Quest Journals
Journal of Research in Humanities and Social Science
Volume 11 ~ Issue 7 (2023) pp: 191-194
ISSN(Online):2321-9467
www.questjournals.org

Research Paper

Problems challenges faced by ASHA worker during covid 19 pandemic with spl reference to Urban Bangalore.

RASHMI R K
Research Scholar, Department of Studies in Social Work Davangere University, Shivagangothri, Davanagere

Dr. THIPPESH K
Assistant Professor Department of Studies in Social Work Davangere University
Shivagangothri, Davanagere

Abstract
The emergency of coronavirus disease (covid-19) has affected health workers and the pandemic has resulted in drastic changes in human lives across the globe with an uncertain future. Asha workers are the ones who work under the National Rural Health Mission (NRHM). During the covid-19 pandemic, ASHA is becoming increasingly important in creating awareness on health issues, door-to-door surveys, checking covid 19 symptoms, generating awareness on using face masks, sanitization, social distancing, and various health care programs. ASHA workers are already overburdened, understaffed, and under-resourced health systems faced severe repercussions in the wake of the pandemic. Those at the forefront of health and nutrition service delivery at the community level are struggling due to increased work burden and low compensation received, particularly since most of them are not formally recognized as workers and they were given *additional responsibilities; only for a few ASHA workers were given protective gear or transport facilities. It was seen that the workers closer to the ground were the ones who got the least support system from the Government. This study aims to assess the problems and challenges faced by ASHA workers during this covid19 pandemic in Bengaluru Urban Karnataka.*

Keywords: *Covid 19, ASHA worker, Problems, Challenges, Additional Responsibilities, Government.*

R*eceived 14 July, 2023;* ***R****evised 25 July, 2023;* ***A****ccepted 28 July, 2023*

I. Introduction:

The whole country is passing through difficult times to a unique crisis caused by a coronavirus disease that has affected crores of people across the world, which has badly shaken the world's socio-economic aspect and made tremendous losses. The government and the public are fighting against this disease in this situation. An accredited social health activist is a community health worker instituted by the Ministry of Health and Family Welfare as a part of India's National Rural Health Mission, they are the ones who are maintaining the link between citizens and the health care system of the state and local self-government and they must promote community development through health care awareness, immunization programs and they collect data regarding health care, create awareness during the covid pandemic and they are becoming popular among the rural population by visiting home and giving necessary advice to prevent covid19. They are the ones working with dedication and courage by putting their lives at risk in the frontlines of the battle against the covid19 pandemic, ASHA workers' job description keeps expanding with more tasks. India's one million Accredited Social Health Activists (ASHA) volunteers have received arguably the biggest international recognition in form of the World Health Organisation's Global Health Leaders Awards 2022. The ASHAs were among the six awardees announced at the 75th World Health Assembly in Geneva. ASHAs have made extraordinary contributions towards enabling increased access to primary health-care services like maternal and child health and immunisation. Despite such a significant contribution, ASHA workers face several issues relating to payment, social security and permanence in jobs. The WHO recognition for ASHA volunteers is a reminder and an opportunity to further strengthen the ASHA programme from the perspective of ASHA workers.

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.

Challenges Faced by ASHAs

- **Inadequate Pay and Job Insecurity:** Among the 3As in the rural areas (Anganwadi Workers (AWW), Auxiliary Nurse Midwife (ANM) and ASHA), the **ASHAs are the only ones who do not have a fixed salary**. They also **do not have opportunities for career progression**.
- These issues have **resulted in dissatisfaction, regular agitations and protests by ASHAs** in many States of India.
- Moreover, even the workload for the ASHAs is not less; they have to work from morning to night without any place for rest.
- **Social Stigma and Humiliation:** ASHA workers often experience stigma not only in public space but also in the private sphere; there is often pressure from there to discontinue their work due to very low honorarium.

- Even from the patients' families, they often suffer allegations of not doing their job properly.
- An even more disheartening fact is that ASHA workers have to experience sexual harassment during field visits.
- **Unavailability of Facilities:** ASHAs reported facing **challenges in ensuring access to health services** during and immediately after **outbreaks of conflict**. They experienced **difficulty in arranging transport** and breakdown of services at remote health facilities.
- Many ASHAs are working in fragile and **conflict-affected settings** No efforts have yet been made to understand the challenges and vulnerabilities of these volunteers working under such conditions.

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.

ASHA workers are serving as the first line of defiance during the covid-19 pandemic in Karnataka, where around 42000 odd ASHA workers are working in Karnataka. They have successfully mapped 15.9 million households by screening vulnerable persons for covid-19, despite their measly pay and no safety gear. As of 20th May 2021, Karnataka recorded 23 lakhs Covid-19 cases of which 17.8 Lakhs cases recovered and 23, 854 deaths. During this period, ASHA workers workloads became fourfold and they have been facing many problems socially and economically. In July 2020 all ASHA workers boycotted their work and had indefinite strikes to fulfil their demands.

• At present, ASHA workers receive a fixed salary of Rs. 4000 Pm from the state government of Karnataka and the central government gives incentive-based pay which depends on 30 plus components but now they are demanding a fixed salary of Rs. 12,000 pm.

• Every day, they leave home at 9.30 AM after wearing the mask and done by around 2 PM, until that, they don't drink water even in the scorching heat. On average they cover 25 houses a day, most of the time on the field no washrooms are available (Reported the Hindu Paper April-2020, Tanu Kulkarni).

• In Karnataka, two attacks on ASHA workers happened in Bengaluru and Belagavi District in April 2020 while doing service of Covid-19. Therefore, the children and husbands of ASHA workers worry a lot about their safety.

• Many of the ASHA workers infected Covid-19 and the state have lost two ASHA workers in Kalburgi and Yadgeri districts.

• Many more problems have been faced by ASHA workers socially and economically. Against this backdrop, there is a need to study the impact of the Covid-19 pandemic on the socio-economic status of ASHA workers in Karnataka.

The pandemic and Bengaluru's poor performance in tracing the contacts of Covid-19 patients initially seems to have made the BBMP realize the importance of ASHA activists — grassroot health workers. Aimed at strengthening the public health system across Bengaluru, the civic body will now avail services of 1,322 ASHA activists. Currently, a total of 42,524 ASHA is working in both rural and urban parts of Karnataka, with a ratio of one ASHA worker for every 1,000 population. Interestingly, in Bengaluru and other urban areas, they were confined to work only in slums or areas inhabited by those in the economically weaker section. How ever the state government, realizing the importance of these workers and their role in containing the spread of epidemic decease and strengthening the gross root health surveillance system, has now ordered the appointment of 1,786 ASHA workers of which as many as 1,322 will be attached with palike. BBMP commissioner N Manjunath prasad said The BBMP has about 1,229 workers sanctioned under the National Urban Health Mission. With the addition of the new recruits the city will have one ASHA worker for every 5000 population as a result Bengaluru of about 1,226,56,029 people will have 2,552 workers.

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.

What can be done to Improve the Status of ASHA Workers?

- **Role of State Governments:** The global recognition for ASHAs should be used as an opportunity to review the programme afresh, from a solution perspective.
- The state governments need to develop **mechanisms for higher remuneration for ASHAs**

- **Upskilling and Capacity Building:** It is time that **in-built institutional mechanisms** are created for **capacity-building** and **avenues for career progression** for ASHAs **to move to other cadres** such as ANM, public health nurse and community health officers are opened.
- A few Indian States have started such initiatives but these are smaller in scale and at nascent stages. **Implementation at a higher level** is required.
- **Providing Social Security Benefits:** Extending the benefits of social sector services including **health insurance (for ASHAs and their families)** should be considered.
- The possibility of **ASHAs automatically being entitled and having access to a broad range of social welfare schemes** needs to be institutionalised.
- **Bringing Permanence in Jobs:** There are arguments for the regularisation of many temporary posts in the National Health Mission and **making ASHAs permanent government employees**.
- Considering the extensive shortage of staff in the workforce at all levels, and more so in the primary health-care system in India, and an ongoing need for functions being undertaken by ASHAs, it is a policy option that is worth serious consideration.
- **Incentivising ASHAs in Conflicted Areas:** The governments at state and central level first need to recognize the challenges and vulnerabilities that ASHAs working in conflicted areas continue to experience.
- The health administration shall consider **incentivising the ASHAs when they provide services during conflicts**.
- They must not be forgetful of the fact that ASHA workers deserve **adequate training, support, recognition, and compensation** for the tasks they are carrying out in areas and situations **where other cadres and workers are simply unavailable**.
- **Psychological support** for these community health workers is also equally essential.

II. Conclusion

These ASHA workers also come in contact with transmissible diseases and put themselves at risk of ill-health due to prolonged exposure, as happened during the pandemic. These circumstances make the work they do all the more remarkable, as they are the backbone of the primary health system and the connect between health services and communities across every part of India.

Even though they contribute significantly to better health outcomes, the ASHA workforce continues to protest across the country, for better remuneration, health benefits and permanent posts. It is the duty of the governmental agencies that employ them to ensure their welfare, safety and security. While cheerleading about the award is rightfully reaching a crescendo, what matters is how the Government of India serves its last mile health workers who are its feet on the ground. 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.

Reference:

[1]. Articles by Nalini Ravichandran | The Wire: The Wire News India, Latest News,News from India, Politics, External Affairs, Science, Economics, Gender and Culture [Internet]. [cited 2021 Jul 9].
[2]. Available from: https://m.thewire.in/byline/nalini-ravichandran 2. Community health workers in rural India: analysing the opportunities and challenges Accredited Social Health Activists (ASHAs) face in realising their multiple roles | Human Resources for Health | Full Text [Internet]. [cited 2021 Jul 9]. Available from: https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-015-0094-3.
[3]. https://bangaloremirror.indiatimes.com/bangalore/others/lockdown-double-whammy-for-karnatakas-asha-workers/articleshow/75190384.cms#:~:text=Naveen%20Menezes%20/,EMAIL
[4]. https://www.deccanherald.com/.
[5]. https://cdn1.byjus.com/wp-content/uploads/2023/01/UPSC-1-on-1-desktop.webp.