A DISSERTATION IN PARTIAL FULFILMENT OF REQUIREMENTS FOR THE AWARD OF DEGREE OF BACHELOR OF SCIENCE (B.SC) ECONOMICS

SRM University, SIKKIM, Batch: 2019-2022

Submitted by

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SCHOOL OF SOCIAL SCIENCE- BACHELOR OF SCIENCE (B.SC)

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ECONOMICS WELLBEING STATUS OF ASHA WORKERS': AN EMPIRICAL EVALUATION OF SIKKIM

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A DISSERTATION

Presented to Department of ECONOMICS,

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IN PARTIAL FULFILMENT OF REQUIREMENTS OF AWARD OF THE DEGREE OF

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2019-22

Name of the Supervisor	HOD

DECALATION

I hereby declare that this dissertation titled "**ECONOMICS WELLBEING STATUS OF ASHA WORKERS': AN EMPIRICAL EVALUATION OF SIKKIM"** does not contain information of a commercial or confidential nature, or include personal information other than which would be in the public domain unless the relevant permission has been obtained.

This dissertation was submitted in partial-fulfilment of the requirements for award of Bachelor's Degree in ECONOMICS at SRM University, Sikkim.

I also declare that this representation has not been previously published or submitted as a project report for the award of any other degree.

REETU KUMARI

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2022

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Reetu Kumari

BONAFIDE CERTIFICATE

Certified that this dissertation titled "ECONOMICS WELLBEING STATUS OF ASHA WORKERS': AN EMPIRICAL EVALUATION OF SIKKIM" is the bonafide work of REETU KUMARI (19SS601006) who carried out the research under my supervision.

Certified further, that to the best of my knowledge the work reported herein is not part of any other project report or dissertation based on which a degree or award was conferred on an earlier occasion to this or any other candidate.

Submitted for the viva-voce examination held on 30/05/2022.

31/5/2022

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INTERNAL EXAMINER

30/05/22

EXTERNAL

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CHAPTER -1

INTRODUCTION

INTRODUCTION

Accredited social health activist (ASHA) is trained female community health activities selected from the community itself and accountable to it . The mission document of national rural Health mission emphasises much on the important of community participants as a part of the decentralized process of Health care management and service delivery .Today the Asha programme has become an integral part of the health system and has been seen as a backbone of the community health programme .Despite having all these successes of the ASHA program ,there are several issues and challenges which include lack of clarity on the role and responsibilities question of her effectiveness and health outcome .The State of Sikkim is one of high focussed state under National Rural Health Mission, and has only 666 ASHAs in place. Sikkim is one among the very few states of the country, which has less than 1000 ASHAs in the state.

All the 666 ASHAs of the state have received all the rounds up to ASHA module 6th & 7th and drug kits have also been provided to them. State has identified one Senior Officer of the Directorate to lead the ASHA program in the state and she will be supported by one more person from State Community Processes Cell. The overall ASHA program in the state is supported by State Facilitator (Community Processes), who is from RRC-NE. There are Block Program Managers, who are guiding the ASHA program at Block level. ASHA Facilitators (who are still working as ASHA too) are also engaged to support at least 10 ASHAs under her jurisdiction. There are around 70 such ASHA Facilitators working under National Health Mission.

Sikkim has only 4 districts and all districts were covered under the study. 10% of the ASHAs were taken up from each district and thus all total 66 ASHA villages were covered. However,8(approx. 15% of sample ASHA villages) more ASHA villages were taken to reduce the non- sampling errors. So, all total 74 ASHA villages were covered in the study. Systematic random sampling along with cluster sampling, proportionate to the population was adopted. The key informants of the study include; ASHA, AWW, ANM, PRI, beneficiary-1(women with children under 6 months of age) and beneficiary-2 (women with children between 6.1 months to 2 years who fell sick in last one month). Interaction was also held with the concerned authority at State, District and Block level. Both qualitative and quantitative questionnaires were used for collection of primary data, while various records were referred for secondary data collection.

An ASHA is a woman selected by the community, resident in the community and who is trained, deployed, and supported to function in her own village to improve the health status of the people through securing their access to healthcare services. Her job responsibilities are three-fold, including the role of a link-worker (facilitating access to healthcare facilities and accompanying women and children), that of a community health worker (depot-holder for selected essential medicines and responsible for treatment of minor ailments), and of a health activist (creating health awareness and mobilizing the community for change in health status) (5-9). Till date, 700,000 ASHA workers have been trained and deployed across the country. Being lay workers, the governance structure, including their selection, incentives, and community ownership, and their performance in health and community development, have been identified as critical issues that need to be monitored.

It is, therefore, imperative to know what kind of ASHA workers are in place and what work they are doing. This has implications for the role/utility of community health workers in several settings where health systems are traditionally weak. They are selected from the village itself (one for 1000 population), preferably in the age group of 25–45 years with minimum formal education of 8 years. NRHM has envisaged capacity building of ASHAs through training, and for motivating them, there is a provision of performance-based incentive system. They are trained to provide primary medical care, health education on sanitation, hygiene, antenatal and postnatal care (PNC), escorting expectant mothers to the hospital for safe delivery and immunization of children, etc. ASHAs responsibilities range from health education to detection of diseased cases and referral to higher health facilities. ASHA guidelines were formulated by the Ministry of Health and Family Welfare, Government of India, where roles and responsibilities of ASHA, their working arrangements, capacity building, and performance-based incentives, etc.

As an honorary volunteer ASHA would receive performance-based compensation for promoting variety of primary health care services in general and reproductive and child health services in particular such as universal immunization, referral and escort services for institutional deliveries, construction of household toilets, and other healthcare interventions. In order to enable the states for proper implementation, ASHA guidelines were formulated by the Ministry of Health and Family Welfare (MOHFW), Government of India (GOI) where in institutional arrangements, roles and responsibilities integration with ANMs and Anganwadi workers (AWW), working arrangements, training, compensation, fund-flow etc , have been discussed. Many states depending on the local context modified the guidelines to suit their requirements, in the true spirit of the NRHM guidelines of decentralized programme management.

A number of studies have demonstrated the positive impact of community health worker (CHW) programs on the promotion of reproductive health services and family planning, appropriate care seeking, antenatal care during pregnancy, and skilled care for childbirth. However ,there have also

been several concerns about the performance and accountability of CHW programs, especially in programs scaled beyond the efficacy settings . To date, most of the studies on the effectiveness of CHW programs have been small-scale randomized trials with interventions delivered under controlled settings; limited evidence exists on the effectiveness of national-level CHW programs.

The WHO guidelines on health policy and system support to optimize CHW programs highlights the need for using longitudinal methods to assess the long-term impact of CHW programs [10]. India's accredited social health activist (ASHA) program is the largest government-led CHW program globally with nearly one million trained C HWs.The NRHM is an ambitious effort to strengthen the national health systems and health care delivery, with a special focus on improving health care outcomes among the poorest populations . The ASHA program, considered vital to the success of the NRHM, aims to increase community engagement with the health system and support access to public health service .

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. Selected from the village itself and accountable to it, the ASHA will be trained to work as an interface between the community and the public health system. Following are the key components of ASHA :

- ASHA must primarily be a woman resident of the village married/ widowed/ divorced, preferably in the age group of 25 to 45 years.
- She should be a literate woman with due preference in selection to those who are qualified up to 10 standard wherever they are interested and available in good numbers. This may be relaxed only if no suitable person with this qualification is available.
- ASHA will be chosen through a rigorous process of selection involving various community groups, self-help groups, Anganwadi Institutions, the Block Nodal officer, District Nodal officer, the village Health Committee and the Gram Sabha.
- Capacity building of ASHA is being seen as a continuous process. ASHA will have to undergo series of training episodes to acquire the necessary knowledge, skills and confidence for performing her spelled out roles.
- The ASHAs will receive performance-based incentives for promoting universal immunization, referral and escort services for Reproductive & Child Health (RCH) and other healthcare programmes, and construction of household toilets.
- Empowered with knowledge and a drug-kit to deliver first-contact healthcare, every ASHA is expected to be a fountainhead of community participation in public health programmes in her village.

- ASHA will be the first port of call for any health related demands of deprived sections of the population, especially women and children, who find it difficult to access health services.
- ASHA will be a health activist in the community who will create awareness on health and its social determinants and mobilise the community towards local health planning and increased utilisation and accountability of the existing health services.
- She will counsel women on birth preparedness, importance of safe delivery, breast-feeding and complementary feeding, immunization, contraception and prevention of common infections including Reproductive Tract Infection/Sexually Transmitted Infections (RTIs/STIs) and care of the young child.
- ASHA will mobilise the community and facilitate them in accessing health and health related services available at the Anganwadi/sub-centre/primary health centres, such as immunisation, Ante Natal Check-up (ANC), Post Natal Check-up supplementary nutrition, sanitation and other services being provided by the government.
- She will act as a depot older for essential provisions being made available to all habitations like Oral Rehydration Therapy (ORS), Iron Folic Acid Tablet(IFA), chloroquine, Disposable Delivery Kits (DDK), Oral Pills & Condoms, etc.

ASHA facilitators

The role of ASHA Facilitators is broadly summarized as under:

- Conduct village visits (comprising of accompanying ASHA on household visits, conducting community/VHSNC meetings, attending Village Health and Nutrition Days).
- Conduct cluster meetings of all ASHAs in the area once a month.
- Enable ASHAs in reaching the most marginalized households.
- Support ASHA training at the block level.
- Facilitate selection of new ASHAs.
- Facilitate grievance redressal.

Roles & responsibilities

ASHA will be a health activist in the community who will create awareness on health and its social determinants and mobilize the community towards local health planning and increased utilization and accountability of the existing health services. She would be a promoter of good health practices. She will also provide a minimum package of curative care as appropriate and feasible for that level and make timely referrals. Her roles and responsibilities would be as follows:

- ASHA will take steps to create awareness and provide information to the community of determinants of health such as nutrition, basic sanitation & hygienic practices, healthy living and working conditions, information on existing health services and the need for timely utilization of health & family welfare services.
- She will counsel women on birth preparedness, importance of safe delivery, breastfeeding and complementary feeding, immunization, contraception and prevention of common infections including Reproductive Tract Infection/Sexually Transmitted Infection (RTIs/STIs) and care of the young child.
- ASHA will mobilize the community and facilitate them in accessing health and health related services available at the village/sub-centre/primary health centres , 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 work with the Village Health & Sanitation Committee of Panchayat to develop a comprehensive village health plan.
- 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).
- ASHA will provide primary medical care for minor ailments such as diarrhoea, fevers, and first aid for minor injuries. She will be a provider of Directly Observed Treatment Short-course (DOTS) under Revised National Tuberculosis Control Programme.

BACKGROUND

The ASHA programme is considered as being vital to achieving the goal of increasing community engagement with the health system, and is one of the key components of the National Rural Health Mission (NRHM). The ASHA is a woman selected by the community, resident in the community, who is trained and deployed and supported to function in her own village to improve the health status of the community through securing people's access to health care services. Within two years over 3 LAKH ASHA had been selected and deployed. In response to popular acclaim and demand, the programme was expanded in early 2009 to the entire country. One of the key components of the community processes under National Rural Health Mission is to provide a trained female community health activist – Accredited Social Health Activist (ASHA) in every village of the country. Selected from the village itself and accountable to the villagers, the ASHAs are trained to work as an interface between the community and the public health system.

ASHA is primarily a woman resident of the village -'Married/Widow/Divorced' and preferably in the age group of 25 to 45 years and she should have effective communication skills, leadership qualities and should be able to reach out to the community. She should be a literate woman with

formal education up to Eighth Class. These criteria may be relaxed only if no suitable person with this qualification is available. Adequate representation from disadvantaged population groups should be ensured to serve such groups better. Urban ASHA workers bridge the gap between the Urban Health system and urban poor to provide accessible, affordable, accountable, reliable & effective primary health care. ASHA represents a vital role in the strategy of NRHM. There is scarcity of information on quality of life and factors influencing it on ASHA workers. The assessment of quality of life in this group may help to better understand and develop an insight for measures that can be improved in their lives.

Our aim was to study the socio demographic determinants of ASHA workers, to study the work profile of the ASHA workers, to assess the knowledge, awareness and practice of their roles and responsibilities in the delivery of health care services and to suggest specific recommendations on the ASHA scheme based on the study findings. ASHA is an honorary volunteer and does not receive any salary or honorarium. Her work is tailored in such a way so as it does not interfere with her normal livelihood. The ASHA is currently compensated p for her time she dedicates for providing essential & basic services to the people in her community Under this scheme the ASHA will be paid a matching amount of incentive that she earned during a particular year from both NRHM programme & Vertical programme alike. NRHM had been envisaged as focal point of all the programs targeted to improve the health of rural people in India with a focus of involving people or community in administering health measures. One of the main core strategies suggested under the NRHM was the creation of the much touted Accredited Social Health Activists (ASHA) to strengthen the decentralized village and district level health planning and management. The ASHA is expected to be an interface between the community and the public health system. NRHM is envisaged as a horizontal program with emphasis on initiatives and planning at local level.3,4 ASHA being the grass root level worker the success of NRHM depends on how efficiently is ASHA able to perform but the efficiency of ASHA or efficiency of performance of ASHA depends on their awareness & perception about their roles & responsibilities in health care provision.

Role of ASHA worker associated with Janani Suraksha Yojana (JSY):- Janani Suraksha Yojana was launched in the year 2005 by the Indian government. JSY is motherhood intervention scheme intent to promote institution delivery among poor rural women and to minimise the neo-natal and maternal mortality rate. JSY is operated under the Ministry of Health and Family Welfare as a component of NRHM. The scheme provides financial assistance during delivery and post-delivery care. At national level about 10,438,000 women receive cash assistance under JSY during 2014-15. Under the JSY ASHA workers also receive cash assistance for their service in promoting institutional delivery of pregnant women. ASHA workers along with usual duties of providing better care to pregnant women, they also play a vital role in JSY scheme as follows:-

1. To find pregnant women as donee of the JSY scheme.
2. To abetment the pregnant women to get necessary certificates.
3. To diagnose a functional Govt. Health centre or assist Private Health Institution for delivery.
4. To accompany the pregnant Women to the Health Centre and as well as stay with her till the women is discharged . .

IMPORTANTANCE OF THE STUDY

Earlier there was no such health care activities for the needs and want of the rural people These health care activities were formed when the government realized the fact that the majority of the rural people died because of the improper medical treatment . The people in those area did not know how to take treatment if they are affected by diseases like malaria and cholera and they didn't have an easy access to the hospital the birth rate decrease because he women did not get proper care and treatment while they were pregnant. In order to create awareness among the rural people about this problem and this problem and to help them accredited social Health Activist (ASHA) was formed .

Now day's Accredited Social Health Activist [ASHA] is becoming popular among rural population with its Reproductive and Child Health [RCH] activities and other health care programs. Therefore, an attempt is made to study the role of Accredited Social Health Activist [ASHA] in improving the health needs of rural population. The study is carried out in order to determine the effectiveness of the plan and to create more awareness among the public about ASHA plans. The development of industry leads to development of economy. The development of the health is very importance since they are promising factor of tomorrow. The government adopted many strategies for providing health education. Till date more than 8.85 lakhs ASHA workers have been selected, trained and deployed across the country. ASHA is a first port of any health related demand of deprived section of the population especially women and children which finds it difficult to access health services in rural areas. It increases the utilisation outpatient services, diagnostic facilities which enhance the wealth through health which provides a channel for financial inclusion for the total population.

OBJECTIVES

- To examine the economic wellbeing condition of ASHA workers'.
- To examine the influence of socio-demographic features on economic wellbeing standing.
- To comprehend the ASHA Scheme's influence in affecting the economic wellbeing status.

CHAPTER -2

REVIEW OF THE LITERACTURE

Sexana and kakker , (2012) **A study on ASHA –a change agent of the society** To find out the biosocial profile of Asha and services provide by them A descriptive study was conducted in imlikhera block of haridwara district in 2008 participated by all (150) ASHs . Maximum (42%) ASHA were in 26- 30 yrs. of age group. However 23% Asha were in less than 25 yrs. of age which is below than the stipulated selectin criteria.

Dr. Joydeep Das,(2014**) ASHA Evaluation in Sikkim** Study the existing status of various component of ASHA programme. At the state has only 4 district so all the four district were covered

as a part of the study. The study shows that out of 74 ASHA only 4 ASHA are new in the state, 2 new Asha are replaced in west district and north and east district has only 1 new Asha each.

Jay k Sheth,(2017): **Focused Group Discussion of urban ASHA workers regarding their work related issues** To identify work related problems faced by urban ASHA workers. Were present at the selected urban health centre on the predecide day of FGD focused group discussion. FGD with urban ASHA workers help to bring out issues related to their field work but more FGD may be required to validate these finding.

Papori baruah, (2016) **COMPETENCY OF ASHA WORKERS AND THEIR WORK EFFECTIVENESS: AN EMPIRICAL STUDY OF ASSAM ASHA.** has no clear idea about their roles and responsibilities and due to this lack of knowledge and insufficient training are unable to perform their work to necessary standard. This study was conducted in three district of Assam namely sonitpur. survey method was used to collect relevant to information from ASHA of the selected district. This section is divided into three parts, corresponding with the study three objectivise namely to determine the competency of ASHA by studying their knowledge, skills and attitude.

Baliya and walvekar,(2018) **Awareness of ASHA workers of low endemic area regarding malaria: a qualitative analysis** To assess the awareness of ASHA workers regarding malaria. The qualitative study was conducted from JAN to JUNE 2017 using eight focus group discussion among 50 ASHA workers of rural area of belagavi selected by purposive sampling. Findings revelled that majority of them had poor knowledge regarding collection of blood smears and none of them were aware about anti malarias.

Agarawaln and Singh, (2019) **The impact of India's accredited social health activist (ASHA) program on the utilization of maternity services:** a nationally representative longitudinal modelling study Understand the characteristic of the ASHA her beneficiaries support structure and roles assigned to her. We used data from India human development survey done in 2004-2005 and in 2011-2012 to assess demographic and socio-economic factor associated with the receipt of ASHA services. Substantial variations in the receipt of ASHA services with 66% of women in north eastern states 30 % of high focus states and 16 % of women in other states.

Srinivasan and Maria, (2020 -2022)**Perceptions of ASHA workers in the HOPE collaborative care mental health intervention in rural South India: a qualitative analysis**. The main objectives of this exploratory study were to investigate the overlooked perspectives and beliefs of Asha workers. This study is a follow up to the parent HOPE RCT that is implementing and evaluating the integration of mental health interventions n primary care ASHA workers mostly had positives interaction with

patient including encouraging them to attend session helping to explain the topic and checking on the patients frequently.

Ishita chetna ashok and bishan, (2022) **Qualitative Assessment of Accredited Social Health Activists (ASHA) Regarding Their Roles and Responsibilities and Factors Influencing Their Performance in Selected Villages of Wardha.**To study the awareness and perception of ASHA regarding their roles and responsibilities in health care delivery system The qualitative study was conducted in seven selected village of selected village of talegaon primary health centre ward district Maharashtra which is under field practice area of a medical college Almost of all they ASHA were aware that they bear a major roles in link workers among the community and health system.

Darshan K. Mahyavansh,(2011) **To find out the knowledge, attitude and practice of ASHA workers regarding child health under five years of age**. Type of the study: Cross sectional study, Study area/setting: Five PHC of Surendranagar district, Participants & sample size: 130 "ASHA" Workers, sampling: Simple random sampling. Inspite of training which is given to ASHA workers there is still a lacunae left in their knowledge regarding the various aspects of morbidity and mortality of children under 5 years of age.

Agrawal and Sanger (2005, 1-9) conducted a study **on "need for dedicated focus on urban health within National rural health mission"** where they found in their study that urban poor population constitutes nearly a third of Indian's urban population and is growing at three times the national population growth rate. Health status and access of reproductive and child health services of slum dwellers is poor. They suffer from adverse health conditions, owing to insufficient services, low awareness and poor environment.

Ghill and Ghuman (2000) were stated that, **the primary prevention and health promotion are non-existent in rural India.** Since the majority of Indian population (almost 70%) lives in rural areas. Thus the rural areas in India require special attention in primary health care services and rural population needs to be the focus of the state, they also revealed that rural hospital and dispensaries continue to be starved of essential medicines, first aid and materials, test facilities etc. Thus their study indicated that health care facilities are mostly underfunded. Lack of funds, short of drugs and essential supplies reduces the work motivation of health workers in the rural areas and they suffer from low morale.

Saikia & Das (2012,) **reviewed the current status of rural health care infrastructure in north-east region of India.** The study found that after implementation of NRHM in 2005 there has been significant improvement in the rural health infrastructure, especially in case of health centers, but the quality of rural health services has remained an issue of concern. In the northeastern region all states

except Mizoram have suffered acute shortage of Community health centers and primary health centers.

SMSMC, (2008) **undertook a study to assess the quality of institutional deliveries in Jaipur District, Rajasthan.** The study found that ASHAs create awareness on the need for skilled attendance at birth, on danger signs during pregnancy, counsel pregnant mothers for 26birth preparedness, motivate them for ante natal check –ups and accompany them to health institutions at the time of institutional delivery, in addition to other roles and responsibilities.

Abhishek Singh and Ahluwalia (2017)**AN EVALUATION OF ASHA WORKER'S AWARENESS AND PRACTICE OF THEIR RESPONSIBILITIES IN RURAL HARYANA .**The study was conducted in the rural field practice area of the department of community medicine, MMIMSR, Mullana Majority of ASHA workers were aware about helping in immunization, accompanying clients for delivery, providing ANC and family planning services as a part of responsibility.

Arima Mishra conducted a study about the role of the **Accredited Social Health Activists in effective health care delivery in South Orissa** finds that there should be more involvement of community in recruiting and discussing responsibilities of the ASHAs. This will enable ASHAs to effectively act as a bridge between the community and the formal healthcare services.

CHAPTER -3

RESEARCH METHODOLOGY

TYPE OF STUDY

Primary data, descriptive analysis, cross sectional

PLACE OF THE STUDY

Sikkim

TIME PERIOD

December 2021 to May 2022

SAMPLE SIZE AND SELECTION OF SAMPLE

As the state has only 4 districts, so all the four districts were covered as a part of the study. The number of ASHAs, taken from each district was based on the proportionate to the number of ASHA workers of that district. So, all total 75 ASHA worker's residential were taken up for the study. A study of this research is totally based on primary data. Primary data was collected from 80 respondents of through structure interview schedule from 4 district of Sikkim state.

TYPE AND SOURCE OF DATA

A study is totally based on primary data. And the source of data was collected by

1. Direct personal investigation.
2. Indirect oral investigation.
3. Telephonic interview.
4. Mailed questionnaire.
5. The questionnaire filled by enumerators.
6. Visit different urban areas personally.

TOOLS /TECHIQUES FOR ANALYSIS

In the study descriptive analysis and cross tabulation is adopted for the analysis to meet the objectives of the study.

software used

- excel
- spss

STATISTICAL TOOLS

- descriptive analysis
- cross tabulation
- frequency

CHAPTER -4

DATA ANALYSIS AND FINDINGS

To have a detail understanding of the study on the wellbeing status of Asha workers and to meet objectives, the finding and analysis has been conducted.

ANALYSISING OF DATA

Table 1

age of Asha workers

valid	Frequency	Percent
28	3	3.8
30	1	1.3
31	1	1.3
32	1	1.3
33	1	1.3
34	4	5.0
35	2	2.5
36	7	8.8
37	3	3.8
38	2	2.5

39	6	7.5
40	8	10.0
41	4	5.0
42	9	11.3
43	2	2.5
44	1	1.3
45	3	3.8
46	8	10.0
49	4	5.0
50	2	2.5
52	2	2.5
53	3	3.8
54	2	2.5
62	1	1.3
Total	80	100.0

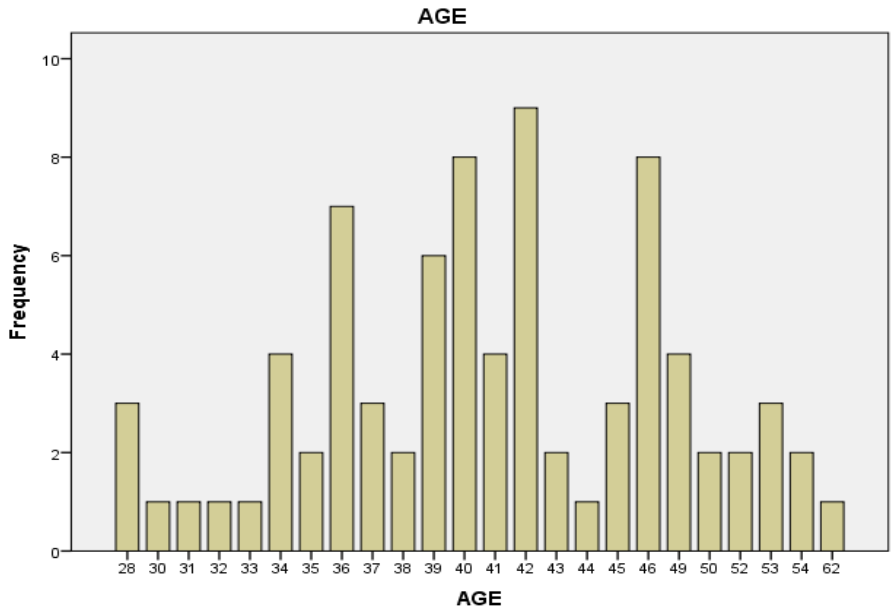

Figure1. Age of Asha workers

In this table its show the maximum age is 42 and its total percentage is 65.0. Here its show that most of them age is 42.

Table 2.

Religion of Asha workers

Valid	Frequency	Percent
Buddhist	18	22.5
Christin	20	25.0
Hindu	42	52.5
Total	80	100.0

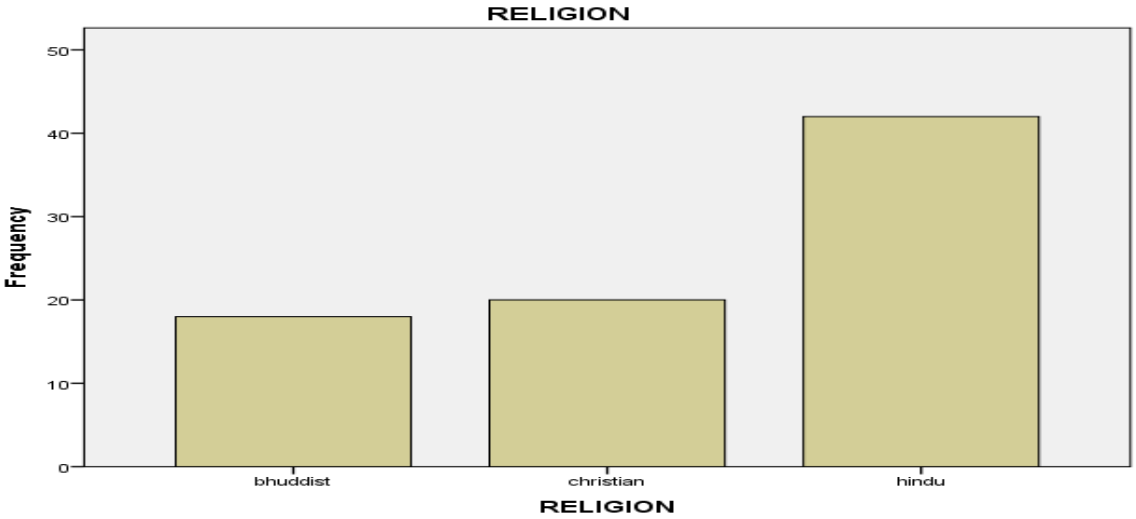

Figure 2. here in this table it shows the Asha who were working in Sikkim the maximum Asha religion was Hindu.

Table 3

Caste of Asha workers

Valid	Frequency	Percent
General	7	8.8
OBC	42	52.5
SC	2	2.5
ST	29	36.3
Total	80	100.0

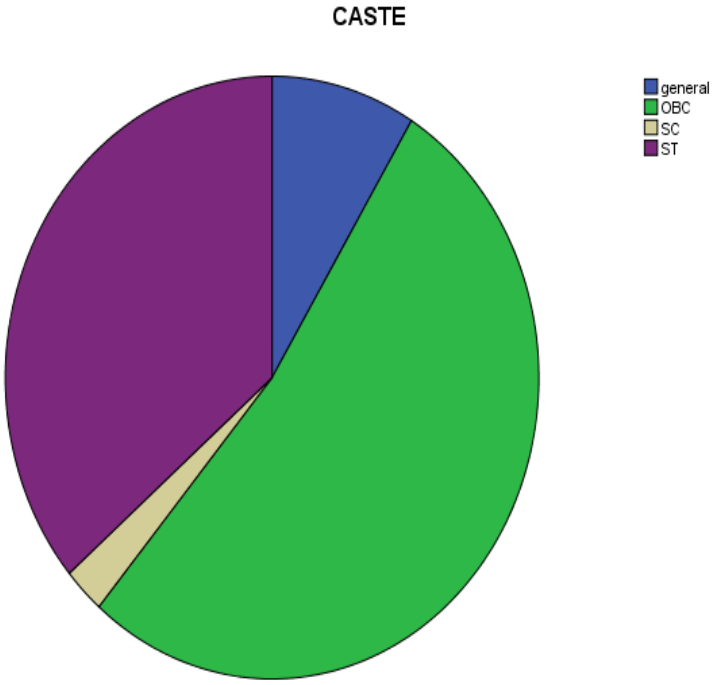

Figure 3. caste of Asha workers here in this table and pie chart its show that most of them was OBC.

Table 4.

education of Asha workers

Valid	Frequency	Percent
10 PASSED	32	40.0
12 PASSED	13	16.3
5 PASSED	1	1.3
7 PASSED	2	2.5
8 PASSED	21	26.3
9 PASSED	5	6.3
B.A and Asha certificated	1	1.3
CLASS 10	1	1.3
graduation	3	3.8
master in economic	1	1.3
Total	80	100.0

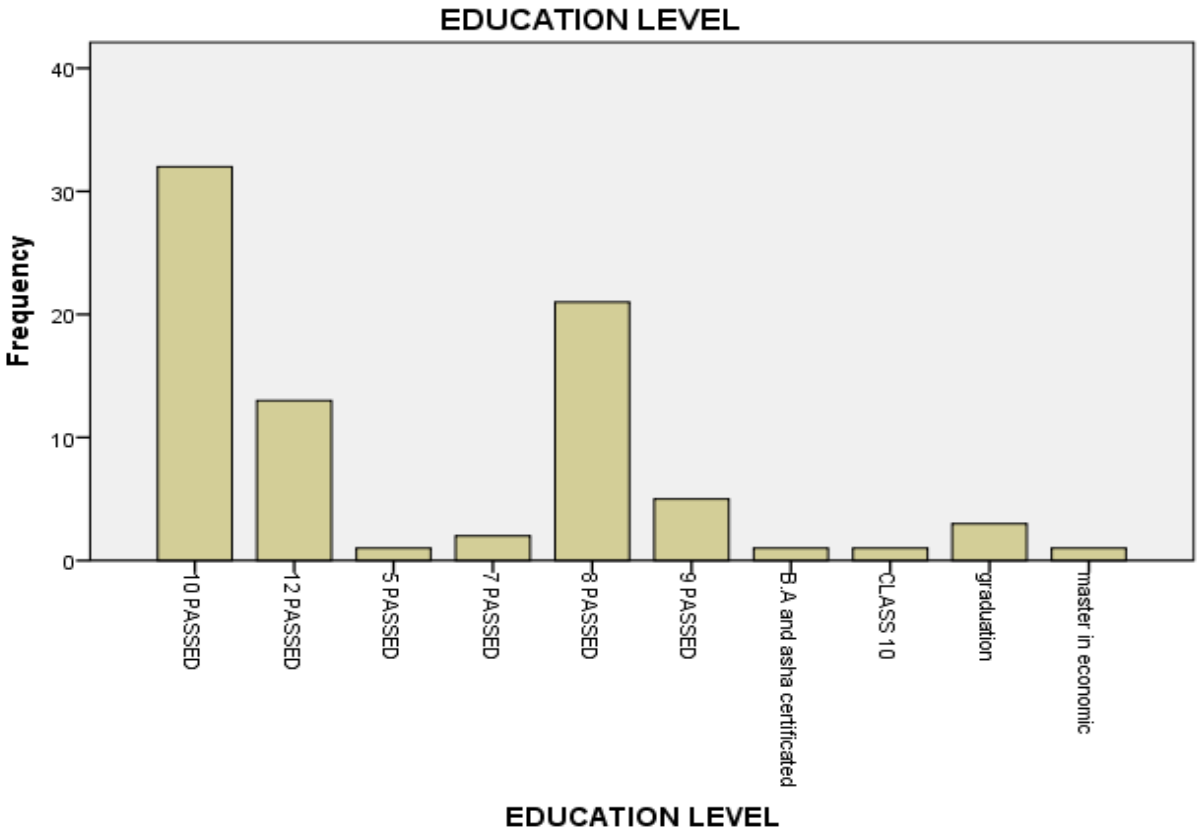

Figure 4.In this table its identify that most of Asha workers are 10 passed.

Table 5

MATERIAL STATUS

valid	Frequency	Percent
married	76	95.0
widowed	4	5.0
Total	80	100.0

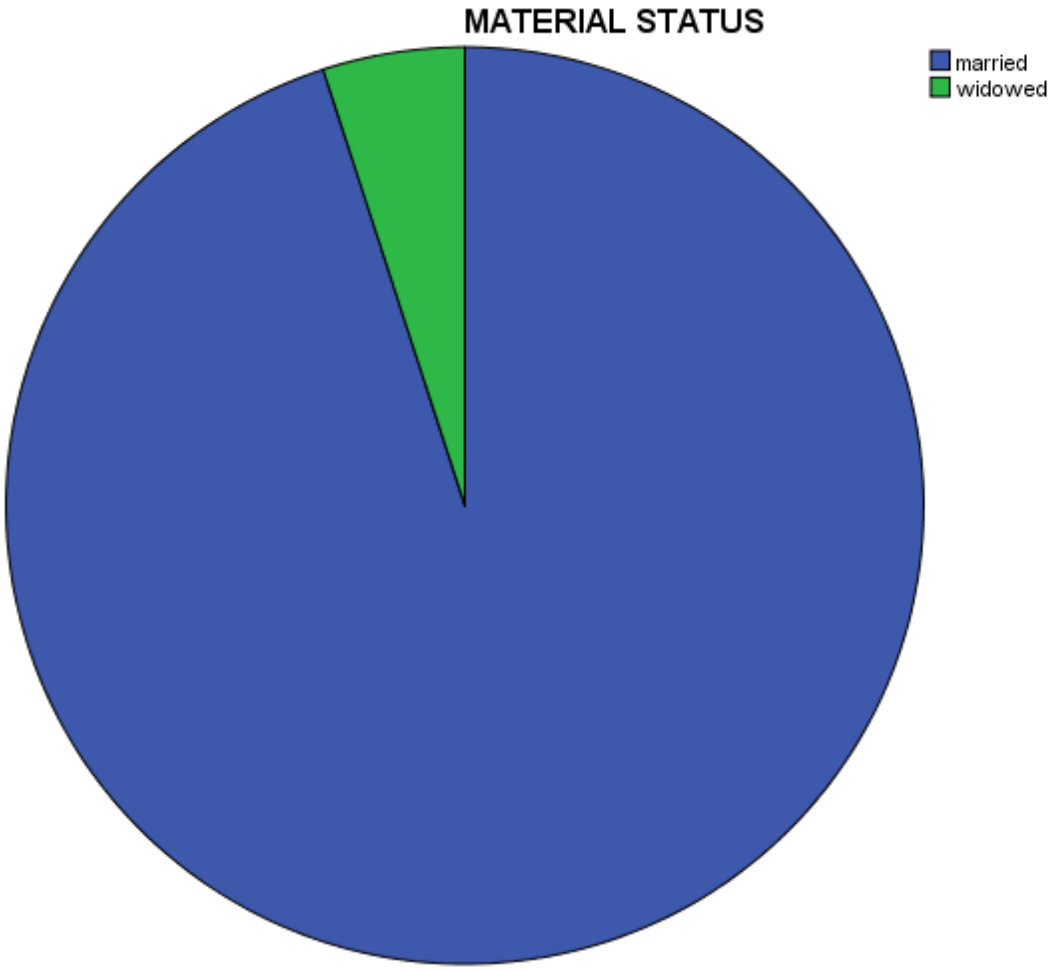

Figure 5. In this table it identifies the material status of Asha workers where it shows the more frequency of married women.

Table 6

FAMILY SIZE

valid	Frequency	Percent
1	1	1.3
2	1	1.3
3	9	11.3
4	36	45.0
5	20	25.0
6	5	6.3
7	5	6.3
8	3	3.8
Total	80	100.0

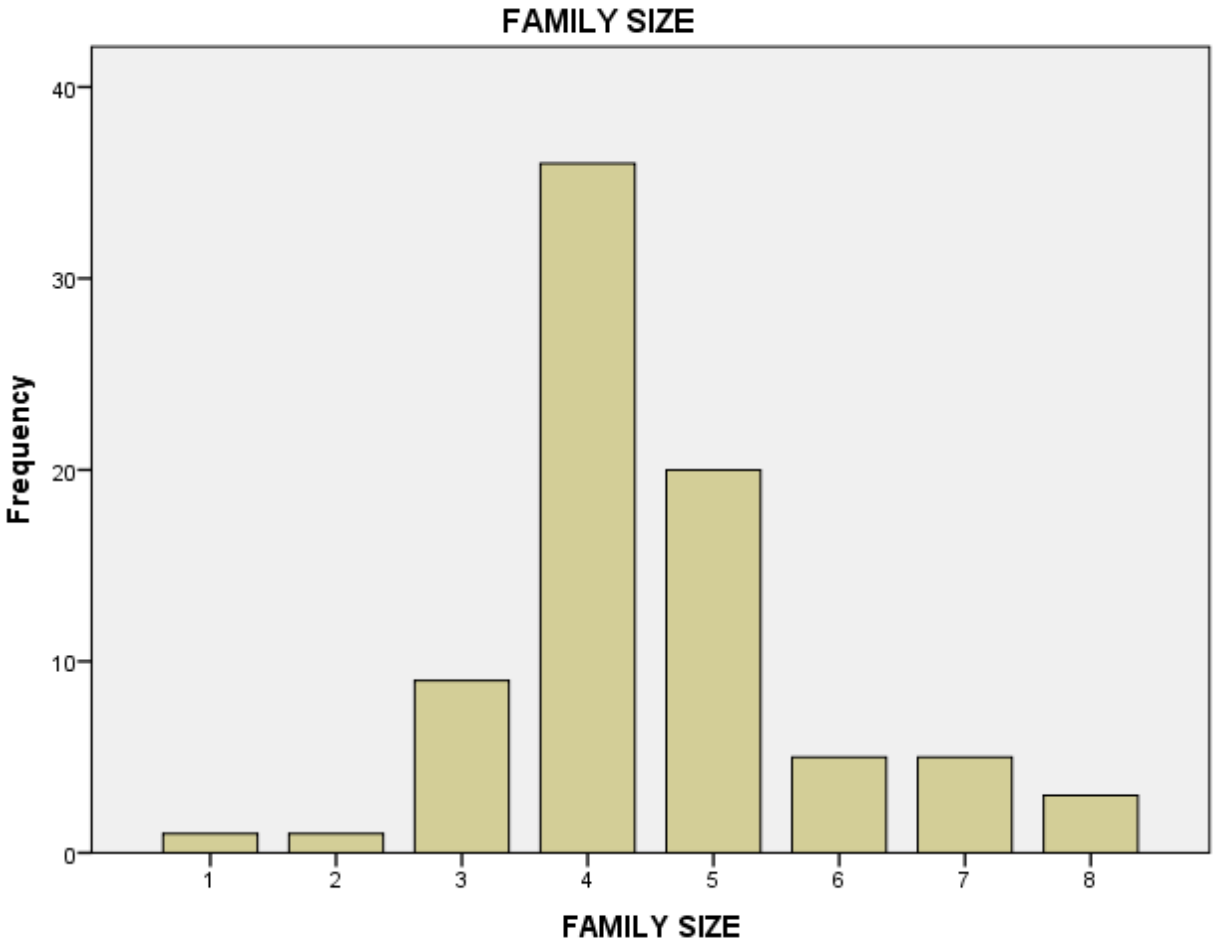

Figure 6. In this table its shows the maximum Asha worker's family size is 4.

Table 7

Valid	Frequency	Percent
AAY	1	1.3
APL	17	21.3
BPL	50	62.5
PHH	12	15.0
Total	80	100.0

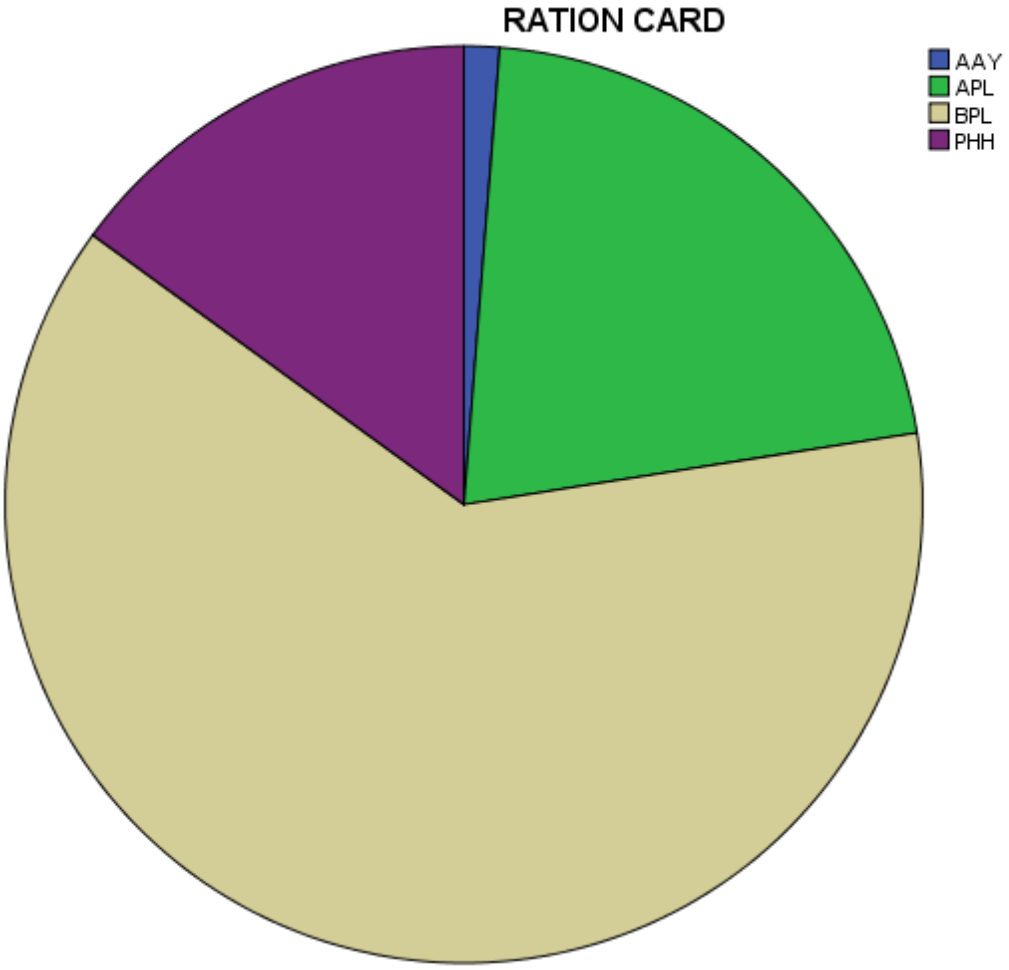

Figure 7. In this table its identify the ration card of Asha workers and maximum has BPL ca

Table. 8

Valid	Frequency	Percent
ASHA workers	72	90.0
Other	8	10.0
Total	80	100.0

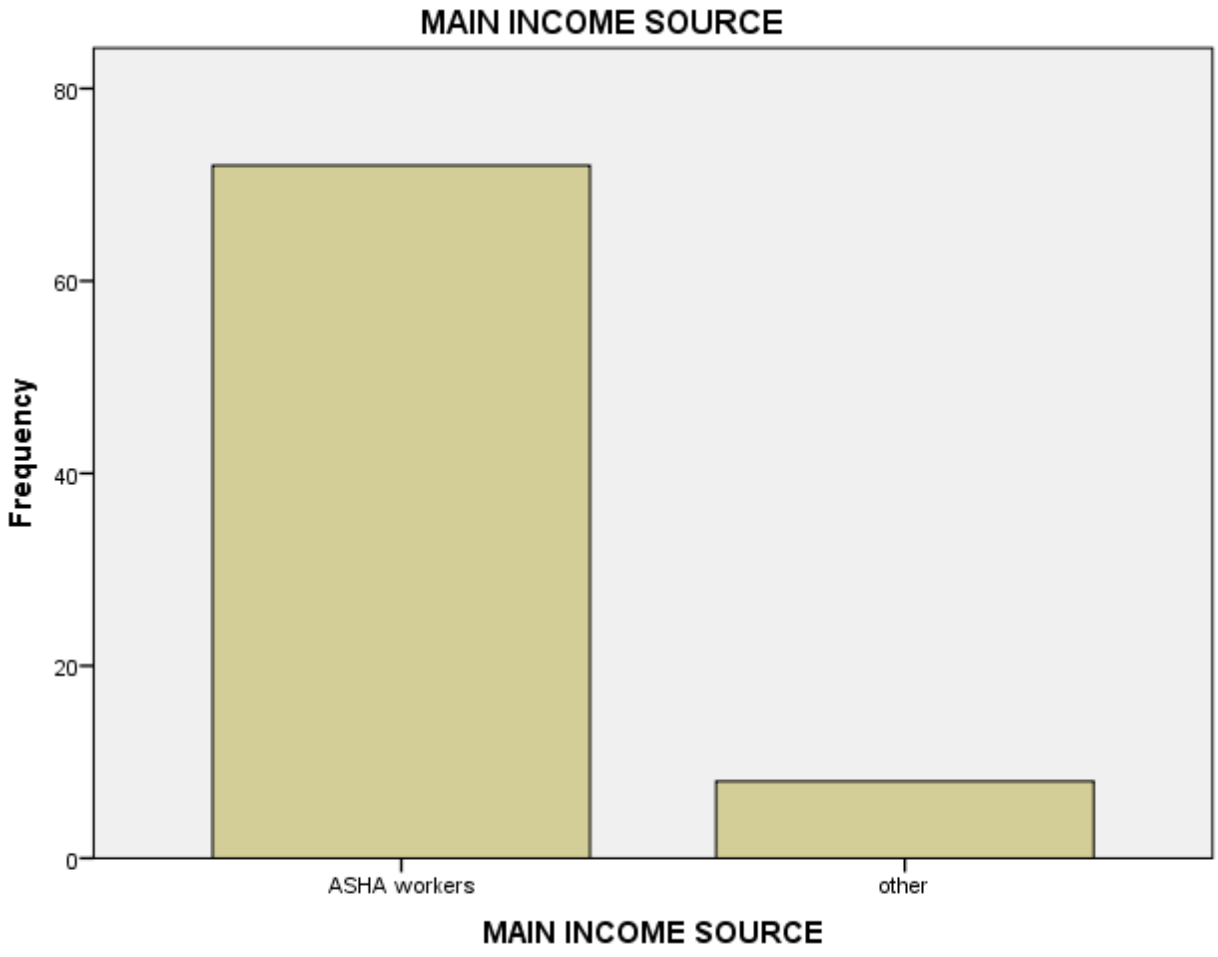

Figure 8. In this table its identify the income source of the Asha workers where maximum Asha income come from Asha workers work.

Table 9

CHIEF EARNING MEMBER

Valid	Frequency	Percent
husband	27	33.8
other	3	3.8
self	50	62.5
Total	80	100.0

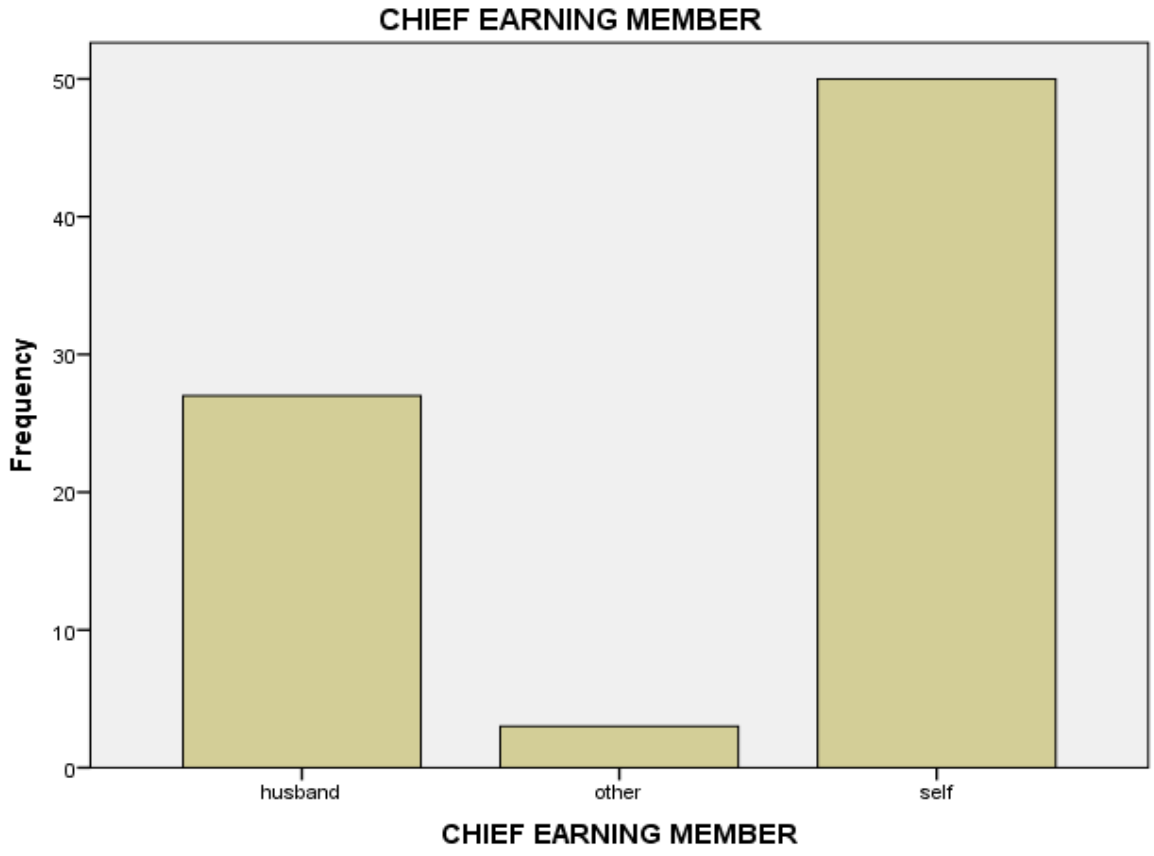

Figure .9 In this table its identify the chief earning member of Asha workers home so maximum have answered that they its self was a chief earning member of their home.

Table 10

MONTHLY SALARY

		Frequency	Percent
Valid	10000	1	1.3
	6000	79	98.8
	Total	80	100.0

Figure 10. In this table its shows the monthly salary of the Asha workers where maximum of them get 6000 per month or ammonium and only one she get 10,000 per month.

Table 11

EARNING OHER THAN SALARY

Valid	Frequency	Percent
business	3	3.8
DIARY	1	1.3
Farming	1	1.3
NO	71	88.8
Yes	4	5.0
Total	80	100.0

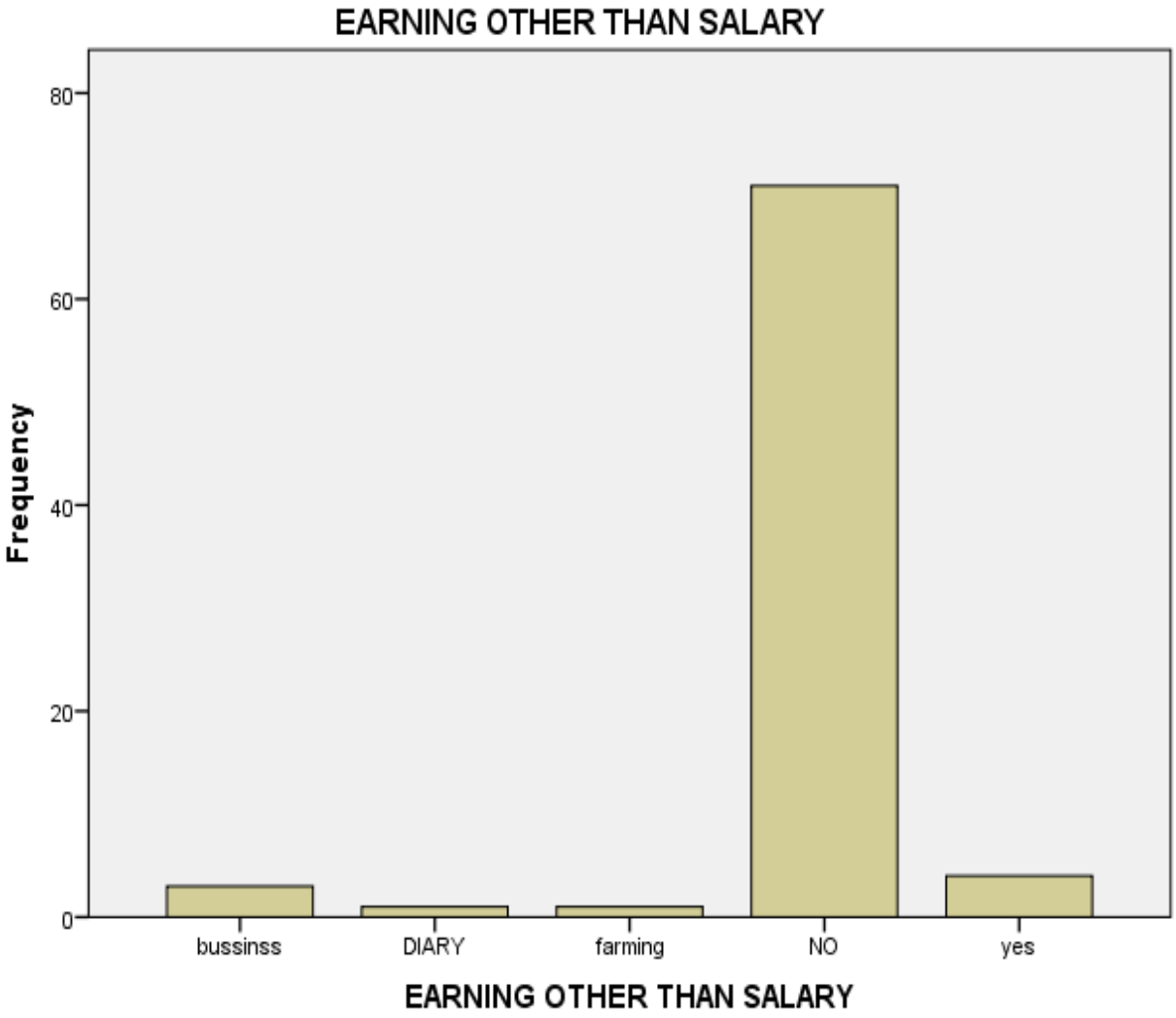

Figure 11. In this table its identify the earning other than salary where most of them has said no as they don’t have any other income source.

Table 12.

TOTAL HOUSEHOLD INCOME MONTHLY

Valid	Frequency	Percent
10000	35	43.8
16000	1	1.3
4000	1	1.3
5000	2	2.5
6000	10	12.5
7000	8	10.0
8000	7	8.8
9000	1	1.3
No	1	1.3
NO	14	17.5
Total	80	100.0

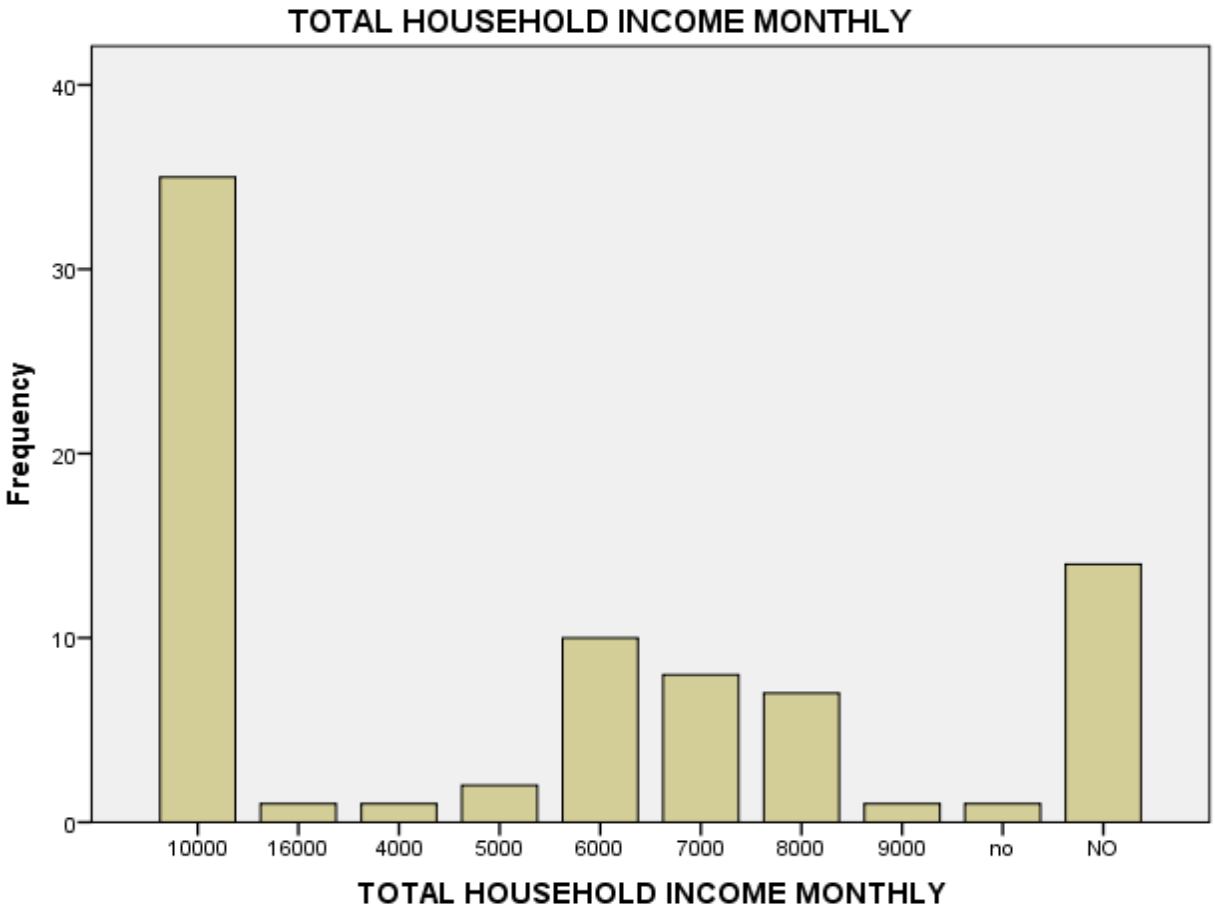

Figure 12. In this table its identifying the total household income monthly so maximum has 10000 monthly incomes of their household.

Table 13

PAYMENT IN TIME

Valid	Frequency	Percent
NO	45	56.3
YES	35	43.8
Total	80	100.0

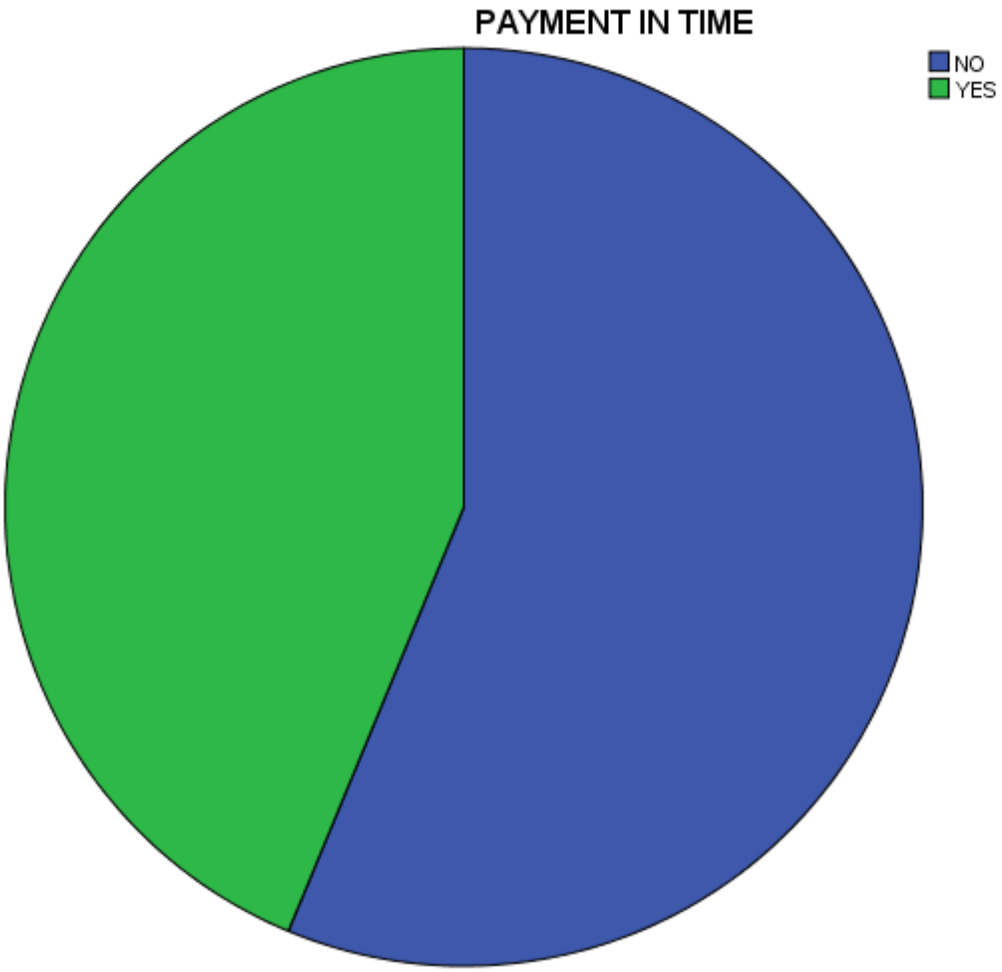

Figure 13. In above figure its identifying about the payment of the Asha workers where in 80 respondents 45 has said no and 35 has said yes.

Table 14

MODE OF PAYMENT

Valid	Frequency	Percent
E -Transfer	80	100.0

Table 15

REASON FOR ASHA WORKERS TO DO JOB

Valid	Frequency	Percent
to earn money	1	1.3
to provide health services	28	35.0
to serve the community	51	63.8
Total	80	100.0

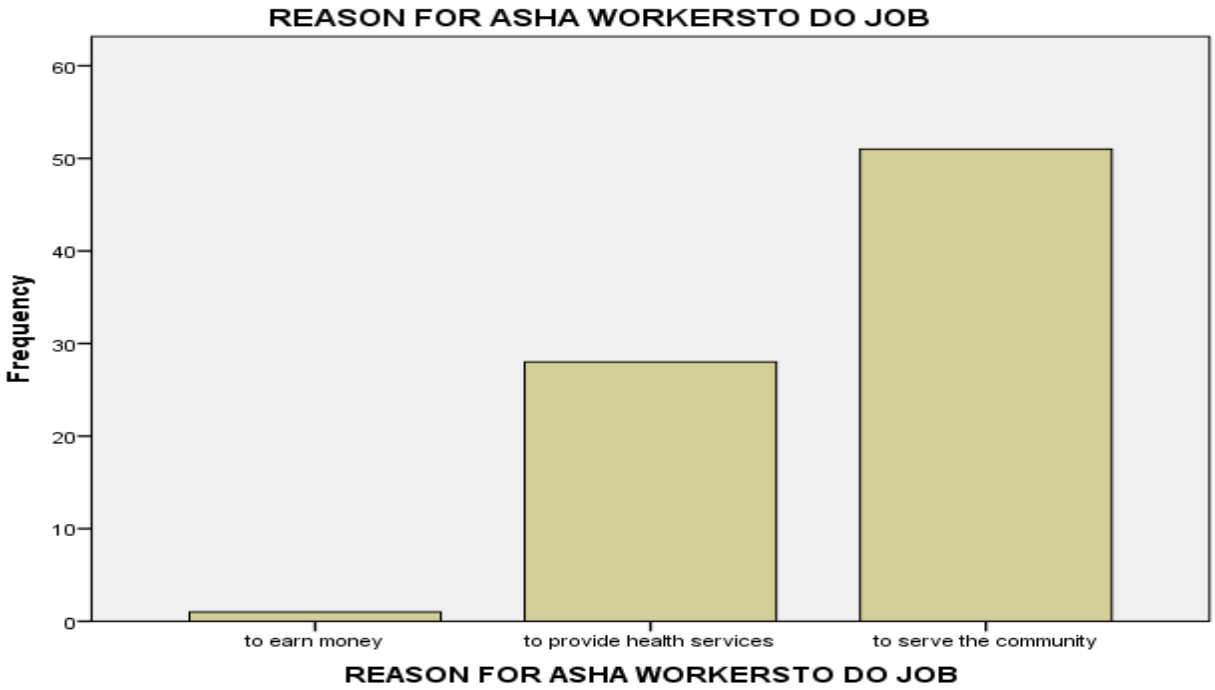

Figure 15. In this table it identifies what are the reason for Asha workers to select their jobs

TABLE 16.

BENEFIT YOU GET FROM JOB

Valid	Frequency	Percent
Earning	1	1.3
knowledge and training	1	1.3
knowledge, training	5	6.3
knowledge about health service	1	1.3
knowledge and experience	2	2.5
knowledge and social work	2	2.5
knowledge and training	7	8.8
knowledge increased	1	1.3
social health	2	2.5
social service	3	3.8
social work	29	36.3
social work and experiences	1	1.3
social work and knowledge	2	2.5

social work and training	3	3.8
training and knowledge	3	3.8
welfare of community	2	2.5
Total	80	100.0

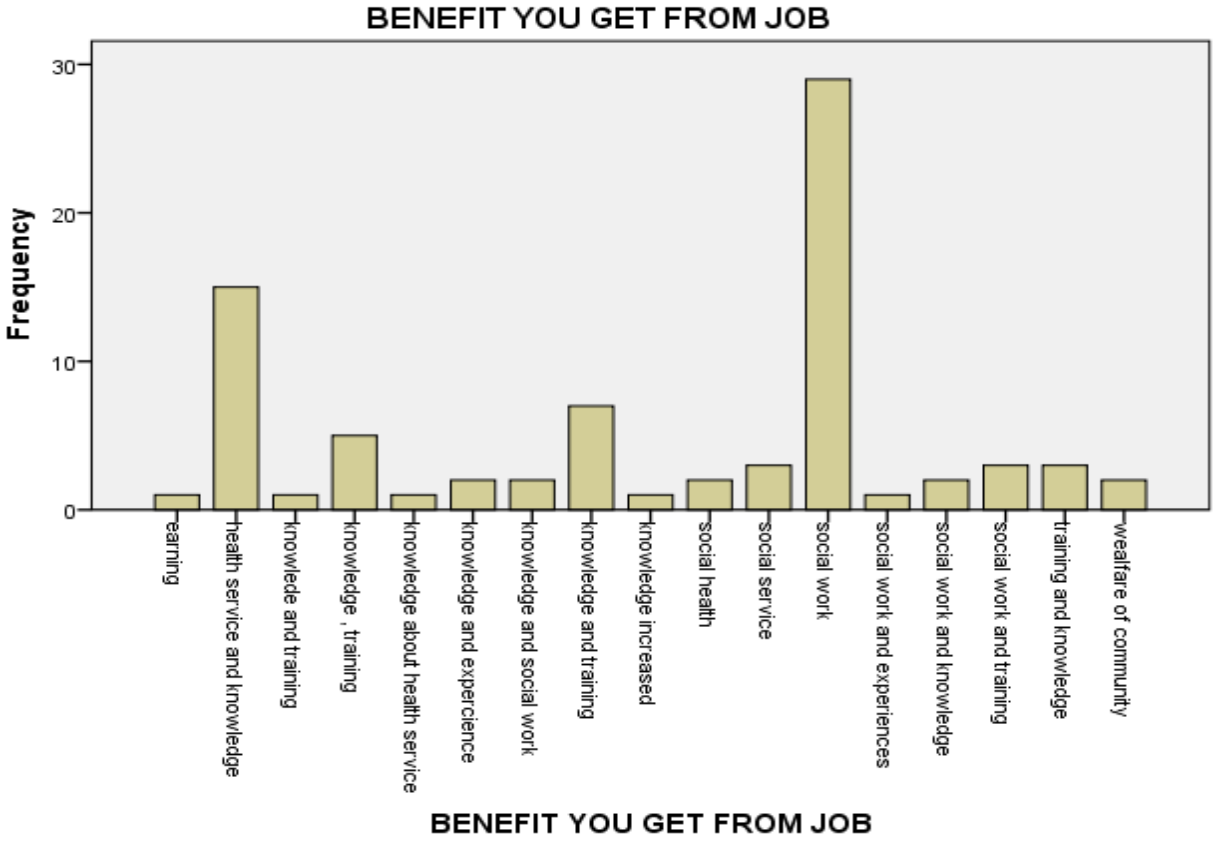

Figure16 In the above table identify the benefits that the Asha workers get from their jobs as per 80 respondents 29 of them focused on social work as they feel relieved to work social work.

Table 17

ADEQUATE DAYS TO DO WORK

Valid	Frequency	Percent
NO	2	2.5
YES	78	97.5
Total	80	100.0

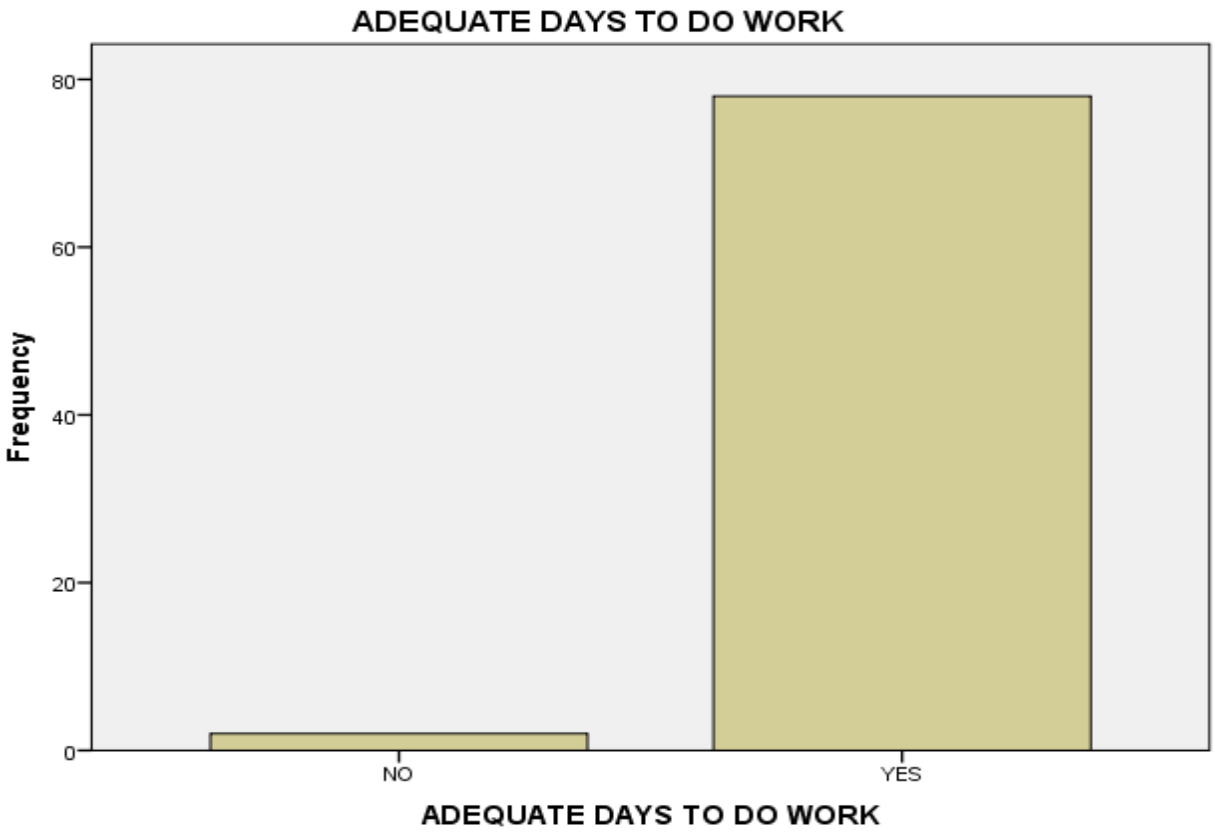

Figure17.In this above table it identifies that is Asha workers are getting adequate days to work or not as per data most of them has said yes there are getting adequate to do work.

Table 18

FULLY SECURE IN WORKPLACE

Valid	Frequency	Percent
NO	17	21.3
YES	63	78.8
Total	80	100.0

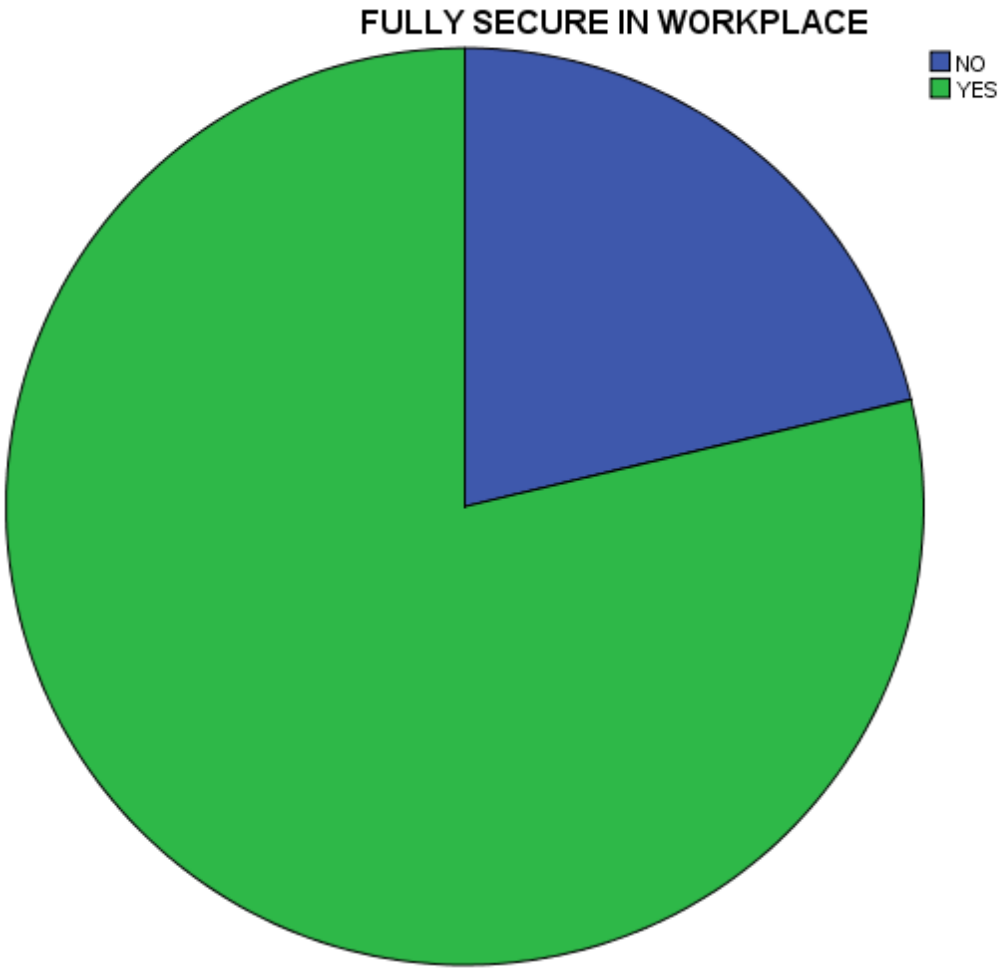

Figure18. In this tables it has identified that the Asha workers where they go for work is that place is fully secure so in 80 respondents 63 has said yes, it is secure for us.

Table 19

CASH LEFT TOWARD THE MONTH END

		Frequency	Percent
Valid	NO	76	95.0
	Yes	4	5.0
	Total	80	100.0

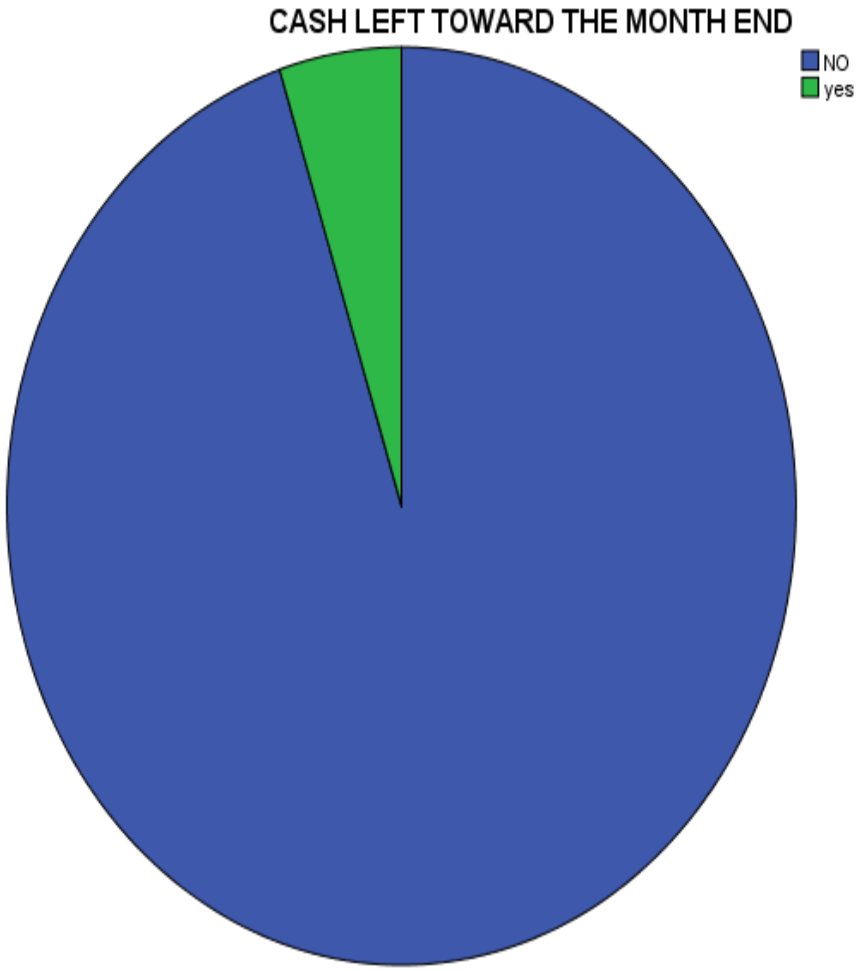

Figure 19.in this above table its shows the salary they get from that salary they able to save it till the end of the month.so maximum respondent has said no they can't able to save money till the end of the month.

Table 20

HANDLE THE UNEXPECTED EXPENCES

		Frequency	Percent
Valid	NO	20	25.0
	YES	60	75.0
	Total	80	100.0

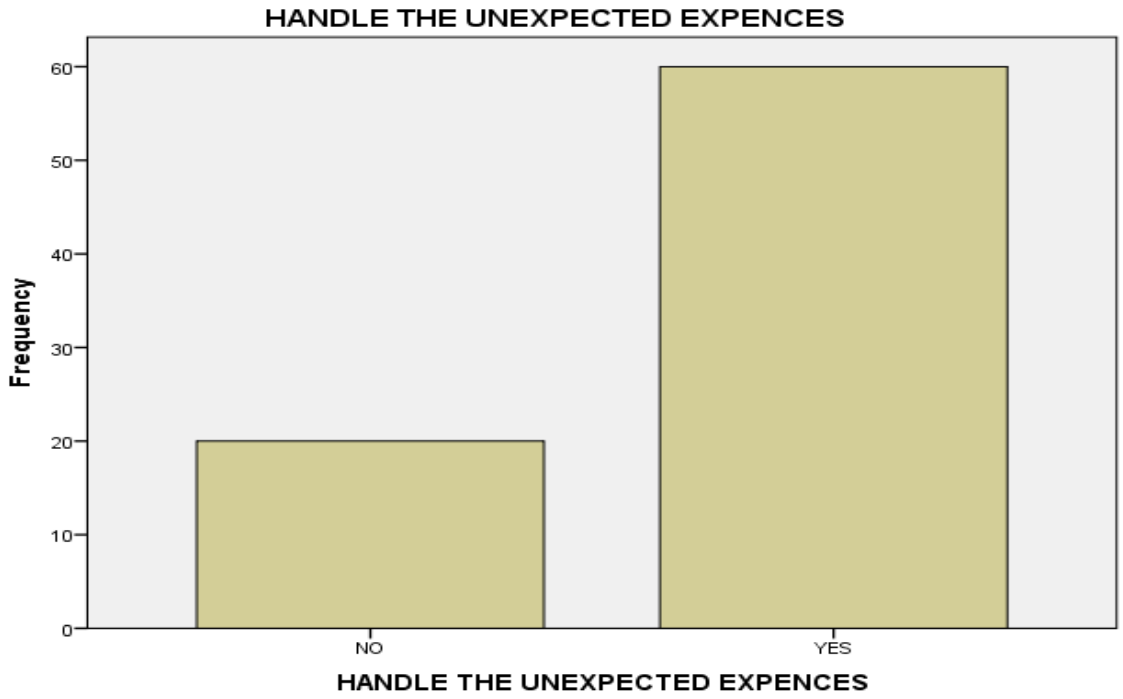

Figure20.in this table and in diagram it shows that the Asha workers can handle the unexpected expenses of their homes so here maximum female has said yes they can manage to handle the unexpected expenses.

Table 21.

ASPECT EMPLOYMENT FEELING FULLY SECURE

Valid	Frequency	Percent
NO	21	26.3
YES	59	73.8
Total	80	100.0

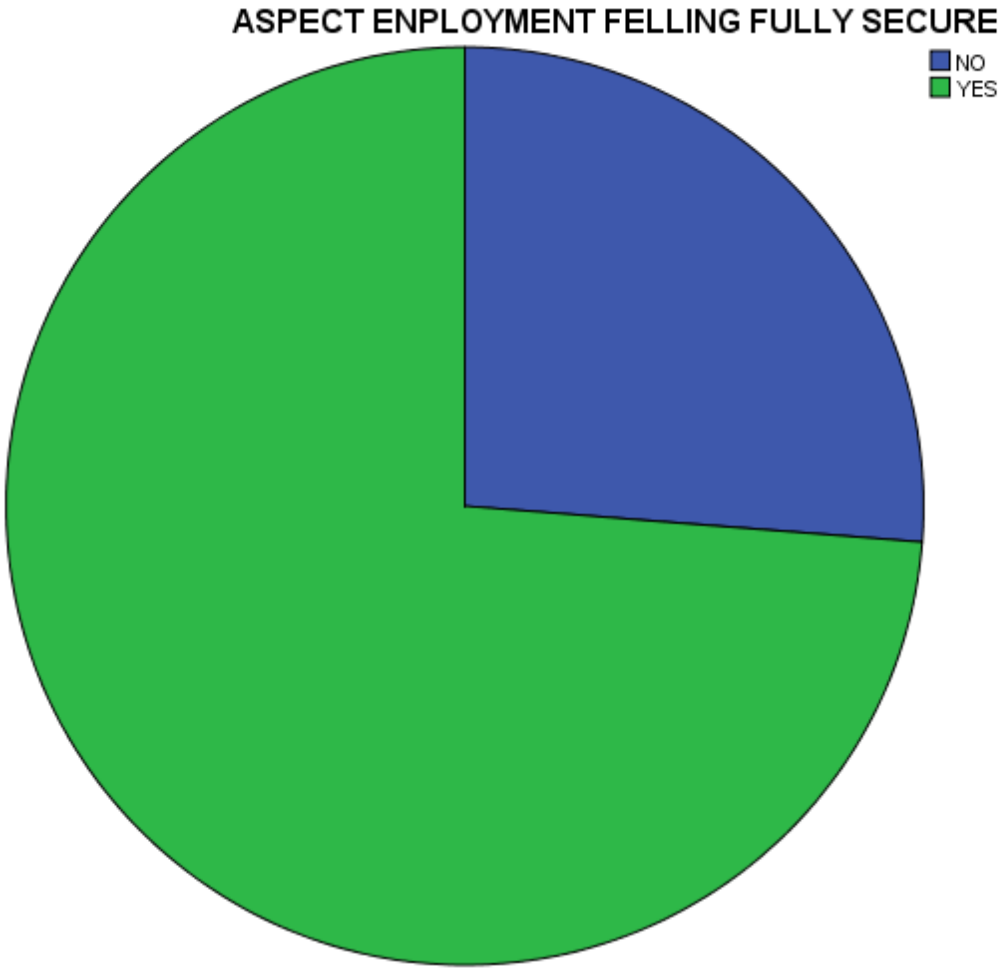

Figure 21. In this table its identifying that as per employment is that person are feeling secure with their work are not so as per data I has collected that in 80 respondents 59 has said yes they are fully secure with their work.

Table 22

INCOME STATUS IMPROVED

		Frequency	Percent
Valid	NO	40	50.0
	YES	40	50.0
	Total	80	100.0

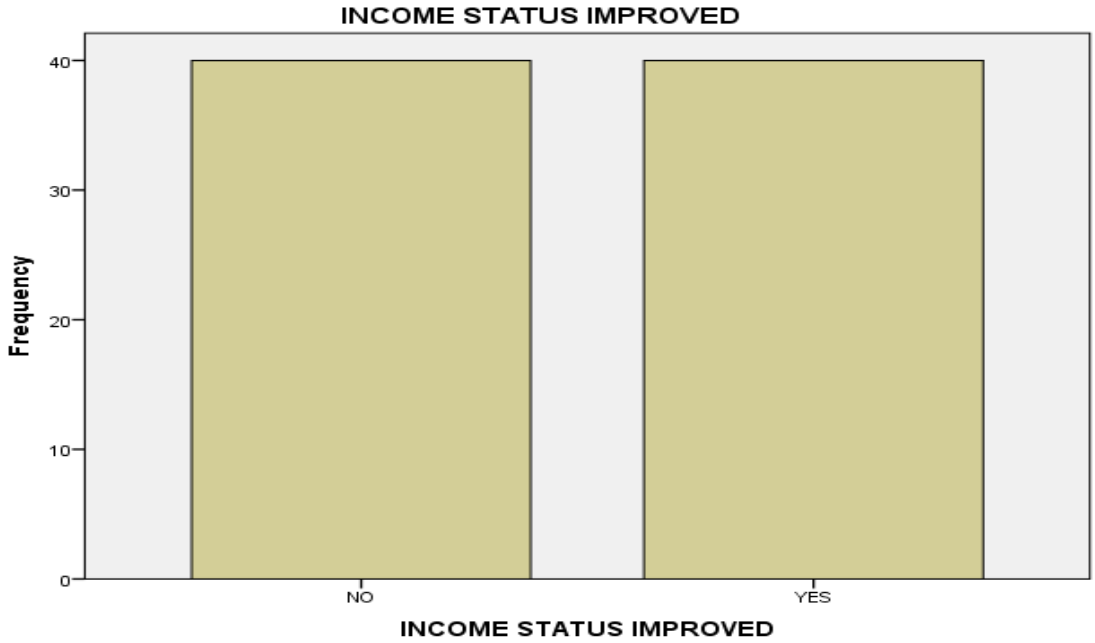

Figure 22. In this above table and figure it has identified that while working in Asha workers as your status has improved so here in 80 respondents 40 has said yes and 40 has said no.

Table 23

INDIVIDUAL IDENTITY GET RECOGNISED

		Frequency	Percent
Valid	NO	3	3.8
	YES	77	96.3
	Total	80	100.0

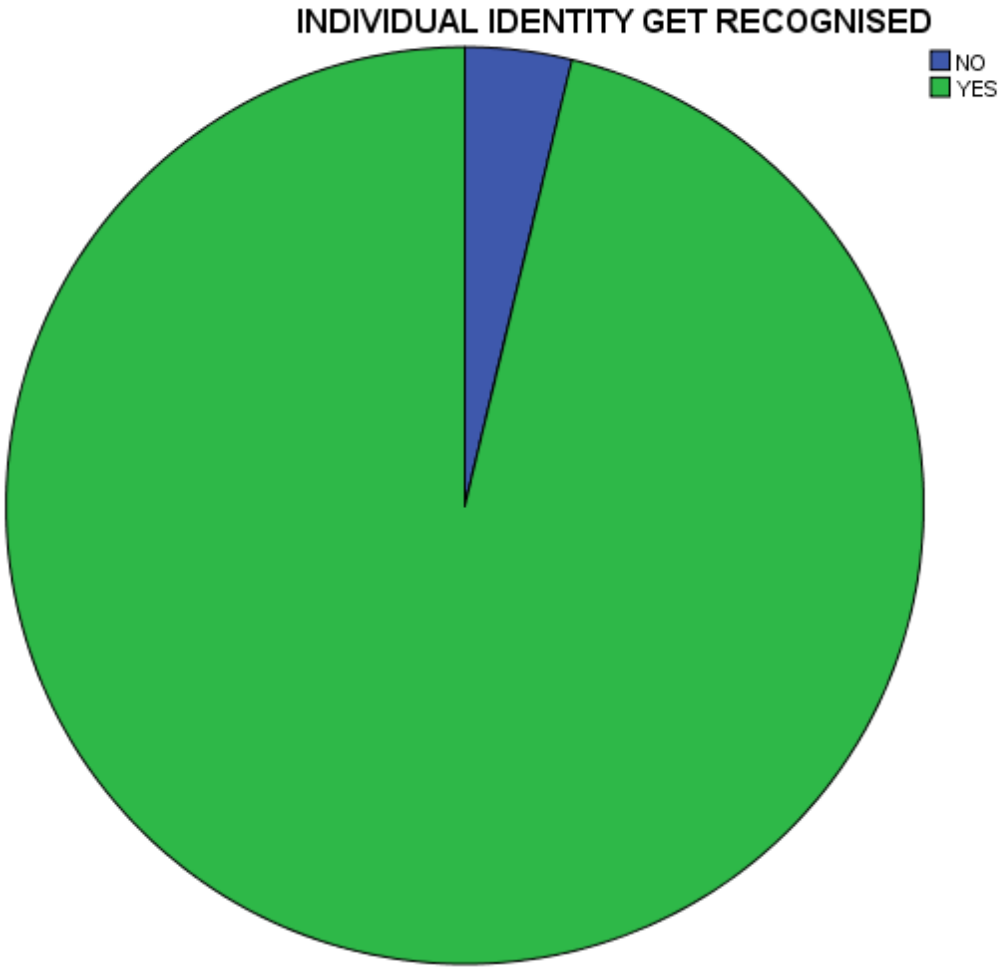

Figure 23. In this table it has shown that is individually has getting recognized or not. So here in 80 respondents 77 has said yes and 3 has said no.

Table 24

GETTING EMPLOYED

		Frequency	Percent
Valid	NO	10	12.5
	YES	70	87.5
	Total	80	100.0

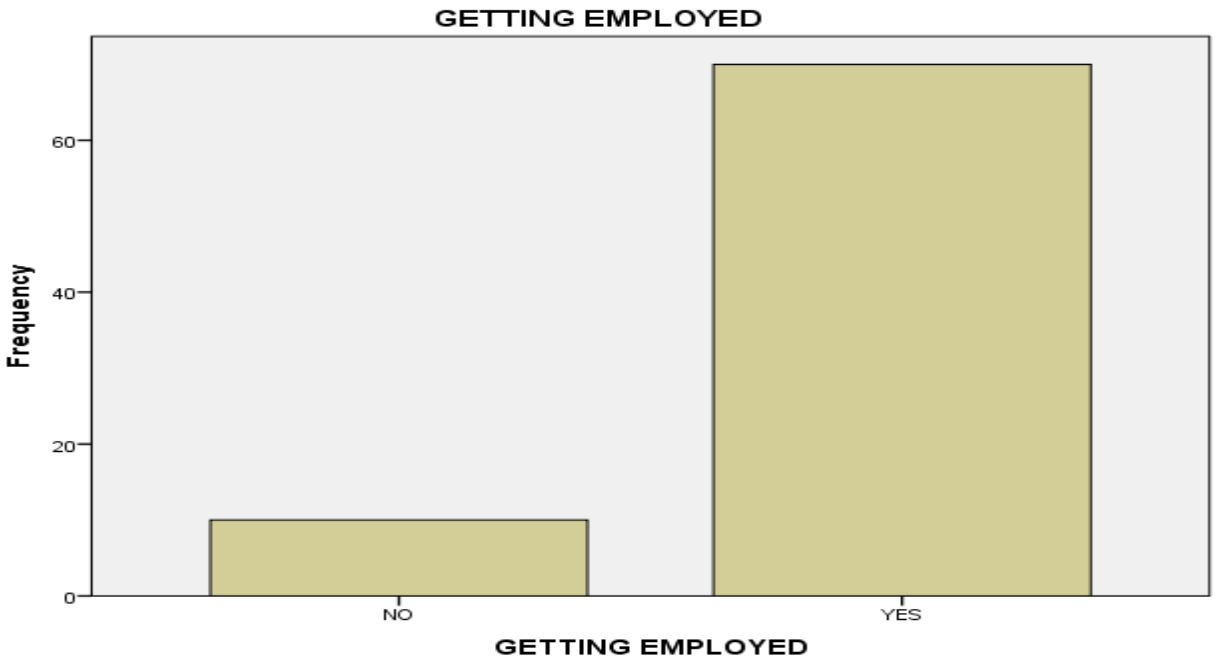

Figure 24.

Table 25

GETTING WORK SATISFACTION

Valid	Frequency	Percent
NO	19	23.8
YES	61	76.3
Total	80	100.0

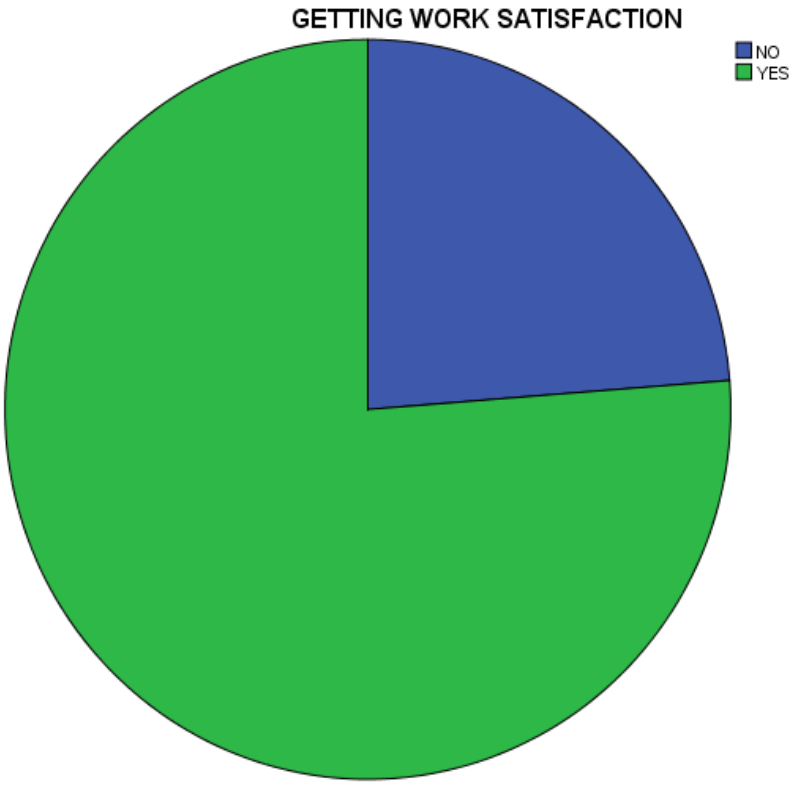

Figure 25. In this above table it has identified that is everyone is satisfied with their work or not so here 61 respondents have said yes they are satisfied and 19 has said no there are not they have to do as per they need a job.

Table 26

FEELING FINANCIALLY SECURE

		Frequency	Percent
Valid	NO	40	50.0
	YES	40	50.0
	Total	80	100.0

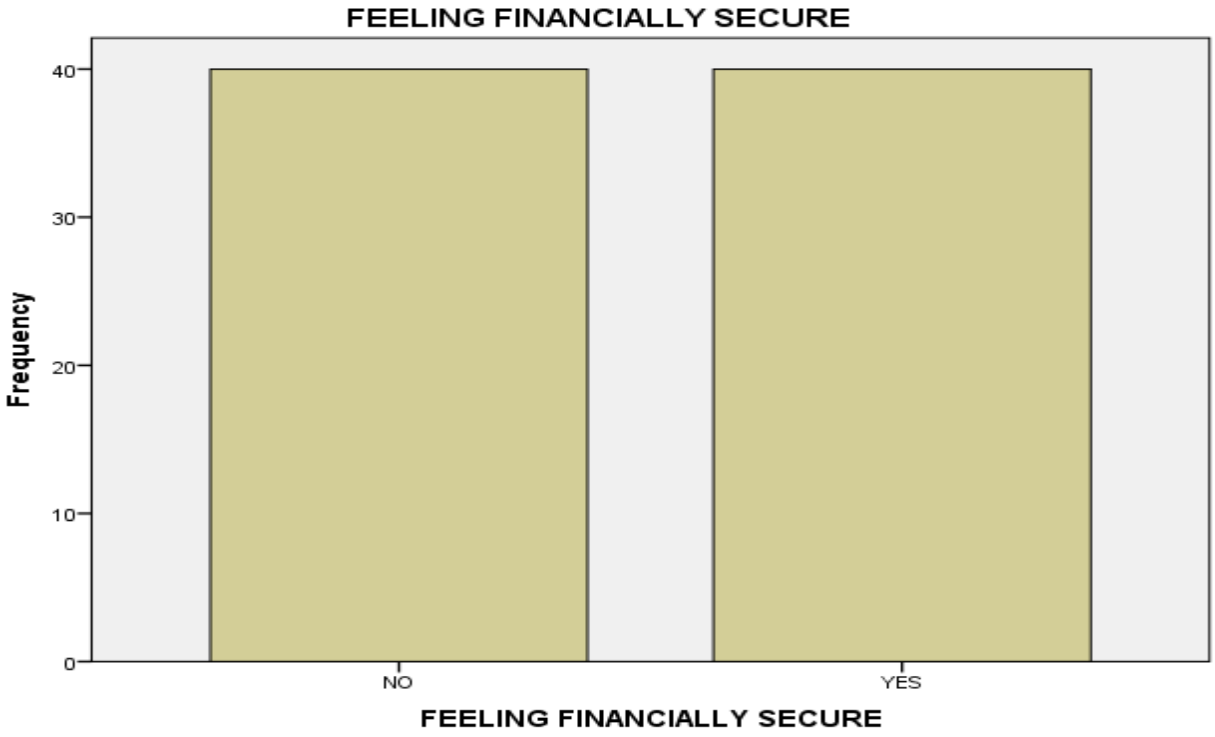

Figure 26 In this table it has identified that is the respondent are feeling financially secure or not.so here in 80 respondents 40 has said no and 40 has said yes.

Table 27

HAPPY IN SOCIAL SERVICE

		Frequency	Percent
Valid	NO	1	1.3
	YES	79	98.8
	Total	80	100.0

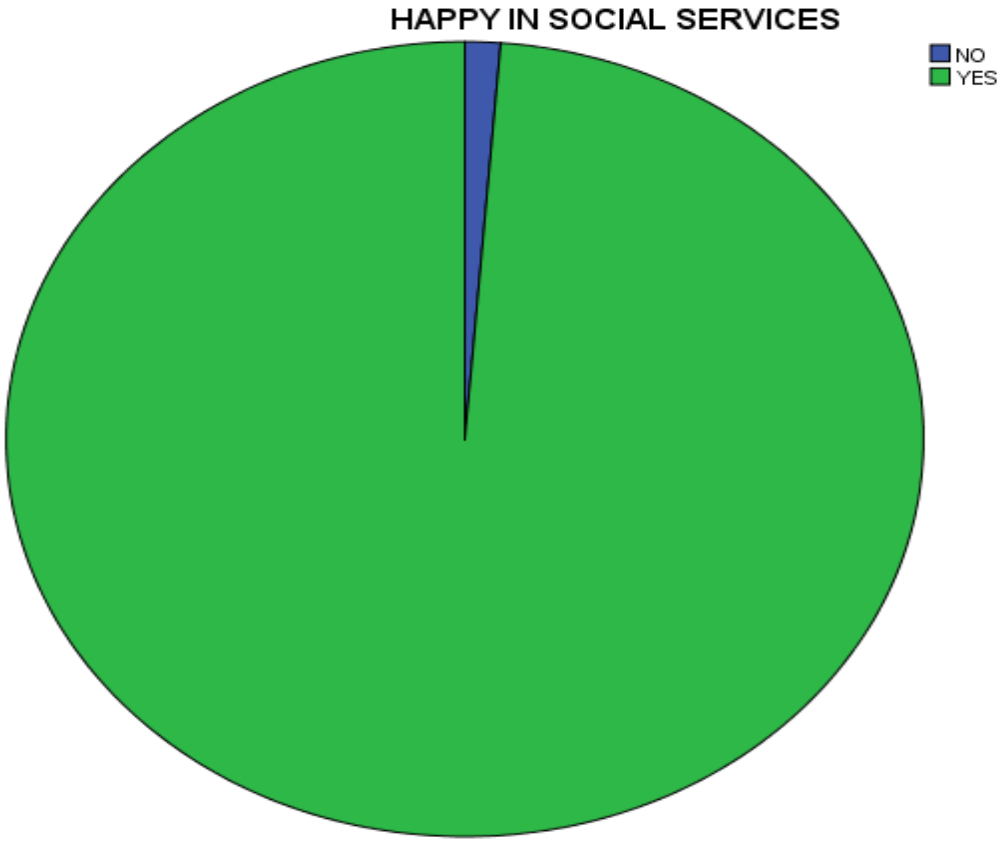

Figure 27. In above table and in pie chart it has identified that is the Asha workers are happy to do social service .so here maximum has said yes there are very happy to do social work.

Table 28

ABLE TO SAVE MONEY

		Frequency	Percent
Valid	NO	72	90.0
	YES	8	10.0
	Total	80	100.0

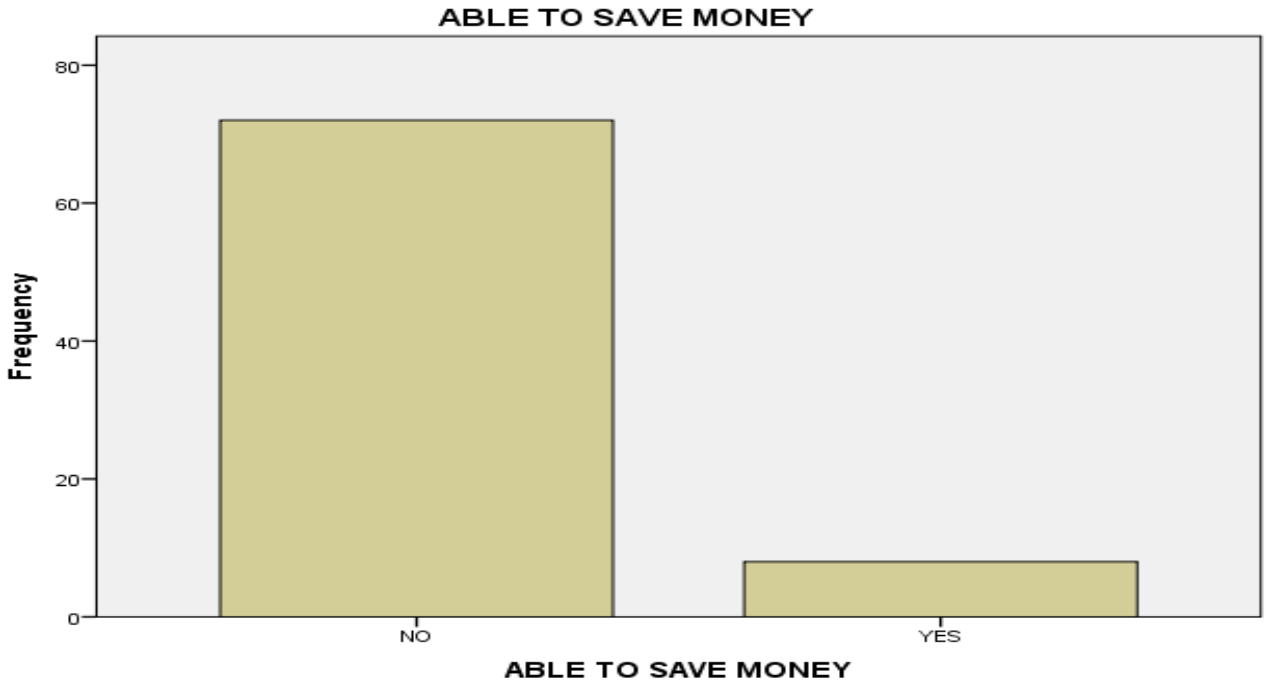

Figure 28. In this table it has shown that is they are able to save money or not .and here maximum Asha has answered no they are not able to save money from their salary.

Table 29

ABLE TO GET FINANCIAL SUPPORT

		Frequency	Percent
Valid	NO	39	48.8
	YES	41	51.3
	Total	80	100.0

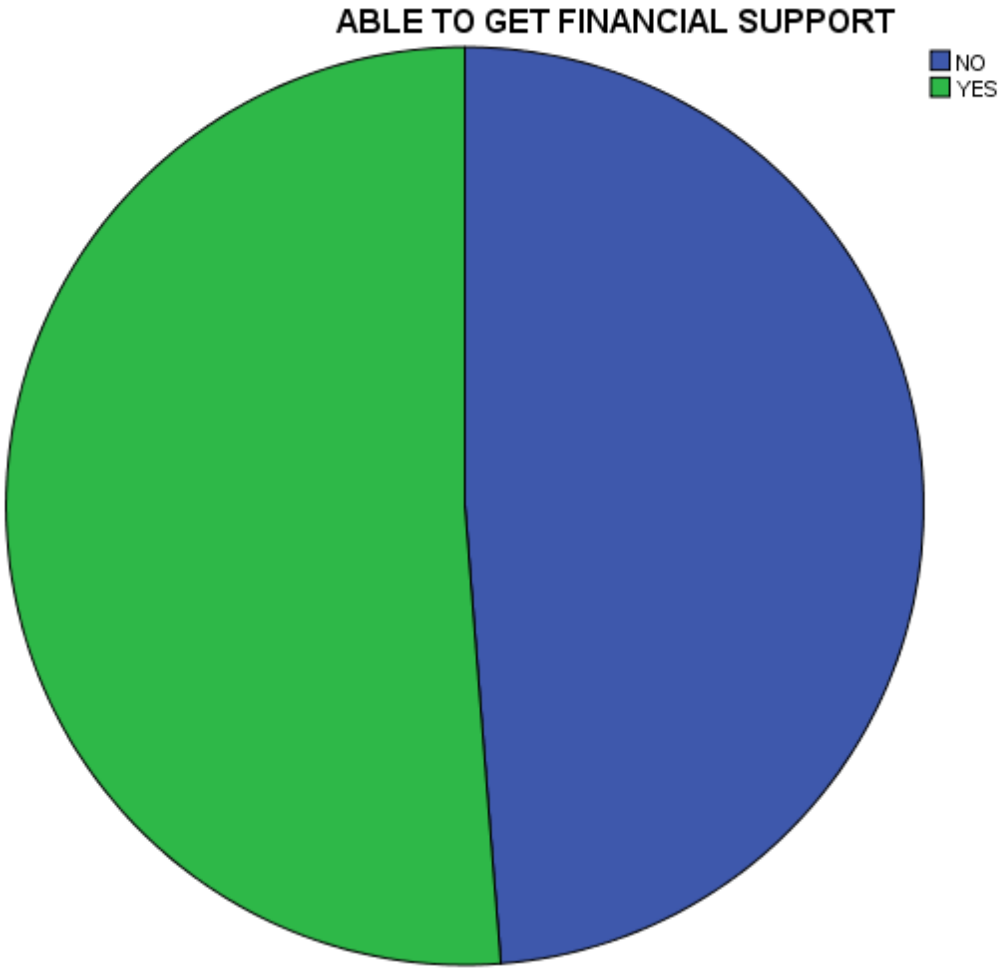

figure 29 In this table and diagram it has identified that is Asha workers get financial support from any one so here in 80 respondents 41(51.3) % has said yes and 39(48.8) % has said no.

Table 30

FEELING WORTHFUL

		Frequency	Percent
Valid	NO	12	15.0
	YES	68	85.0
	Total	80	100.0

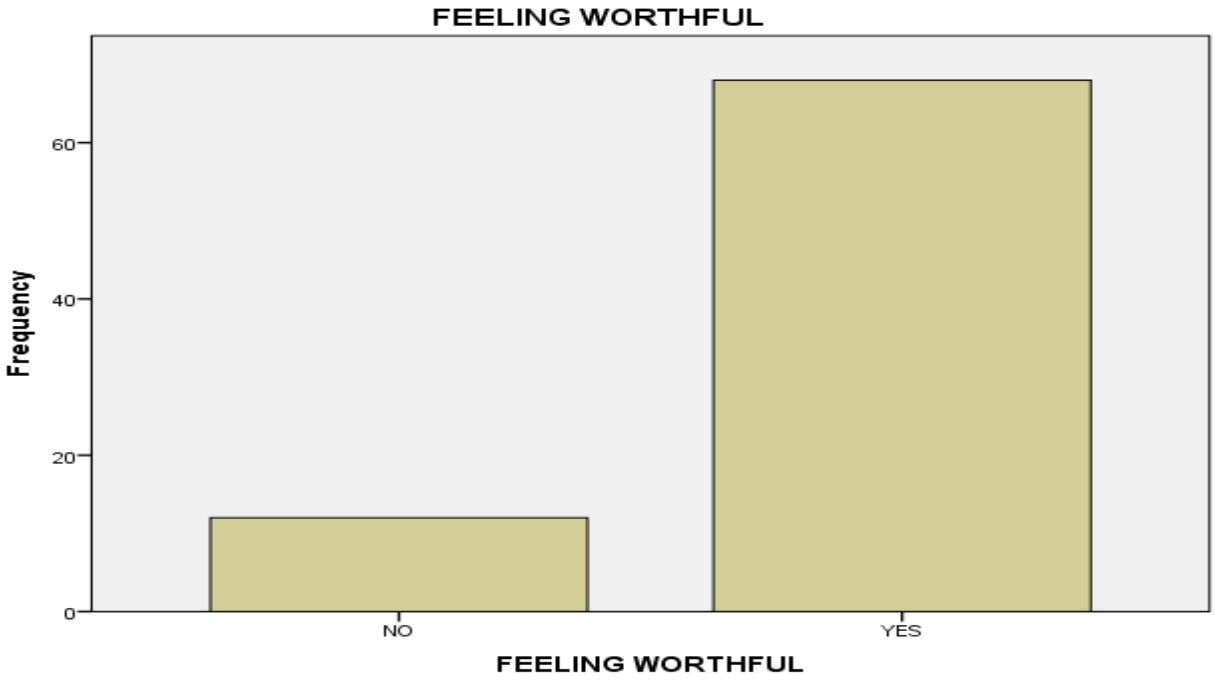

Figure 30. In this above table it shown that is Asha workers are feeling worthful to do this work as maximum has said yes they are happy.

Table 31

CAN SERVE THE FAMILY FREELY

		Frequency	Percent
Valid	NO	34	42.5
	YES	46	57.5
	Total	80	100.0

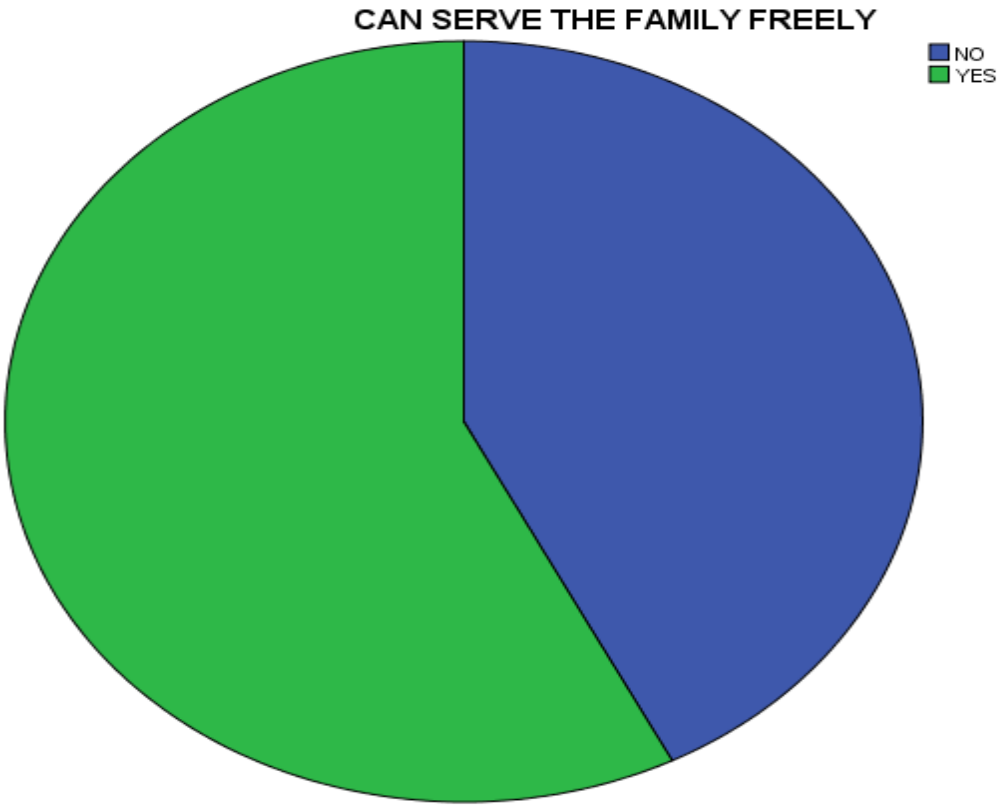

Figure 31. In this table it has identified that the Asha workers are able to serve their family freely.so here in 80 respondents 46 has said yes they can and 34 has said no.

MAJOR FINDING

The study shows that, as per my finding is Asha workers are getting economic wellbeing condition are fine or not so here in this data it show that the income status of Asha workers for some it is ok but for some it's not here in this data thorough 80 respondents 40 (60.0) % has said not no our income status is not improved but same percentage 40(60.0) % has sad yes they have improved their status.

Regarding the educational status of the ASHAs, it is seen that 40.0 of ASHAs completed their 10 standard and join Asha work.

Chapter 5.

CONCLUSION

Study findings reflect that most of the ASHA workers are doing the given responsibilities as understood by them. Extra efforts should be taken for orienting the illiterate ASHAs in the areas where there is no other suitable candidate is available. Job related problems like unavailability of

transport in difficult areas, delay in getting incentives etc. can be reduced by administrative efforts. ASHA needs strong sensitization about their role as motivator & activist for creating awareness and demand generation in the society; it indicates that their training needs to focus in this area with more thrust. Then only she can effectively like a change agent of the society as envisaged by NRHM planners. With the introduction The mission document of national rural Health mission emphasises much on the important of community participants as a part of the decentralized process of Health care management and service delivery. ASHA has been successful with its activities like immunisation schedule of new born babies, sanitation and various health care programs. The rural peoples are more aware about health like nutrition, Basic sanitation and hygienic practices with the commencement of ASHA. The activities of ASHA supporting the rural peoples, so that there would be an upliftment among the rural society which in turn helps in the improvement of our Sikkim.

SUGGESTION

- The role of media should be increased to give publicity among ASHA.
- There should be more of awareness programs and campaigns.
- It should be important to improve the effectiveness of plans through incorporating innovative plans.
- ASHA should conduct more medical camps and seminars to make people more aware.
- Number of training programs for ASHA should be increased.
- Compensation provided to ASHA must increase so that more people will come forward to uplift the rural society

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Saikia & Das (2012,) **reviewed the current status of rural health care infrastructure in north-east region of India.**

SMSMC, (2008) **undertook a study to assess the quality of institutional deliveries in Jaipur District, Rajasthan.**

, Abhishek Singh and Ahluwalia (2017)**AN EVALUATION OF ASHA WORKER'S AWARENESS AND PRACTICE OF THEIR RESPONSIBILITIES IN RURAL HARYANA, journal retain the copy right of this article . volume 4**

Arima Mishra conducted a study about the role of the **Accredited Social Health Activists in effective health care delivery in South Orissa.**

ANNEXURE

Interview Schedule

ECONOMICS WELLBEING STATUS OF ASHA WORKERS': AN EMPIRICAL EVALUATION OF SIKKIM

1. PERSONAL CHARACTERISTICS:

Name of Asha Worker		Age (years)	
Religion	1. Hindu 2. Christian 3. Muslim	Caste	1. General 2. OBC 3. SC/ST
Educational Level (years)		Material status	1. Married 2. Unmarried 3. Widowed 4. Divorced 5. Separated
Family Size (numbers)		Ration Card Status	1. AAY 2. BPL 3. APL

2. ECONOMIC WELLBEING STATUS

Sr. No.	Statements	-
1	Main income sources	1. ASHA workers 2. Others
2	Chief earning member in family	1. Self 2. Husband 3. Others

3	Monthly salary	
4	Earrings other than salary	
5	Total household income monthly	
6	Payment done in time	Yes/no
7	Mode of payment	1. E-transfer 2. Cheque 3. Cash
8	Reason for ASHA workers to do this job?	1. To earn money 2. For satisfaction 3. To serve the community 4. To provide health services
9	What benefit you will you get while doing these job?	
10	You are getting adequate days to do work	
11	You feels fully secure in workplace environment.	
12	You have cash left-over toward the month's end	
13	Can you handle the unexpected expense.	
14	On the employment aspect you are feeling fully secure	

3. ROLE OF ASHA SCHEME IN INFLUENCING THE ECONOMIC WELLBEING

Sr. No.	**Statements**	**Yes**	**No**
1.	Income status improved		
2.	Individual identity get recognised		
3.	Getting employed		

4.	Getting work satisfaction/job security		
5.	Feeling financially secure		
6.	Happy in social services		
7.	Able to save money		
8.	Able to get financial support		
9.	Felling worthful		
10.	Can serve the family freely		