

ASHA Workers

ASHA workers are social volunteers who have been trained to provide information and help individuals in obtaining benefits from the government's different healthcare programmes. They provide a link between marginalised populations and resources like primary health centres, sub - centres, and district hospitals. The National Rural Health Mission (NRHM) originally created the function of these community - based health volunteers in 2005.

The topic has a very high chance of being asked as a UPSC Prelims Geography Question under Human Geography topic or as a Current Affairs Question, as it has been in the news recently.

About ASHA Workers

One of the main goals of the [National Rural Health Mission \(NRHM\)](#) is to offer a trained female community - based health activist, also known as an ASHA or Accredited Social Health Activist, to each and every village in the nation. The ASHA will be chosen from the village and will report to it. They will be trained to act as a link between both the society as well as the public health system. ASHA's main components are as follows:

- ASHA should always primarily be a village woman who is married, widowed, or divorced, and preferably between the ages of 25 and 45.
- She ought to be a literate woman, with giving preference to someone who is educated up to the tenth grade, anywhere they are interested and in sufficient numbers. Unless no suitable person having these qualifications is available, can this be waived.
- Various local groups, self - help groups, Anganwadi Institutes, the Block Nodal officer, District Nodal officer, the village Health Committee, as well as the Gram Sabha will all be involved in the selection procedure.
- ASHA's capacity building is viewed as a continual activity. ASHA would have to go through a sequence of training events in order to gain the essential knowledge, abilities, and confidence to fulfil her tasks.
- For encouraging universal immunisation, referrals and escort support for Reproductive & Child Health (RCH) and other health programs, as well as the building of domestic toilets, the ASHAs would earn performance - based incentives.
- Every ASHA is supposed to be a fountainhead of community involvement in public healthcare programs in her area, armed with information and a drug kit to provide first - contact healthcare.
- ASHA will be the primary point of contact for any health - related needs of the poor, particularly women and the children, who have difficulty accessing health care services.
- ASHA will operate as a community health activist, raising awareness about health as well as its socioeconomic factors and mobilising the community to support local health strategy and enhanced adoption and accountability of existing health care services.
- She would foster healthy habits and give a minimal package of curative care as necessary and practicable for that level, as well as timely referrals.
- ASHA will give community members with knowledge on health determinants like nutrition, basic sanitation and sanitary practices, healthy living and working environments, information on the current healthcare system, and the importance of using health and family welfare facilities on a timely basis.
- She would also counsel women on topics such as birth preparation, the importance of a safe delivery, breast - feeding as well as supplementary feeding, immunisation, contraceptive methods, and the mitigation of common infections such as Reproductive Tract Infections/Sexually Transmitted Infections (RTIs/STIs), as well as child care.

- ASHA will motivate and inspire the community and make it easier for them to access health and health - related facilities like immunisation, Ante Natal Check - up (ANC), Post Natal Check - up, supplementary nutrition, hygiene, and other government provided services, which are available at Anganwadis/sub - centres/primary health centres.
- She would also serve as a depot older for vital provisions such as Oral Rehydration Therapy (ORS), Iron Folic Acid Tablets (IFA), chloroquine, Disposable Delivery Kits (DDK), Oral Contraceptive Pills and Condoms, and so on, which will be made accessible to all habitations.
- ASHA cannot operate without proper institutional backing at the village level, it is acknowledged. Women's committees (such as self - help groups or women's health committees), the Gram Panchayat's village Health and Sanitation Committee, ancillary health workers, particularly ANMs and Anganwadi workers, as well as ASHA trainers and in - service periodic training would all be major sources of support for ASHA.

ASHA and CoVID - 19 Pandemic

The healthcare volunteers are also responsible for reporting to their local health centres about every birth or deaths that occur in their specified areas. They now also screen people for non - communicable ailments and provide them with reports. ASHA workers have become an important part of the government's pandemic responses, with most states relying on the ASHA network to screen persons in containment zones, test them, and transfer them to quarantine centres or assist with home isolation.

Number of ASHA Workers

In hilly, tribal, and other sparsely inhabited areas, the goal is to provide one ASHA for every 1,000 people or each habitation. ASHA employs around 10.4 lakh people all over the country, with the highest workforces in states with sizable populations, such as Uttar Pradesh (1.63 lakh), Bihar (89,437), and Madhya Pradesh (89,437). According to the most recent National Health Mission statistics provided from September 2019, Goa has been the only state without such workers.

Challenges

Governments are just not required to pay workers a salary because they are considered "volunteers". And the majority of states do not. Their income is based on several programmes that pay incentives when they, for instance, make sure that a kid is born in a hospital or that they get a child vaccinated. All of this comes to around Rs 6,000 to Rs 8,000 each month. The National Health Mission stipulates, "Her employment would be so tailored that it does not conflict with her daily livelihood". Which is not the case, however, because most health programmes rely on them for outreach. ASHA workers have been overwhelmed with new and additional tasks along with health risks and yet their incentives and income haven't increased in the same proportion. The workers have been demanding a fixed salary or a fixed incentives per month along with pension and healthcare facilities for them.

Recent Developments

The World Health Organisation has awarded the country's 10.4 lakh ASHA (Accredited Social Health Activist) workers as "Global Health Leaders" for their contribution in bringing the public to government healthcare programs. Since then, the Prime Minister as well as the Health Minister, among others, have sent congratulatory messages.