisfied and wanted to continue this work for a substantial period of time.

***HOW DOES IT MAKE A DIFFERNCE????????***




All the 22 ASHAs interviewed, gave positive responses on this question that being an ASHA worker has made a significant difference in their lives. Diversified answers were given like:

- The ASHA workers felt self dependent after getting into this position which is a very crucial thing since feeling of self dependence is in itself motivating. They got respect, became unreserved, learnt about various myths of society which were previously unknown to them, and thus there was a significant increase in their knowledge.

Previously I didn't know anything , now I can do my bank work , and solve many day to day problems myself , now I am more confident and frank and can interact with many people without any hesitation.

Devki ASHA
(JASOL)

I didn't know how to use mobile ,but after joining as ASHA I use my mobile very efficiently and I can send message in hindi to my other ASHA friends.

Manju ASHA( MUNGDA)

***PROBLEMS THEY FACE***

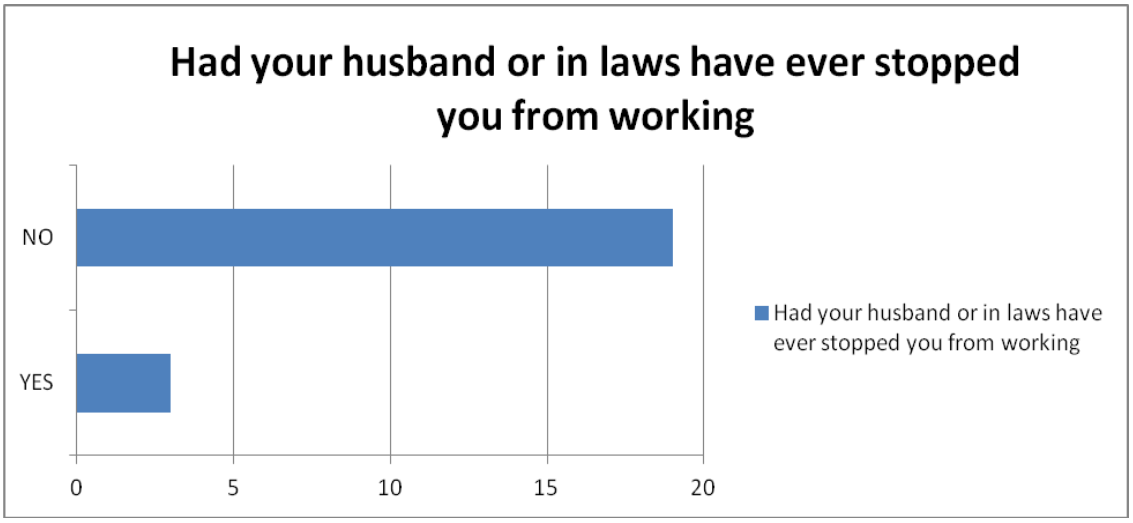

Every work has some sort of problem which has to be sorted out for effective working of employees.

- Thus it was noticed that the major problem they face was related to their work itself. People in the community are not willing to accept their suggestions. Since ASHA is the first person in the village who is contacted, if they are not able to convince those people then various gaps do occur in the system and program implementation.
- Moreover they mentioned that they don't have any sort of book, pamphlets, or leaflets which would help in making people understand the things more quickly and easily. They said that previously they used to have such kind of study material but they have not received it in the recent past.
- They have to travel long distances in sun and extreme temperature, this was rated at second number in terms of problem.
- Thirdly a surprising answer which we found was that people in the community make fun of them sometimes, taunting them like why these ASHA workers work at such a low amount of money, its better that they stay at home and do household chores instead. This looked like a real problem which highly reduced the motivation and morale of ASHA worker .

***REASON FOR WORKING AS AN ASHA***

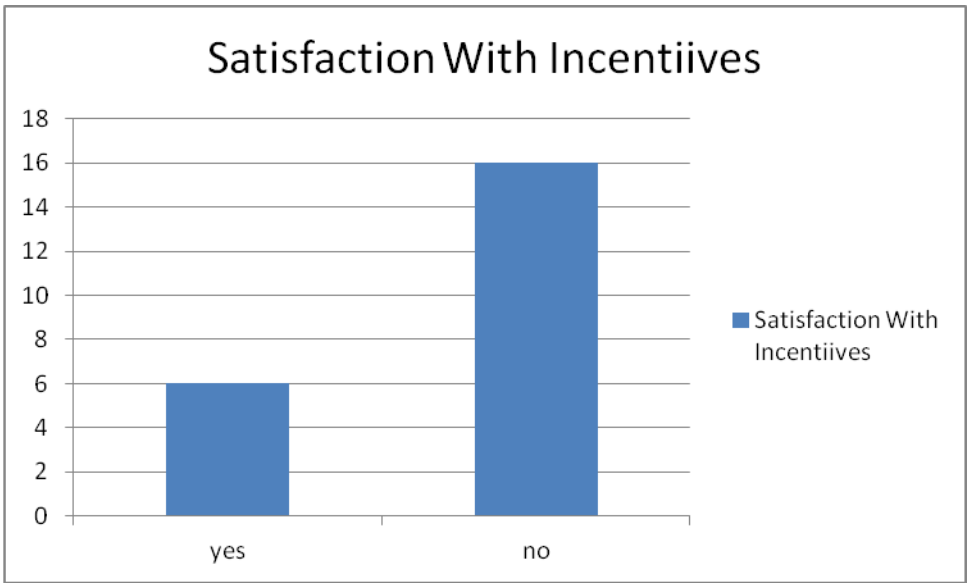
ASHA under NRHM, work for the community on payments that are incentive based. It was interesting to know why they work as ASHA and as to why they didn't choose to work in any other field, which would have given more financial stability. The reasons were interesting and very justifiable.


- Maximum number of ASHAs' said they like doing work for community, and do welfare of the people.
- They mentioned that it is a noble work and they felt a sense of pride in working for the people of the community. Though they couldn't fulfill their dreams for some or other reason, by doing this work they felt satisfied which is more important than monetary benefits.
- They respected and admired their work as it is about mother and child health and they try to convince people to take advantage of government facilities for attaining good health.
- They get to know new things from people of villages and also they learn many things about community health from various training modules which are conducted frequently
- . Money which is thought to be a priority, was least responded by these ASHA. Money was not the priority for them at all. It was an amazing experience, in this world when everybody is trying to make more and more money there are some people who are working very hard and selflessly for the benefit of the society. Not only do they work, but also they teach and thus mobilize the community as a whole.




This is a very important variable of study, whether they get support from their in laws for doing their work. It was very good o know that 19 ASHA were supported fully by their husband and in laws. Not only did they get support for their work but were also encouraged to complete and upgrade their education status .Getting family support for doing work is a great confidence booster and also get additional motivation .They can do their work very efficiently when there is family support.

***SATISFACTION***




Only 6 out of 22 ASHA were actually satisfied with the given incentives , they were those ASHA workers who were in this field for more than 4 years , and they knew their work very well , had knowledge about the various incentives, and were doing good work in the field. They all had good coordination with their supervisor. They had good knowledge about their work. The reasons for dissatisfaction were many which included 1) they have to travel by their own expenses . 2 ) Money is less as compared to A.N.M , they said they work more than A.N.M . 3) Work load is more , they have to do survey, mobilize people for various health programs, in case of outbreak they have to work more , and they don't get compensation accordingly . 4) one interesting thing was that work is not equally distributed , some ASHA don't work ,they just do fake entries and get the incentives , and some ASHA do very hard work and are not even paid timely .

Major thing that came out of the interview was that most of the ASHA worker didn't knew about the amount of the various incentives , they had only knowledge about JSY scheme , and immunization , and knowledge of other incentives were either not known or partially known to them. The table on the next page will show the knowledge about the incentives given to ASHA workers in P.H.C Jasol, Balotra.

> We are unaware about many incentives, because we are not told by anybody, we are told only about institutional delivery and immunization.
>
> Pushpa ASHA (JASOL)

***KNOWLEDGE ABOUT INCENTIVES***

| | | NUMBER OF ASHA'S HAVING | | |
|---|---|---|---|---|
| S.NO | INCENTIVE | COMPLETE KNOWLEDGE | PARTIAL KNOWLEDGE | NO KNOWLEDGE |
| 1 | A.N.C | 8 | 3 | 11 |
| 2 | I.D | 20 | 2 | 0 |
| 3 | P.NC | 1 | 2 | 19 |
| 4 | REPORTING DEATH OF A WOMEN | 4 | 0 | 18 |
| 5 | IMMUNISATION | 22 | 0 | 0 |
| 6 | CHILD GAPPING | 2 | 1 | 19 |
| 7 | MOTIVATE FOR PERMANENET STERLISATION | 6 | 1 | 15 |
| 8 | MALE STERLISATION | 9 | 4 | 8 |
| 9 | FEMALE STERLISATION | 21 | 0 | 1 |
| 10 | DISTRIBUTING CONTRACEPTIVES | 4 | 0 | 18 |
| 11 | MOTIVATE PEOPLE TO MAKE TOILETS | 4 | 0 | 18 |
| 12 | D.O.T.S | 7 | 4 | 11 |
| 13 | MALARIA | 11 | 0 | 11 |
| 14 | LEPROSY | 0 | 0 | 22 |
| 15 | CATARACT | 0 | 7 | 15 |
| 16 | PULSE POLIO | 20 | 0 | 2 |

All the extra work like D.O.T.S therapy and malaria treatment are given to that ASHA only , all of us are not even informed by our supervisor.

Pushpa ASHA ( JASOL)

***FUTURE PLANS ABOUT THEMSELVES AND THEIR CHILDEN***

Most of the ASHAs wanted to remain in this profession only, even though they were not satisfied with the given incentives as money is not the only reason for these ASHA to work. They want to do work and learn lots of things, as they were young and quite enthusiastic and motivated about their work.

As most of the ASHAs' were young, it was observed that they had not structured the future of their children, and their children were not of much age, which means planning can not be done at this stage .

Bhagwati ASHA , this 38 year old lady had started working as ASHA 20 months back , which means less than 2 years .Her education is just upto 8th grade , got married at a very early stage of her life, lives with an understanding husband , who is a driver in a private company and 4 loving children.

She had understood her responsibilities so well that Dr. Visnhu Agarwal (M.O) has praised her many times , keen to learn new things , and work for the society . she says that " our work is self satisfying in nature , I love to work for mothers and children .She was awarded 2 times in Barmer by the chief medical officer for her work . Recently she visited jodhpur IIT for demonstration of new concept of E-ASHA , Where she met and was praised by M.P Mr. Chandrika Kanwar and Mr. Raajpallam.

She was also awarded in NEW DELHI, for her work , she is happy go lucky kind of person very respectable in her village , she has achieved a lot in her short career .

Everybody sees dreams for their children and she too has dreams and very special dreams "she wants her son should to become I.A.S and daughter to be a police constable ( it was BHAGWATI ASHA'S CHILDHOOD DREAM) which means a lot to her.

## CONCLUSION

Since the ingression of ASHAs' into the society by NRHM in 2005, there has been a lot of improvement in various villages of India especially regarding the health statistics. The ASHSs' have helped improve the societal beliefs regarding health care issues. Thus their role has immensely contributed to the society's benefit. However by doing this work even, their lives have not improved significantly. The incentives provided to them for this societal work is not satisfiable. Having faced the injustice of the patrichial Indian society since childhood, which did not allow them to pursue their dreams, the society still does injustice to them, whereas they give all their time and devotion for the society. They also are not properly aware about the incentives meant to be provided to them. The government should take proper steps to make them aware about such facts. Also the Indian government should pay some serious attention to them as the fulfillment of MDG goals 4 and 5 are directly dependent on the co-operation of ASHAs' work. The community for whom they are working should also lend them support and not criticize or jeer them, in fact they should try to motivate them, as ASHAs work all depends upon how they are motivated to work. As their dreams had shattered, they are working had to fulfill their children's dreams so that their children would not undergo what they had undergone. Since they are young, they have a right zeal o perform better and this performance requires more motivation and support and incentives. All these factors should be looked into.

Thus without ASHA the "Health for All" goal of Indian government is unlikely to be achievable and necessary steps need to be taken to uplift their lives for the betterment of the society.

**REFERENCE**


1. Effect of supportive supervision on ASHA's performance under IMNCI in Rajasthan ; Martin Abel, Sameen Almas ,Wille Brown , Harsh Vardhan Sahni.
2. Update on ASHA program , July 2012 N.R.H.M.
3. Improving the performance of Accredited Social Health Activist ;Nirupam Bajpai and Ravindra Dholakia May 2011.
4. Update on ASHA program January 2013 N.R.H.M
5. Rajasthan.nic.in/ medical , health & family welfare department.
6. Module Number 1 on ASHA.
7. Module Number 2 on ASHA
8. www.sihfwrajasthan.com/ppts/full/ASHA.pdf.
9. Assessment of performance based incentive system for ASHA sahyogini in Udaipur District, Rajasthan. Dr.T.Bir ,, Dr.U. DattaMr. Sherin Raj T.P

ANNEXURE

ASHA's Stories in Jasol Village

दिनांक –

गाँव –

जिला-

राज्य-

SECTION - A

<u>निजी जानकारी</u>

नाम –

उम्र –

पिता का नाम - माता का नाम – गाँव –

कितने भाई बहिन हो - पिता का व्यवसाय –

शिक्षा –

वैवाहिक स्थिति – १. विवाहित २. अविवाहित

शादी की उम्र -

पति का नाम –

पति का व्यवसाय -

परिवार में सदस्य - बच्चे -

पति की मासिक आय –

घरेलु आय (मासिक) -

Q1. अपने बारे कुछ बताइए , बचपन में क्या सपने थे , क्या बनना चाहती थी ?

.....

.....

.....

Q2. "आशा" से पहले कोई काम करती थी ? १. हाँ २. नहीं

यदि हां तो क्या काम करती थीं

.....

.....

Q3. कितने सालो से आशा का काम कर रही हो ? .....

Q4.आशा का काम अपनाने का क्यों सोचा ?

.....

.....

.....

Q5. एक महीने में कितना पैसा कमा लेती हो ?

.....

Q6. कौन कौन से काम के लिए कितनी प्रोत्साहन राशी मिलती है , कौन देता है और कितने दिनों में मिल जाती है ?

| **जच्चा एवं बच्चे की देखभाल** | **राशि** | **कौन देता है** | **कितने दिनों में** |
|---|---|---|---|
| 6.1. प्रसव पूर्व देखभाल | | | |
| 6.2. संस्थागत प्रसव | | | |
| 6.3. महिला की मृत्यु की जानकारी | | | |
| 6.4. प्रसवोत्तर देखभाल | | | |
| 6.5. बच्चे का टीकाकरण ( 0 – 1 साल) | | | |
| 6.6. बच्चे का टीकाकरण (1 – 2 साल ) | | | |
| 6.7. पल्स पोलियो टीकाकरण | | | |
| **परिवार नियोजन** | **राशि** | **कौन देता है** | **कितने दिनों में** |
| 6.8. एक बच्चे के जन्म के बाद ३ साल के अंतर को सुनिश्चित कराना | | | |
| 6.9. दंपति को २ बच्चो के बाद नसबंदी करवाना - | | | |
| 6.10. महिला नसबंदी | | | |
| 6.11. पुरुष नसबंदी | | | |
| 6.12. गर्भनिरोधक सामग्री घर तक पहोचाना | | | |

| | **राशि** | **कौन देता है** | **कितने दिनों में** |
|---|---|---|---|
| 6.13. स्वच्छ पैड्स किशोरियों में बाटना | | | |
| 6.14. गाँव वालो को शौचालय बनवाने के लिए प्रेरित करना | | | |
| 6.15. टी.बी . के मरीज का पूर्ण इलाज ( D.O.T.S) | | | |
| 6.16. कुष्ठ रोगी की जानकारी एवं इलाज | | | |
| 6.17. मलेरिया का पूर्ण रूप से जांच एवं इलाज कराना | | | |
| 6.18. मोतिअबिंद का ऑपरेशन | | | |

Q7. इन सब काम के बाद प्रोत्साहन राशि कितनी दिनों में मिल जाती है , और क्या क्या औपचारिकताये पूरी करनी होती है?

.....

.....

Q8. आशा बनने से पहले और आज की स्थिति में क्या फर्क है ?

.....

.....

Q9. क्या आपको ये काम पसंद है ? यदि हाँ तो इस काम में सबसे अच्छी बात क्या है ? यदि ना तो क्या पसंद नहीं है ?

.....

.....

.....

Q10. क्या आप दी गयी प्रोत्साहन राशि से संतुस्ट है ? हां नहीं

.....

.....

Q11. आशा का काम करने में किन किन परेशानियों का सामना करना पड़ता है ?

.....

.....

.....

Q12. क्या आपके पति या ससुराल वालो ने कभी इस काम को लेकर आपत्ति जताई है ? यदि हाँ तो क्या कारण थे और आपने उन्हें कैसे समझाया ?

.....

.....

Q13.पैसो के अलावा और क्या – क्या कारण है जिसके लिए आप ये काम करती है ?

.....

.....

Q14.समाज के लिए काम करके कैसा महसूस होता है ?

.....

.....

Q15. और आगे क्या सोचा है , अपने बारे में , अपने बछो के बारे में , और परिवार के बारे में ?

.....

.....

.....

Q16.आशा बनने के बाद अब तक का सफ़र कैसा रहा ?

.....

.....