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ASHAs in India – The Unsung Corona Warriors

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Abstract. This case study outlines the struggle that Accredited Social Health Activists (ASHAs) encountered at the grassroots level in India while combating the spread of the corona virus. Due to misinformation and a lack of specific knowledge, rural communities began to mistrust government workers attempting to track the spread of the pandemic, resulting in instances of physical and verbal abuse. The impact on many ASHAs, who provided a vital frontline health service, was very negative. A communication strategy had to be adopted to avoid a worsening situation. Seema Barma (Block ASHA coordinator) had the job of providing a sustainable solution for managing the uncertainty in an effective manner and to rebuild public trust in authorities, and health workers including ASHAs. Students will learn how to formulate an effective communication strategy for dealing with such a pandemic crisis situation in a developing nation with specific reference to India.

Keywords: pandemic crisis, communication, India, community-based health workers, women leaders.

1. Introduction

At 9 a.m. on 20 June 2020, Seema Barma, Block ASHA coordinator of Araon in Ferozabad district (Annexure 1) stared in horror after reading a message about a clash between Parkash Kaur, an ASHA worker, and villagers. Seema immediately left for the village where the incident had taken place. She was informed by the local people that the conflict began between Prakash Kaur and some migrant workers while she enquired about their travel and contact histories. Her job was to ensure that the migrant workers quarantined themselves in designated centres to stop the Corona virus from spreading further. Little did she know that her job, which had all good intentions, would lead her to the hospital. She was brutally attacked by the angry migrants and their relatives. They did not even spare her husband and child who came forward to protect her.

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At the frontline of India's healthcare system, struggling under the pressure of the Covid pandemic, more than nine lakh ASHA workers across India were having to deal with such instances on a daily basis. With the widespread misinformation and panic at the community level regarding the spread of the virus, such incidents were common. ASHAs and other frontline health-care workers, healthcare staff and government officials within the community were reporting instances of discrimination and violence against them. Many such assaults were reported in Haryana, Delhi, Telangana, Madhya Pradesh & Uttar Pradesh. The challenges to frontline workers were not limited to assaults but also included stress related to work and personal life, poor existing support structures, and negative effects on professional growth and individual resilience. As grassroots health workers, many ASHAs were struggling to feed their families despite working non-stop, as they had not been paid during the previous four months.

The ASHA workers' plight disturbed Seema. She remembered the days when they were highly trusted and addressed as *didis* (elder sisters) by villagers. COVID-19's unfolding crises presented Seema and others like her with infinitely complicated challenges. Never before had ASHA facilitators been put under such intense scrutiny by a skeptical public evaluating the care, authenticity, and purpose that ASHA workers provided at grassroots. Tough situations abounded, and with them, tough decisions about communicating complex issues to diverse audiences escalated. As community animosity towards ASHAs increased, Seema knew that it was going to be difficult for health professionals like her—who typically enjoyed broad public trust—to assure credibility and implement effective crisis communication.

2. About Seema Burma

Seema Burma had spent 16 years working at the community level. After completing her Masters of Arts in Psychology, she began her journey as an ASHA worker in 2006. With her hard work and commitment to the local community, she was further promoted to ASHA Facilitator in 2008 and a block[1] ASHA coordinator in 2015.

As a block coordinator, Seema provided supportive supervision to the team of 138 ASHAs in her village. She was a paid worker who hand-held ASHAs and provided them with supportive supervision. She developed monthly and annual plans, and implemented them at the block level. Her task involved identification of stakeholders for community engagement, mobilizing community resources, and establishing networks with various government health departments. She was responsible for mentoring and training ASHAs, accompanying them on

1. Block is a district sub-division for the purpose of rural development department in India.

household visits, and providing feedback after the visits on what had been done well and what needed more attention. Other than the administrative roles, she was also responsible for enabling a grievance redressal system for the ASHAs by identifying the problems they faced in day-to-day work and resolving them through discussion, individually or in a group discussion with those concerned.

3. About ASHA

The Ministry of Health and Family Welfare established the National Rural Health Mission in 2005 (NRHM). Accredited Social Health Activists (ASHA) were recruited across India to connect marginalized communities with essential health services and improve access to "equitable, affordable, accountable, and effective primary healthcare" for poor women and children. A cadre of over 9 lakh ASHA workers, most of whom were between the ages of 24 and 45, acted as an "interface between the community and the public health system." Each ASHA looked after 1000 people on average. ASHAs were selected through community consultation, which included a variety of community groups, the Village Health Committee (VHC), the Gram Sabha, and the Gram Panchayat.[2] To confidently perform their job and acquire crucial skills, ASHAs attended several capacity-building workshops and training. They received significant support from women's committees (such as self-help groups or women's health committees), VHSNC (Village Health Sanitation and Nutrition Committee) peripheral health workers, particularly ANMs, Anganwadi workers, and trainers. They were given medicines and a basic equipment kit, which included a baby weighing machine and a thermometer, so they could provide primary first point healthcare and serve as a nexus for community participation in public health programs. They were rewarded with incentives for encouraging immunization, referring and accompanying people to Reproductive & Child Health (RCH) services, and raising awareness about toilet construction and use.

4. Roles and Responsibilities

ASHAs were the most important healthcare worker at the community level because of their presence across even the remotest corners of the country. Their primary responsibilities were to:

- create awareness of health and its essential determinants; mobilize the community towards utilization of health services; and motivate them to

2. Gram Sabha is the general assembly of all the people of a village, who have attained the age of 18 years and their name is entered in the voter list. The executive committee of the Gram Sabha is known as Gram Panchayat which consists of the representatives elected by the Sabha.

be a part of local health planning by increasing the accountability of the existing health system at the village level.

- encourage good health practices, make timely referrals and deliver curative care of a fundamental nature.

- disseminate information to the local community on health determinants such as practicing basic sanitation & hygiene, nutritious diet, living in clean and healthy surroundings, and timely utilizing the existing health & family welfare services.

- counsel young women on safe delivery, prenatal and postnatal preparedness, highlight the significance of breastfeeding and complementary feeding, timely immunization, contraception, and deterrence of common infections, including Reproductive Tract Infection/Sexually Transmitted Infections (RTIs/STIs).

- mobilize the community to access and benefit from the health-related services such as immunization, Ante Natal Check-up (ANC), and Post Natal Check-up at the Anganwadi/sub-centre/primary health centres provided by the government.

- provide essential health care supplements like Oral Rehydration Therapy (ORS), Iron Folic Acid tablets (IFA), chloroquine, condoms, Disposable Delivery Kits (DDK), etc.

- provide a Home Based Newborn Care (HBNC) package service for newborn babies up to 42 days, and Home-Based Young Child Care (HBYC) services up to 12 months of age. This also focused on supporting the family with nutrition counselling and hypothermia management under HBNC and childcare and growth monitoring under HBYC[3].

5. Additional Responsibilities During the Pandemic

During the COVID-19 pandemic crisis, community-based health workers, including ASHAs, were entrusted to perform a range of additional responsibilities other than their routine roles. These included:

- educating and dispersing information on COVID appropriate behaviour;

3. https://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=150&lid=226