

Life of ASHA Workers during COVID-19 Pandemic

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Abstract: ASHA workers are contributing in the battle fighting against COVID-19. They are the integral and important part of health system as they direct contact to the community. In this new situation of COVID-19, ASHAs seems to be a ray of hope. They spread key messages door to door regarding COVID -19 with the help of IEC material & inter-personal communication. They also identified and referral early cases. They aware people to contain the COVID-19 spread. The objective of this paper is to analyze the life of ASHA workers and their challenges while rendering services in the community during COVID-19 pandemic and to assess the safety and preventive measures given to ASHA workers by the Government of India. This paper is basically descriptive and analytical in nature. Secondary sources are used for this research work.

Key Words: ASHA Workers, COVID-19, NHM, MOHFW, Community.

1. INTRODUCTION:

A new kind of respiratory disease came in November 2019 called COVID-19 which affects people across the globe. The number of patients who tests positive is increasing day by day. Globally, we are fighting against COVID-19. Government of India was taken preventive measures such as Janta curfew and lockdown, quarantine and issued proper guidelines to tackle with this new disease. Health professionals and health care workers are plays prominent role in containment of spread .ASHA workers plays major role in controlling the spread of COVID-19 pandemic. It entails multiple community level interventions such as raising awareness, spread key messages surveillance, health promotion, door to door survey and support to those in home quarantine. ASHA workers are the grass root level workers in the community. ASHA works as an interface between the public health system and community. ASHA workers are the first contact person of any health related demands of deprived sections of the population in rural as well as urban areas. It is difficult to access health services for deprived section of the society, so ASHA workers helped them in accessing health services. They are the backbone of National health Mission. In India, health is always a major concern especially in rural areas. That is why government of India launched ASHA Programme.

2. LITERATURE REVIEW:

ASHA workers came into existence in 2005 under National Rural Health Mission (NRHM) for improvement of rural health status. ASHA workers also work for urban population under National Urban Health Mission (NUHM) from 2013 for urban slums and vulnerable urban poor. The success of NHM depends upon how efficiently is ASHA able to perform in the community. After introduction of ASHA workers rural health scenario has changed and their presence makes a difference in the health status of urban poor also. The role of ASHA workers is praiseworthy.

According to **NHM (2019) [1]** In India, A total of 9,70,676 ASHAs are in position in which 9,05,047 ASHAs are currently in position in rural areas and 65,629 ASHAs are presently working in urban areas. Average population being covered by an ASHA under NRHM at national level is 899 and average monthly incentives earned by ASHAs range from Rs. 1500/month to 4500/month.

NHM (2020)[2] acknowledges the tremendous efforts being made by ASHAs across the country, under the NHM leadership and guidance, in undertaking a range of community based interventions related to containment of COVID-19 spread. These include: community awareness through home visits on key aspects related to COVID-19 transmission and prevention contact tracing, facilitating access to testing.

In addition to their routine work, ASHAs serve their services to the larger set of population and are visiting many more households than usually mandated which means they work for COVID-19 services. Due to this they face many work challenges while rendering their services such as excessive workload, more hours of work, delayed in payment, personal risk& safety against infection, shortage of Personal Protective Equipment (PPE), masks and sanitizers, difficult to break myths regarding COVID-19 in the community. ASHAs have been given additional responsibilities to delivering medicines at home for chronic communicable and non- communicable diseases etc during the period of lockdown. Therefore, the focus of this paper is to analyze the life of ASHA workers in this COVID-19

pandemic, their efforts, problems and challenges while rendering the services in the community. To know about the safety and preventive measures given to ASHA workers by the government of India.

The objectives of this paper are:

- To analyze the life of ASHA workers and their problems & challenges while rendering services in the community during COVID-19 pandemic.
- To assess the safety and preventive measures given to ASHA workers by the Government of India.

3. METHOD:

This paper is basically descriptive and analytical in nature. Secondary sources such as references books, journals, articles, newspapers, government reports, published and unpublished research work and web sources such as National Health Mission (NHM) ministry, National Health Systems Resource Centre (NHRSC), Ministry of Family and Health welfare (MoFHW) websites are used for the research work.

4. DISCUSSION:

4.1 ASHA Workers

Accredited Social Health Activist (ASHA) is a female community health worker. 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. Selected from the village itself and accountable to it, ASHA workers started their journey in 2005, she will be trained to work as an interface between the community and the public health system.

The National Rural Health Mission (NRHM, 2005)[3] : Accredited Social Health Activist (ASHA) is a health activist in the community, who will create awareness on health and its determinants and mobilize the community towards local health planning and increased utilization and accountability of the existing health services. NRHM is envisaged as a horizontal program with emphasis on initiatives and planning at local level. ASHA being the grass root level worker the success of NRHM depends on how efficiently is ASHA able to perform.

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. She 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. ASHA will be chosen through a rigorous process of selection. 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. [4]

4.2 Roles & Responsibilities of ASHA Workers

ASHA workers 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 major roles and responsibilities would be as follows:

- ASHA will take steps to create awareness and provide information to the community on 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-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 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). [4]

As significant changes has been seen after the introduction of ASHA workers in the rural areas. The National Rural Health Mission's (NRHM) Community Processes interventions have demonstrated that ASHA has a significant role to play in improving health outcomes. With the successful launch of ASHA scheme in rural areas, the Government of India wanted to launch this scheme in urban areas for urban poor. Also, the challenges in urban areas are totally different from those in rural areas. On 1st may 2013, with the met needs of health of urban deprived section National Urban Health Mission (NUHM) was launched. The Framework for Implementation of the National Urban Health Mission lays special emphasis on improving the reach of health care services to vulnerable groups among the urban poor. [5]

4.3 COVID-19

What is corona virus?

Corona viruses are a large family of viruses which may cause illness in animals or humans. In humans, several corona viruses are known to cause respiratory infections ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). The most recently discovered corona virus causes corona virus disease COVID-19. [6]

What is COVID-19?

COVID-19 is the infectious disease caused by the most recently discovered corona virus. This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019. [6]

What are the symptoms of COVID-19?

The most common symptoms of COVID-19 are fever, tiredness, and dry cough. Some patients may have aches and pains, nasal congestion, runny nose, sore throat or diarrhea. These symptoms are usually mild and begin gradually. Some people become infected but don't develop any symptoms and don't feel unwell. Older people, and those with underlying medical problems like high blood pressure, heart problems or diabetes, are more likely to develop serious illness. People with fever, cough and difficulty breathing should seek medical attention. [6]

How does COVID-19 spread?

People can catch COVID-19 from others who have the virus. The disease can spread from person to person through small droplets from the nose or mouth which are spread when a person with COVID-19 coughs or exhales. These droplets land on objects and surfaces around the person. Other people then catch COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth. This is why it is important to stay more than 1 meter (3 feet) away from a person who is sick. [6]

Currently, the total numbers of confirmed COVID-19 cases globally are 14454023. In India, the total numbers of confirmed COVID-19 cases are 1077618, in which active cases are 373379 recovered cases 677422 and deaths are 26816 and 1 migrated. COVID-19 cases are increasing day by day. . [6]

4.4 Roles and Responsibilities of ASHA Workers in prevention and management of COVID-19

ASHA workers play major role in prevention and COVID-19s spread in the community. Due to COVID-19 ASHA workers responsibilities increases. Apart from their daily routine work ASHA workers are overloaded with these COVID 19 responsibilities. These are:

- Community awareness through inter-personal communication:
 - (a) Uptake of preventive and control measures including social distancing
 - (b) Addressing myths and misconceptions;
- Support Auxiliary nurse midwives (ANM) /Supervisor in house to house surveillance including:
 - (a) Identification of High Risk Groups (HRG) and probable cases
 - (b) Ensure uptake of medical services in urban and rural areas and
 - (c) Address psychosocial care and stigma and discrimination.
- Reporting and feedback
- Personal safety and precautions
- Use of COVID 19 Information, Education and Communication (IEC) materials. [7]

As an important frontline worker, ASHA Workers play a major role in preventing its spread. Her Role as a Frontline Worker is two-fold:

- Spread key messages in the community about measures to prevent the infection.
- Take actions for early detection and referral of suspected COVID-19 cases. [8]

➤ Spread key messages in the community about measures to prevent the infection:

ASHA workers plays major role to prevent COVID-19s spread in the community. As ASHA workers are the first contact person in the community, they spread key messages about COVID-19 and precautionary & control measures which will take by the community to prevent the infection. It's a new kind of respiratory disease. Community members were clueless and did not know about this disease. As this is new condition, people believe in different kinds of myths which are far from reality. To spread exact and correct information in the community Ministry of Health & Family Welfare (MoHFW) provides training and proper guidelines to the Health workers and frontline workers to contain the spread of this disease. Inter-personal communication plays great role to spread this important information door to door.

➤ Take actions for early detection and referral of suspected COVID-19 cases:

Another role of ASHA workers is early detection and referral. When people with suspected COVID-19 report to the PHC or higher health facility, they may be put in isolation and their family members and close contacts may be

put under home quarantine. The purpose of quarantine and isolation is only to control the spread of the disease for the period of incubation (1 to 14 days).

Isolation: people with confirmed COVID-19 disease or those awaiting the results of the test could be kept at the health facility in a separate ward.

Home quarantine: means staying separately at home, in a separate room or space and avoiding contact with other family members or sharing of dishes, towels, bedding or other items and separate cleaning of clothes, dishes, toilet etc. used by the quarantined person. [8]

Ministry of Health & Family Welfare (MoHFW) ensures safety of ASHA workers. MoHFW issued digital pocket book and facilitator guide for frontline workers in which it is mentioned that how to ASHA workers take care of her and carry on with their duties as a frontline worker. Take all preventive measures that ASHAs are talking about in the community such as keeping safe distance, washing hands frequently including before and after home visits. Carry your own soap if necessary. [8]

5. ANALYSIS:

5.1 ASHA Workers during COVID-19 and their challenges

A new respiratory disease called COVID-19 is spreading across the world. India has also reported increasing number of cases from states and the government is trying to contain the spread of the disease. Accredited social and health activists are charged with door-to-door surveys, keeping an eye out for migrants and educating people about necessary precautions. For ASHA workers, the pandemic has meant more hours of work and personal risk. But these frontline health workers soldier on. They also battle hostility from communities which they have served for many years. [9] These women health workers have been abused, assaulted, pelted with stones and spat on during their Covid-19 surveys. Responding to the attacks on health care workers, the Indian government approved amendments to The Epidemic Diseases Act of 1897 on April 22, making such crimes punishable with up to seven years of imprisonment and a fine of up to Rs.7,000. [10] It has been reported that they have not been provided with any personal protective equipment, including masks, gloves and sanitizers. Nor have they been given specialized training on the safety standards to be followed in dealing with people potentially affected with COVID-19. [11]

In order to continue to rely on the much needed health and social care support that ASHAs provide, the state should make every effort to ensure the supply of masks to the ASHA and also facilitate her movement in the community, preferably in teams, so that her safety is ensured. It also suggests that the ASHA may only be deployed in her own village rather than sending her to other villages where she may not be well known and may not have the protection of friends and family. It is also suggested that the ASHAs be issued an identity card that assumes her of safe movement, if she is performing essential tasks related to COVID-19 control. Incidents of misbehaviour, manhandling and violence against ASHAs have also been reported in some places. ASHAs being the key and valuable members of our health system need to be protected against any such incidents. [12]

5.2 Safety and preventive measures given to ASHA workers by the Government

Government of India supports ASHA workers so that they work efficiently in the community. MoHFW urges people to support, praise and appreciate the healthcare workers standing in the frontline workers of the COVID-19 response through twitter. Essentially, ASHAs have become the first point of contact for a suspected patient. So far, they have been venturing out without adequate protection. However, it is important to note that ASHAs have not been trained or appointed to work in these crisis situations. Apart from a medical insurance cover of Rs.50 lakh per person, the remuneration for ASHAs has been increased by additional Rs. 1000 per month for the three months during the crisis. [13]

Secretary, Department of Health and Family Welfare while acclaiming the spirit of Doctors and Health Professionals at the forefront in the fight against COVID 19 stated that adequate measures are to be taken for ensuring the safety of them. Several measures have been taken from time to time by the government of India. These measures are under the following heads:

- **Human Resources:** Various cadres and of personnel and volunteers across sectors and departments that can also be involved in not only COVID related work but also for ensuring maintenance of other essential medical services have been identified. Empowered Group has been set up at the national level for augmenting human resource and capacity building.
- **Medical Safety:** Nearly 5.11 lakh PPEs and 30.32 lakh N95 masks has been supplied to states/central hospitals by the central government, which have added to the initial stock of 2.75 lakhs PPEs and 16.67 lakh N95 masks. Health workers are also being tested for COVID-19, who examined a confirmed case without adequate protection or who are symptomatic.

- **Staffing guidelines and timely payments:** Guidance note released by MoHFW mandates timely payments for frontlines workers such as ASHAs and service provider. Cash incentive of additional 1000 per month has been allotted to ASHA workers for undertaken COVID19 related work.
- **Psychological Support:** A dedicated toll free helpline number for providing psycho-social support for health care workers have been created. Health professionals are being encouraged to stress management techniques. Training modules have been designed in this regard.
- **Training/Capacity Building:** MoHFW has finalized and issue several guidelines and training material for frontline workers related to COVID-19. Health professionals are being trained. Online trainings and webinars are going on. MoHFW provides Digital pocket book for frontline workers.
- **Life Insurance cover:** Under the Pradhan Mantri Gareeb Kalyan Package, the government has announced an accidental insurance cover of 50 lakhs for 22.12 lakh health care workers who may be drafted for services for COVID-19 patients. The scheme covers loss of life due to COVID-19 and accidental death on account of covid-19 related duties. [14]

6. FINDINGS:

ASHA workers are the pillar of health system and in this pandemic they are considered as the ray of hope. In this period of lockdown ASHA workers provide health services at the door step. They are at higher risk as they do door to door survey but still they are performing their duties efficiently in the community. They are doing their routine job such as Reproductive-Maternal-Neonatal Child and Adolescent Health (RMNCH+A) and Communicable and Non-Communicable Diseases and COVID-19 related work. They have excessive work load. Although they are facing many problems and challenges while rendering their services.

7. RESULT:

COVID-19 triggers health system because corona virus's community spread started in India. Job of ASHA workers becomes difficult due to this community spread. They also battle hostility from communities which they have served for many years. Violence cases have been recorded. It is essential for government to communicate people about COVID-19 and its preventive measures. Government of India is updating proper guidelines regarding COVID-19 time to time. Government of India praises ASHA workers for their spirit and efforts during COVID-19. In addition to their incentives, 1000rs per person given to ASHA workers who are involved in COVID-19 related work. GOI urges to all states/UTIs to ensure safety with the supply of adequate protective equipment to ASHA workers.

8. RECOMMENDATIONS:

If health system supports ASHA workers in a better way then they will perform their duties efficiently. In addition to this, an ASHA worker serves for the community; it is the responsibility of people to support ASHA workers and do not harm or discriminate them. Then only together we will win this battle against COVID-19.

9. CONCLUSION:

Doctors, health professionals and community health workers are at the forefront in the fight of COVID-19. Their efforts save many people from this disease. Government of India also saluted them for their efforts and spirit to work in such a crucial condition with bravery. Community Health workers play critical role in keeping the India healthy. ASHA workers, an important community health worker who are fighting against this deadly COVID-19 pandemic by spreading awareness and surveillance in the community. The need is to provide every effort to ASHA workers so they work efficiently in the community especially in this pandemic.

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