



ASHA Workers

ASHA workers are hailed as Covid warriors but only 62% have gloves, 23% have received bodysuits and 33% have reportedly been subjected to some form of violence while performing their duties.

- Oxfam India survey (Sept,2020)



WHO ARE THE ASHAS

ASHA (Accredited Social Health Activist) workers form the interlink between the community and the public health system. The NHM envisages having at least one trained ASHA worker per village.

Women are mostly recruited as honorary volunteers. They work at the grass-root level for effective implementation of government healthcare programs, documentation, creating awareness, community mobilization and providing support to pregnant women for check-ups and deliveries.



IMPACT

The ASHA programme has emerged as a key factor in improving primary health care at the village level, especially among women and children.

They have played key roles in convincing pregnant women to utilize antenatal and postnatal services, resulting in a decline of neonatal mortality rate by 31% in a period of two years (2010-2012).

IMR (Infant Mortality Rate) has declined to 30/1000 live births in 2012 from 58/1000 live births in 2005, while MMR (Maternal Mortality Ratio) has reduced to 100/100,000 in 2012 from 301 in 2001.



CHALLENGES

Nearly 1 million ASHA workers across all states and UTs are still at the lowest rung of India's health care system. They have no fixed minimum wage and are paid on an incentive basis, with a monthly average earning of INR 2000-4000.

They have no health insurance, travel allowance or benefits like vacation days. They also face untimely and underpayment along with occasional hostility from the community.

Despite the labour committee's recommendation of expanding social security for workers to the Anganwadi and ASHA workers, in reality there is a gaping pay disparity and safety issues faced by the ASHAs in their line of work.



COVID-19 IMPLICATIONS

During the Covid-19 pandemic, working hours of ASHAs have increased to 12 hours per day. Lack of availability of PPE kits and safety gears have also exposed hundreds of front-line ASHA workers.

40% of workers said they did not get special training for Covid-related work. Only 43% are receiving their monthly honorariums on a regular basis while 64% reported to not having received separate incentives for their Covid-related duties.

Only 38% workers were made aware of the INR 50 lakh health insurance cover they are eligible for as announced by the government for frontline healthcare workers during the pandemic.



RECOMMENDATIONS

The World Health Organization (WHO) had called upon all governments, employers, worker organizations, and the global community to take urgent measures to protect the occupational health and safety of front-line health workers and develop national programs for their safety.

In a bid to regularize the ASHA workers, the Indian Labour Conference had unanimously recommended that the status of ASHA and Anganwadi workers should be upgraded from scheme-based workers to contractual or government employees.

Some state governments like Maharashtra and Odisha have agreed to ensure pensions for the ASHAs. But it hasn't been approved by the center yet. There is a big gap in implementing recommended policy measures on the ground leading to continued discrimination and safety issues faced by the ASHAs.



WHAT ELSE CAN BE DONE

Rural health mission is incomplete without ASHA workers. Policymakers must consider granting public recognition to the ASHAs as key members of the healthcare system and introduce changes in their working conditions.

Priority must be given in getting transportation to the ASHAs for escorting patients. There should be a fixed minimum wage along with health insurance and old-age benefits.

More awareness should be created among the community regarding the role of ASHA workers to reduce hostility. Resources, training, and safety equipment's should be arranged to safeguard ASHAs before they can safeguard communities.