THE REDUNDANCY IN THE EXISTING ASHA PROGRAM

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THE PARLEY PROJECT

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Introduction

In 2006, the Government of India launched the Accredited Social Health Activist (ASHA) program with a brimming fervour and hope to connect the rural, remote and marginalised communities with its public health care system. ASHA workers are rural women who undergo formal training to bring public awareness about institutional obstetric care, immunisation and healthy sanitary habits. They also provide nutritional supplements to young children and lactating mothers, and administer cure for preventable diseases within their community/village. They are recognised as "honorary volunteers" with commission-based wages.

The program carries immense social potential just at the very outset of it, some of which are:
●Empowering rural women with a purpose and a profession outside their domestic chores
●Streamlining modern medicine to the remote communities of India
●And most importantly to bridge the wide gap between rural areas and urban public health services.

It's been one and a half decades since its implementation but the organisational and structural loopholes in the system hinder the work of our community health workers.

Health Care System in India

It was in 2006, that an independent research team concluded in their findings an appalling figure of infant mortality rate (IMR) accounting for 58 infant deaths per 1000 live births. The maternal mortality rate (MMR) in the same year was around 254 per 1,00,000 live births.
The figures since then dropped to 33 infant deaths per 1000 and 133 maternal deaths per 1,00,000. These figures are clearly suggestive of the crucial role ASHA workers played in salvaging the public health care system of India. They operate from the remotest rungs of the social hierarchy and operate with the most selfless compassion and affiliation towards improving community health.

India with its diverse demography and its very stratified society has a healthcare system that often falls short in providing healthcare to all its citizens. The remote and more rural areas have scanty, underfunded, unorganised health care centres. This is where the participation of ASHA workers in these areas come along as an effective trope for improvement in accessing medical assistance. The local, community health workers, being the very units of the society provide for the networking to access the more developed health care institutions across India.
While community health workers come across with a great bundle of responsibility, it is important that the State and the citizens proactively go about taking steps to empower them with funding, education and sensitivity. We must also remember that India's caste ridden society makes

it difficult for many Dalit/Bahujan ASHA workers to optimise their professional scope. The casteism intensifies in the rural landscapes, the very centres where ASHA workers are to function, owing to lack of sensitivity and education. To do away with these hindrances, we must be structural in our approach towards solving the problems.

Pandemic and Its Consequences on India's Health Care System

The pandemic has cumulatively added to the woes of ASHA workers. Bihar has reported deaths of 16 ASHA workers during the deadly second wave. With the early onset of the pandemic the Union Minister of Finance introduced insurance cover for the 22 lakh health care workers, Pradhan Mantri Garib Kalyan Insurance Scheme for Health Workers fighting COVID-19 in Government Hospitals and Health Care Centre's (PMGK insurance scheme). A package intended to help 22 lakh individual has been benefited by only 287 health care professionals, which is only 0.013% of the target number, have received benefits under the PMGK insurance scheme.

Minni (name changed), an ASHA worker from Kerala says, "Our workload has increased. We have a salary of Rs.1000 but it's never enough for the expenses that occur during the work." On asking her further, she elaborates, "We have to spend a good amount of money monthly on masks, face shields, gloves, bus fares for travelling to distant villages with nursing/pregnant mothers, petrol for the ones with their own vehicle, mobile recharge (most communication is done over phone calls)"

Another ASHA worker from Kerala, Sonu has claimed, "The pandemic has added to our workload. It has increased our working hours per day. We face resistance from the families we visit because of the virus. The masks provided by the government is not sufficient, we have to keep on buying them with our own money. We also have to buy 2-3 chappals every month because of the walking to distant villages. We have no ESA (Employment and Support Allowance) benefits. We do not get any protection in case of any illness. Arrangements should be made for that."
There had been widespread, loud protests across various states, including New Delhi (requests turned down by CM Arvind Kejriwal citing budgetary constraints) regarding the inconsistency and unpredictability of the payment of their wages. The inconsistency of their wages across states has faltered the functioning of ASHA workers most understandably. While Kerala offers the highest of 10,000 as monthly wages, Bihar offers the lowest wages, around 2000.

My attempt at writing this piece will be to comprehensively catalogue the glaring issues in the existing ASHA program and offer some very tangible and feasible solutions for the same:

Commision Based Wage System

The current wage incentive of an ASHA worker is commission based i.e., every time she makes a pregnant mother opt for institutional delivery through awareness, a fixed sum of money is paid to her. Minni, the ASHA worker we spoke to says they are paid 20 Rs for every child they bring to get vaccinated. The commission-based incentive limits the target and support by ASHA only to those beneficiaries (mothers) who are likely to opt for an institutional delivery or vaccination. It kills the purpose of actively sensitising those marginalised families who do not have awareness about safe, institutional care.

It is no news that a fixed salary assurance is motivation for a worker to optimise their professional goals. In case of ASHA workers, a fixed minimum stipend must be incorporated. This is to ensure they go about their goal of actively sensitising the families who are hesitant of institutional care, without worrying about the cut in their salary in case the family refuses. Wholly commissioned wage system is limiting and unsustainable.

Training, Mentoring and Feedback

Training and feedback are important components of the functioning of ASHA workers. A study suggests that an 18-37% reduction in neonatal death can be achieved with outreach and family community services alone. Other studies show that certain illnesses in newborn babies such as birth asphyxia, neonatal sepsis can be managed by trained community health workers. This can be achieved only through rigorous, institutionalised training, mentoring and feedback by professional doctors.

The attention of medical schools needs to be diverted to this issue and more junior doctors must be encouraged to train our ASHA workers. The training premise must be convenient for the ASHA workers to access through public transport. NGOs, schools, PHC-s must accommodate these trainings and an active attempt must be made to translate the existing module to all ethnic languages.

A health inspector we spoke to mentioned the need for skill development in ASHA workers in using technology. He says, "They are not able to cope up with the technology, even something as basic as WhatsApp messages." Active attempts must be made to optimise the use of the internet

for training by the government and NGOs. There should be internships or social service hours at high schools and colleges where young people are encouraged to assist and mentor ASHA workers to use technology. ASHA workers must be provided with electronic tablets with pre-recorded training modules that they can watch from the comfort of their homes. Follow up of the training through monitoring and feedback would maximise the potential of these interventions while also professionally dignifying the work ASHAs do.

Casteism Faced by ASHA Workers

A good percentage of ASHA workers are Dalit rural women and their conglomerated identities as economically challenged, as women and as Bahujan's collectively intensify their oppression. Add to this, when they are handed over professional responsibilities as health care activists, many of which naturally require them to be in close contact with the families they attend to, they become subjects to brute treatments from the latter. Lack of social sensitivity and education on the ills of the caste system, or even holistic education as a whole, make the rural areas breeding ground for casteism. North India, with its most prominently caste segregated society, is the most prone to caste-based oppression and marginalisation of our community health workers.

The solution to this issue has to be structural in its approach. Active sensitisation about casteist ills, banes of casteism needs to be incorporated among the village communities through legislation and programs, surveillance committees to be formed to look after any caste-based grievances of any worker, incorporation of Bahujan ASHA workers into a community level through reservation, active participation in community activities, etc.

Availability of Drug Kits and Their Regular Replenishment

An optimal drug kit to be carried by an ASHA workers contain ORS, Paracetamol, Oral Contraceptive Pills, Condoms, IFA, Cotrimoxazole, Chloroquine, Dicyclomine, Albendazole, Nischay Kit, Thermometers, Bandages, Cotton Swab, Betadine and Gentian Violet. Out of these the key lifesaving drugs are ORS, Cotrimoxazole and Chloroquine.

Each facilitator mentoring his allocated ASHAs must ensure the primary health care (PHC) centers have enough stocks of at least 70% of these medicinal drugs, especially the key life-saving ones. This can be ensured by the state governments commissioning specific pharmacies in each district for restocking their allotted PHCs.

Acknowledgement and Compensate for COVID-19 Duty

ASHAs have been made into unacknowledged frontline workers during this pandemic without being compensated for their extra hours or being provided with the necessary gears to fight the pandemic. They have faced shortage of PPE kits, masks, headgears, gloves making them vulnerable to the virus.
Immediate funds must be allocated by the government to make provisions of vaccinating the 11,00,000 ASHA workers and provide them with virus preventing gear. The extra hours they put into their work must be monitored and registered for the due monetary compensation.

Miscellaneous Recommendations:

●Verification of an ASHA's role in proving her assistance to a pregnant mother for institutional delivery should be kept at a minimum. A statement from the delivering mother can attest for her service.

●In the event that an ASHA stays overnight with the delivering mother at the healthcare institutions, provisions must be arranged for her to rest in and access clean, safe toilets.
●The transportation of ASHA workers to training institutes must be compensated additionally.
●The mentoring system of facilitators must ensure a ratio of 1 facilitator to 20 ASHA workers for a smooth functioning.
●A grievance redressal committee must be administered in every block/headquarter. The committees must actively look after the needs and grievances of ASHA workers in regard to their wage payment, drug kit refilling, transportation etc.
●Involving NGOs to raise immediate funds to provide necessary equipment to fight against the pandemic.
●Involving NGOs to streamline awareness of the work ASHAs due to the general public through mass media.

In light of the problems faced by ASHA workers, it is important that more resources are decentralised and be done so immediately. The rising number in death cases of our community health workers is alarming and we need to collectively mobilise to help them. The funding needs to go strong and sustainable so that the goal of improving public health does not come at the cost of more ASHA workers' life and livelihood.

SOURCES

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The Parley Project is a student-led initiative which focuses on research-driven solutions for global agendas. Started in 2020 the project aims to be a platform where students like us can voice their opinions and hone the understanding of the world around them. It is an endeavour to explore the intricacies of the increasingly globalised world and to unpack the politics behind the same.

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