Summer Internship Programme 2020

Performance of ASHA Workers during the Time of COVID-19: A Case Study of Rajakkad Grama Panchayat

Internship Report

by

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Acknowledgement

First of all, I would like to express my deep and sincere gratitude to my supervisor Dr. Parvathy Sunaina, Associate Fellow, Centre for Socio-economic and Environmental Studies Kochi, for supporting and encouraging me to complete this report.

I am thankful to the Centre for Socio-economic and Environmental Studies Kochi for giving me an opportunity to pursue my summer internship programme.

I am very much indebted to Dr. Elango J. Parimalam, Head of the Department of Economics, Loyola College (Autonomous) Chennai for his encouragement and help rendered throughout my academic career.

I gratefully remember all my friends and family members for their constant encouragement and cooperation throughout the work.

I thank the Almighty for his great and wonderful blessings on me.

Abstract

One of the core strategies suggested under the National Rural Health Mission (NRHM) to strengthen decentralized village level health planning and management was the creation of Accredited Social Health Activists (ASHA). During the course of COVID-19, the ASHA is becoming increasingly important among the rural population with their COVID-19 activities such as door-to-door surveys, checking for symptoms, generating awareness, and other various healthcare programmes. This study examines the overall performance of ASHA workers during the COVID-19 pandemic. The study also takes feedback from the rural population to improve the ASHA's performance. The study was conducted in a qualitative manner. The area of study is Rajakkad Gram Panchayat, located in the Idukki district of Kerala. Primary data for this study was collected from ASHA workers, ASHA coordinator, JPHNs, ward members, and the rural population through in-depth telephonic interviews. The main themes discussed through the in-depth telephonic interviews are ASHAs difficulties related to COVID-19 activities such as lack of transportation facilities, inadequate payment structure, etc. It is also seen that the rural population are more aware of COVID-19 due to the involvement of the ASHA.

CONTENTS

Chapter 1
Introduction

1.1 Introduction

We are passing through difficult times due to an unprecedented crisis caused by Coronavirus disease (COVID-19) pandemic. The Coronavirus, which originated in China in December 2019, has infected tens of thousands of people across the globe and has badly shaken the world economy. Its consequences have left industries and businesses around the world, including India in a tremendous loss. In this situation, the government and the public are fighting against this pestilence.

Accredited Social Health Activists (ASHAs) are community healthcare workers, instituted by the Ministry of Health and Family Welfare under the National Rural Health Mission (NRHM). There are over 9 lakh such workers in India. These workers maintain the link between citizens and the health care system of the state.[i] Local Self Governments, police, healthcare professionals, etc. are braving the frontlines during the coronavirus pandemic. As the number of cases of COVID-19 continues to mount in India, ASHA workers are also on the frontlines of the battle carrying on despite serious unsolved issues at the local level. Their duty is to promote community development through healthcare awareness and immunization programmes. They also collect data regarding healthcare, conduct awareness programmes, distribute food and relief, and check on the well-being of the people at the local level.

ASHA workers play an important role in the creation of awareness among the rural people about the COVID-19 pandemic. Nowadays, ASHA workers are becoming popular among the rural population by visiting homes and collecting vital statistics and giving necessary advice to prevent COVID-19. They are working with dedication and courage, putting their lives at risk, on the frontlines of the battle against the COVID-19 pandemic.

In this situation, it is necessary to examine the overall performance of the ASHA workers and derive strategies for improving their performance. Therefore, the current study was undertaken to get an in-depth information about the ASHA's working

performance, particularly in Rajakkad Gram Panchayat. The findings from this study will be helpful in enhancing the working performance of ASHAs and it can be used for further improvisation.

1.2 Statement of the Problem

The National Rural Health Mission (NRHM) was launched on 12th April 2005 to provide effective healthcare to the rural population with an emphasis on poor women and children. Later the National Health Mission (NHM) was launched by the Government of India in 2013 by subsuming the National Rural Health Mission and National Urban Health Mission. One of the key components of the NRHM is to provide every village in the country with trained female community health activist i.e., Accredited Social Health Activist. ASHA is a health activist in the community, who is envisaged to create awareness on health and its determinants and mobilize the community towards local health planning and increase utilization and accountability of the existing health services.[ii]

In the current scenario, while doctors, nurses and other paramedical staff are engaged in taking care of COVID-19 patients inside hospitals, ASHA workers are carrying out the outdoor task of visiting households, checking out the health of the people who are under isolation and quarantine and collecting data about symptomatic persons and those who were in primary and secondary contacts with the infected, while risking their health. The basic rationale for conducting this study was to examine the performance of ASHA workers concerning the COVID-19 pandemic and take feedback from the rural population to improve the ASHA's performance. The research problem is stated as ***"Performance of ASHA Workers during the Time of Covid-19: A Case Study of Rajakkad Gram Panchayat"***

1.3 Research Questions

1. Who are ASHA workers?
2. What are the duties and responsibilities of ASHA workers?
3. How effective are ASHA workers in fighting against the COVID-19 pandemic?
4. What are the problems faced by the ASHA workers?

5. How did the work by the ASHA workers help in reducing the spread of COVID?
6. Did the work done by the ASHA workers improve the conditions of the people?
7. What are the benefits received by the people from ASHA workers?
8. What were the people's perceptions towards the help they received from ASHA workers?

1.4 Objectives

1. To examine the role of ASHA workers in fighting against the COVID-19 pandemic.
2. To examine the problems faced by the ASHA workers.
3. To examine the opinion of the rural population about the services by ASHA workers and the benefits they get from the services.
4. To give suggestions/recommendations towards improving the performance of ASHA workers.

1.5 Research methodology

The study is descriptive in nature and attempts to interpret all aspects related to the work of ASHA in a comprehensive manner. Being done during lockdown, the research was mainly done in a qualitative manner as the conduct of a full-fledged quantitative survey was difficult. The area of study is Rajakkad Gram Panchayat, located in Udumbanchola sub-district of Idukki, Kerala. Rajakkad Gram Panchayat consists of 13 wards in which Kochumullakkanam, Rajakkad, and Punnacity wards are selected for the study. The time period of the data collection was from 25th April 2020 to 25th May 2020. To generate qualitative information, the researcher conducted in-depth telephonic interviews with ASHA workers, ASHA coordinators, JPHNs, ward members, and rural population of the Rajakkad Gram Panchayat.

Both primary and secondary data were used for this study. Primary data for this study was collected from 3 ASHA workers, ASHA coordinator of the Nedumkandam Block Panchayat, 3 JPHNs of CHC Rajakkad, 3 ward members of the Rajakkad Gram Panchayat, and 20 rural population from the study area. The secondary data for this study was collected from media, published reports, newspapers, journals, and e-resources, etc.

1.6 Limitations of the study

The study has limitations of time and resources. The study is limited to a particular area, so the results can not be generalized. Since the study was conducted during lockdown, the data for this study was collected by the technique of in-depth telephonic interviews, the inherent limitations of this technique may also affect the study. The data might have some errors in the data due to recall issues and the reluctance of the respondents to give the correct answer.

1.7 Outline of the report

The report of the study is organized into four chapters. Chapter one gives introduction of the study. It deals with the introduction, statement of the problem, research questions, objectives, research methodology, and limitations of the study. Chapter two deals with an overview of the ASHA programme. Analysis and interpretation of qualitative data is given in the third chapter. Chapter four consists of findings, recommendations, and conclusion. Selected references are included at the end of the study.

Chapter 2

An Overview of the Asha Programme

2.1 Introduction

The ASHA programme is one of the key components of the National Health Mission (NHM) and is vital for increasing community engagement with the healthcare system. The ASHA is a woman selected by the community, resident in that community, who is trained to function in her village to improve the healthcare conditions of the community through providing healthcare services at the grass-root level.[iii] The programme was launched in the year 2006 with 18 high focus states and tribal areas of all other states. Within two years, over 300000 ASHAs were selected and tainted. The programme was expanded in early 2009 to the entire country due to the wider acceptability of ASHAs in every part of the country.[iv] Today, the ASHA programme has become an integral part of the healthcare system. Initially, this programme was under the National Rural Health Mission (NRHM). Later the National Health Mission (NHM) was launched by the Government of India in 2013 by subsuming the NRHM and NUHM. It was further extended in March 2018, to continue until March 2020. It is headed by Mission Director and monitored by National Level Monitors appointed by the Government of India.

In Kerala, the NRHM programme was launched in 2006. The mission name for NRHM in Kerala is "*Arogya Keralam*" with the slogan "*Aarogya Keralam, Aishwarya Keralam*" (Healthy Kerala, Prosperous Kerala). The goal of the mission is to improve the availability and access to quality health especially for those who reside in rural areas. According to the 19th issue of the semi-annual ASHA Update released by the National Health Systems Resource Centre (NHSRC), for the NHM in January 2019, there are 27984 ASHA workers in Kerala.[v]

2.2 Review of Studies Related to ASHA's Performance

In 2011, an evaluation by the NHSRC emphasized the need for evaluation of ASHA's functionality and effectiveness. The NHSRC highlighted that the healthcare challenges of our country can't be solved by the services of just doctors and specialists. A substantial part of the disease burden can be reduced by a focus on prevention and

promotion activities. ASHAs can play a major role in enabling preventive care of the community, by taking the message to the doorstep of the families.[vi]

It was seen in the study that ASHAs have been largely seen in the frame of an extension worker of the department with some social mobilisation and health education roles, and these are limited to the role that ASHAs are playing in other states, largely around the RCH areas and national programmes[vii]. It was also seen that the ASHAs work very closely with the Ward Health and Sanitation Committees and they are also members of the committee. The WHSCs issue guidelines on the roles and responsibilities of ASHAs and they are also oriented about the programme through workshops conducted by District and Block programme units of NRHM in Kerala[viii].

Planning Commission, Government of India conducted a study on the NRHM in seven selected states and about the role of ASHA and found out that they are extremely important in promoting utilization of public healthcare facilities for maternal and child health (MCH) care, family planning, and treatment of chronic diseases. ASHAs' home visits and counselling promotes the utilization of family planning services primarily from public health facilities.[ix]

A study conducted by Tissy Eruthichal on 'Role of ASHA workers in rural development with reference to Kottayam district' finds that, due to the introduction of ASHA there has been an evident development in the health of rural people. ASHAs have been successful in activities like ensuring immunization schedule of new born babies, sanitation, and various health care programmes. The rural people are more aware of health aspects such as nutrition, basic sanitation and hygienic practices with the introduction of ASHA.[x]

Ancy Joseph, in a study conducted to assess the knowledge and functioning of ASHAs in selected districts of Kerala, however, finds out that the impact of NRHM and ASHA is only as strong as the individual ASHAs who are chosen to advocate for use of health facilities and provide knowledge on healthy behaviours and dispense basic health products to their community.[xi]

A descriptive study conducted by Dipika Jain, to identify the role of ASHAs in the time of COVID-19 reveals that, ASHAs are an integral part of the institutional healthcare structure in India but continue to be treated as subpar by the government and other healthcare workers. They are currently contributing significantly to the management of the COVID-19 pandemic that has brought the whole country to a near halt.[xii]

An article published on "ASHA workers are helping in the fight against COVID-19, but most without protective equipment" by Prajwal Bhat on 4th April 2020 discusses the problems faced by the ASHA workers in fighting against Covid-19. It was reported that ASHAs from Karnataka, Tamil Nadu, Telangana, Andhra Pradesh and Kerala are in distress. They are going door-to-door, spreading awareness about coronavirus and collecting information about those who are likely to be infected with the virus. Some are even recording the temperatures of people who are residing in coronavirus containment zones and of people who have returned from abroad recently. But even though ASHA workers come to contact with people who are quarantined at home, they are yet to be provided equipment such as gloves and hand sanitizers. Some have been given masks, but they are not being replenished periodically.[xiii]

An article published on 'The life of ASHA workers in the time of COVID-19' by Puja Awasthi on 10th April 2020 revealed that ASHAs are instructed to conduct door-to-door surveys, keep an eye out for migrants and educate people about necessary precautions. A complete focus on the pandemic means that other duties have taken a backseat as health services deemed non-emergency have been put on hold. They were unable to provide immunization to pregnant women or birth control methods. For ASHA workers, the pandemic has meant more hours of work and personal risk.[xiv]

An article published on 'Don't undermine ASHAs role in this coronavirus fight with low pay' by Vinitha Singh on 24th Apr 2020 revealed that ASHA workers – considered as 'low-cost resources' – have come to the rescue of state governments during the ongoing coronavirus crisis. They carry out community-level activities, including tracking positive cases, identifying symptomatic cases, monitoring people with travel history, and much more.[xv]

2.3 Status of ASHA programme in Kerala

According to the 19th issue of the semi-annual ASHA Update January 2019, released by the NHSRC for NHM, covering the period between July 2018 to December 2018, a total of 27984 ASHAs are in position against a target of 32854 ASHAs in Kerala. The percentage of ASHAs in position against the target in the rural area is 84 percent which is less than the national average of 95 percent. Meanwhile the percentage of ASHAs in position against the target in the urban area is 100, which is greater than the national average of 88 percent. The population density per ASHAs under the NRHM is currently 670 in Kerala while the national average is 881[xvi]. Status of ASHA selection under NRHM and NUHM is represented in Table1.

Table 1: Status of ASHA selection under NRHM and NUHM

	NRHM					NUHM		
	Rural ASHAs (Target)	Rural ASHAs (in Position)	Percentage of ASHAs in position against the target	Rural Population 2011 Census	Current Density- January 2019	Urban ASHAs (Target)	Urban ASHAs (In Position)	Percentage of ASHAs in position against the target
Kerala	30927	26057	84%	17471135	670	1927	1927	100%
India	948266	905047	95%	794838894	881	74395	65629	88%

Source: 19th issue of the semi-annual ASHA Update January 2019, released by the NHSRC

The July 2017 edition of ASHA Update provided an overview of the Community based institutional structures i.e., Village Health Sanitation and Nutrition Committees and *Mahila Arogya Samities* for all states. As per the Operational Guidelines for VHSNC, ASHA is expected to serve as the member secretary of the committee and be a joint account holder with the chairperson who is a representative of the panchayat. According to the 19th issue of the semi-annual ASHA Update January 2019, 536903 (95%) VHSNCs have been constituted against the total target of 567320 for the country. But in Kerala, ANM acts as the member secretary of VHSNC. The percentage of VHSNC constituted against the target is 100 in Kerala.[xvii] Status of VHSNC in Kerala is represented in Table 2.

Table 2: Status of Village Health Sanitation and Nutrition Committees

Village Health Sanitation and Nutrition Committees							
	Level of formation	Number of members per VHSNC (State norm)	No. of VHSNCs - Target	No. of VHSNCs – constituted	Percentage of VHSNC constituted against the target	No. of VHSNCs with ASHA as member secretary	Member Secretary other than ASHA
Kerala	Ward-level	15-20	19523	19523	100	0	ANM
India			567320	536903	95	375574	

Source: 19th issue of the semi-annual ASHA Update January 2019, released by the NHSRC

Mahila Arogya Samiti (MAS) is expected to take collective action on issues related to health, nutrition, water, sanitation, and other social determinants of health at the ward level. ASHAs are associated with the functioning of MAS. According to the 19th issue of the semi-annual ASHA Update January 2019, while 77003 (86%) MAS have been constituted against the total target of 89446 for the country, in Kerala 1596 MAS have been formed against the total target of 1046.[xviii] Status of MAS in Kerala is represented in Table 3.

Table 3: Status of *Mahila Arogya Samitis*

Mahila Arogya Samiti						
	No. of cities where MAS is proposed	Target no. of MAS proposed	No. of MAS formed	Percentage of MAS formed	Number of members per MAS (State norm)	No. of MAS with bank account
Kerala	44	1048	1596	152	8-12	144
India	983	89446	77003	86		64404

Source: 19th issue of the semi-annual ASHA Update January 2019, released by the NHSRC

2.4 Roles and responsibilities of ASHAs

ASHA is envisaged to be a health activist in the community who will create awareness on health and its social determinants and mobilize the community towards local health planning and increased utilization and accountability of the existing health services. She would be a promoter of good health practices. She will also provide a minimum package

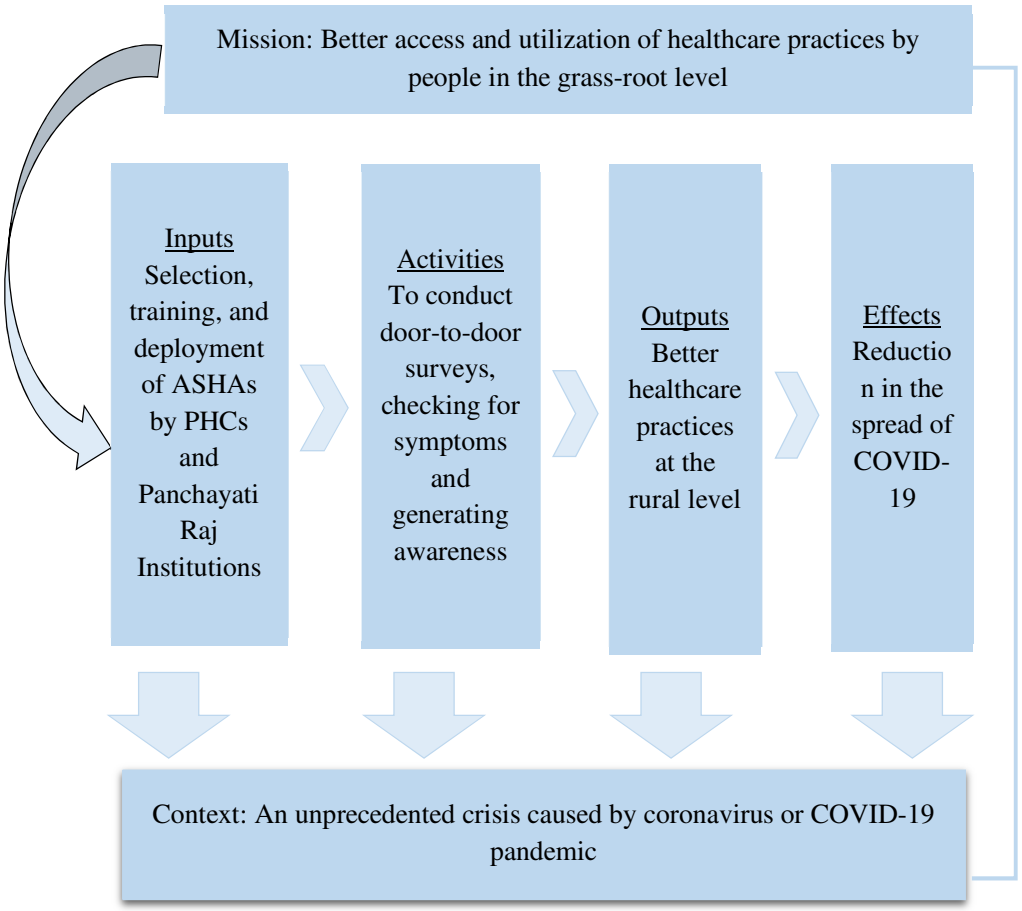
of curative care as appropriate and feasible for that level and make timely referrals. Her roles and responsibilities would be as follows.

1. Create awareness and provide information to the community.
2. Counsel mothers on birth preparedness, safe delivery, feeding practices, immunization, family planning, RTI, etc.
3. Facilitate community access to healthcare and health facilities.
4. Work with the Village Health and Sanitation Committee of the Gram Panchayat to develop a comprehensive village health plan.
5. Accompany pregnant women and children to health facilities.
6. Provide care for minor ailments.
7. Act as a depot holder for ORS, IFA, Oral pills, Condoms.
8. New born care for the treatment of childhood illness.
9. Inform birth and death, disease outbreaks.
10. Construction of toilets for TSC (Total Sanitation Campaign)[xix]

Besides, a few more duties are given to the ASHA workers to prevent COVID-19 pandemic. The National Health Mission has released a guideline on what ASHA should do to prevent the COVID-19. They are:

1. Community awareness through inter-personal communication.
    a) Uptake of preventive and control measures including social distancing.
    b) Addressing myths and misconceptions.
2. Support ANM/Supervisor in the house to house surveillance including
    a) Identification of HRG and probable cases.
    b) Ensure the uptake of medical services in urban and rural areas.
    c) Psychosocial care, stigma and discrimination.
3. Reporting and feedback.
4. Personal safety and precautions.
5. Use of COVID 19 IEC materials.[xx]

Role of ASHA in the time of COVID-19



Chapter 3

Analysis and Interpretation of Qualitative Data

Qualitative research is appropriate for the nature of the study. To generate qualitative information, the researcher conducted in-depth telephonic interviews with ASHAs, ASHA coordinators, JPHNs, ward members, and randomly selected rural population of the Rajakkad Gram Panchayat.

3.1 Profile of the study area

The area of study is Rajakkad panchayat, located in Udumbanchola Taluk of Idukki district in Kerala, India. It is situated 30 kilometres away from the sub-district headquarter Nedumkandam and 60 kilometres away from district headquarter Painavu. The total geographical area of panchayat is 31.08 Sq.Kms.[xxi] As of 2011, Rajakkad has a population of 16456 with 8229 males and 8257 females.[xxii] According to the Government of Kerala Department of Panchayats, there are 3783 houses in Rajakkad panchayat.[xxiii] Rajakkad Gram Panchayat consists of 13 wards, out of which three wards - Kochumullakkanam, Rajakkad, and Punnacity wards are selected for the study. There are 13 ASHAs in 13 wards of the Rajakkad Gram Panchayat, i.e. on ASHA in each ward. Among them, the ASHAs in the three selected wards were interviewed for the study.

The Rajakkad Gram Panchayat (GP) has launched a massive operation in association with the Government of Kerala to combat the COVID-19 pandemic. The panchayat has released Rs. 90 lakhs for this purpose. The GP started a process of awareness generation about COVID-19 with the help of ASHAs, Kudumbashree members, Anganwadi members, etc. in the rural areas. Though the health department has greater significance in the fight against COVID-19, the GP formed different committees to work independently to reduce the burden of the former. ASHAs have been assigned to monitor the health status of the people and report to the administrators.

The themes of the discussion are classified into three major areas as given below.

i. A day in the life of an ASHA during the time of COVID-19.

ii. The problems faced by the ASHAs during the time of COVID-19
iii. Feedback about the services rendered by ASHAs by different officials and the rural population

3.2 A day in the life of an ASHA during the time of COVID-19

The services rendered by ASHAs to combat the pestilence of COVID-19 has great significance. Here an attempt is made to encapsulate a day in the life of an ASHA during the time of COVID-19.

Most of the ASHAs of Rajakkad panchayat are around 45 years old and come from an agricultural family. After completing all the household chores, they begin to do their assigned duties at 10 am. The duties of ASHAs in the fight against COVID-19 includes door to door surveys, educating the rural population about COVID-19, and monitoring people for symptoms of the virus. But the risk is far greater than anything they have faced before. On average, ASHAs covered 15 houses per day. ASHAs received training in the initial phase of lockdown and refresher training was provided to them. It was led by the doctors and JPNHs of CHC Rajakkad and they resolve all sorts of doubts of ASHAs.

“In this situation, in addition to our daily tasks, we are supposed to trace the contacts of COVID-19 patients. We also have to find out if any person in our ward has travelled outside or has come from somewhere recently,” said an ASHA. ASHAs have been instructed to screen all households to identify any persons showing symptoms of the coronavirus infection. “If an individual shows the symptoms of coronavirus, we have to immediately report to the JPHNs, who in turn, reports to the CHC Rajakkad,” says an ASHA. A medical team from the CHC is then supposed to arrive, test the suspected patient and take further necessary actions. ASHAs are also required to direct the visiting medical team to the house of the person with suspected infection. Besides ASHAs have been working with their respective ward members and Kudumbashree members to distribute items such as handmade face mask and disease prevention pills to each household.

"I’m just back home after chlorinating a few wells in my ward. I make masks in my home and give it to the neighbours and elderly people and then hand over medicines for

those in need of them" said an ASHA. She is 52 years old, responsible for nearly 378 households in the Rajakkad ward within Rajakkad Gram Panchayat limits. On normal days, she travels from house to house for the preparation of the village register. She is taking care of pregnant women and the medicines they need, new born children who require immediate vaccination and the elderly suffering from chronic diseases. She always carries an essential medicine kit, with everything from paracetamol to ORS sachets. But these things are only practical on normal days. February onwards, with the onset of Covid-19, ASHAs from Rajakkad have taken on braver and far more challenging roles. They have become the eyes and ears of the government at the grass-root level, constantly checking their respective wards, providing necessary advice and awareness to those people who are under quarantine. If anyone shows any symptoms of COVID-19, it is her phone that rings first. If anyone entered the ward after traveling from another place, she would be the first to know. She conducts interviews with them, and then cross verifies the information from other sources. District officials, while preparing route maps of the travel history of a patient, often rely on the reports of the local ASHAs.

Another ASHA from Rajakkad described how she dealt with a group of children who violated the lockdown. “This was in the first phase of the lockdown. The ward where I work is in the boundary of the panchayat. Every day, I see these kids sitting in the ground. There were about 10 kids. I asked them to stay inside their homes and follow the lockdown norms. I told them about this ongoing COVID-19 pandemic. I'm very happy to say that, they obeyed it all perfectly.”

They have a lot of work to do in between these tasks. A weekly immunization programme is to be done at the CHC Rajakkad. In addition to this, they are responsible for taking care of pregnant women, new born babies, and elderly peoples. “Only an ASHA will have the complete health status of the rural population. She has to know how many pregnant women, new born babies, palliative care patients, etc. are there in the area. The entire public healthcare system is dependent on us because we have the data. This is the significance of ASHAs” said an ASHA.

Even as they continue to monitor the COVID situation at the local level, a new challenge has emerged i.e., rainy season diseases like dengue, typhoid, viral fever, etc. Circulars have gone out from the health department to ASHAs to start the ward level pre-monsoon sanitization measures. Wells have to be chlorinated and homes disinfected.

ASHAs arrive at their home at about 4 pm after completing all these outdoor activities. They enter the house and get in touch with their family members, only after taking bath. Even after arriving home, their work does not end. They are instructed to tabulate the details of the house visits, the things that are done as well as things to be done. After completing the survey and tabulation works, she is required to hand over the data to her supervising authority i.e., CHC Rajakkad. In addition to this, a monthly report must be submitted to the DMO at the end of the month. ASHAs mentioned that they receive immense support from their families mainly husband; even he helps her in her works. They were happy and satisfied with their work and got warm support and love from the people.

3.3 The problems faced by the ASHAs during the time of COVID-19

ASHA workers are as important as any other healthcare worker. However, they are not treated as permanent workers because they are considered more as activists, than employees. Right from the birth of a child to the death of the person, every detail is documented by them. In this period, they stand out as more important as they are the interface between every individual of the community and health care management system. The surveys are carried by them in both rural and urban areas. They are risking their lives and working 6 to 7 hours in the hot summer season collecting details from home to home.

The ASHAs across the panchayat were facing some difficulties due to the spread of coronavirus. Lack of transportation affected the day to day activities of ASHAs. They visit an average of 15 houses every day and they cover the entire distance by walking. It gets difficult during the afternoons because it is very hot. In some areas, the position of ASHA is vacant, and no additional recruitments have taken place. The other ASHAs need to cover up for that gap. Some ASHAs look after a population of even 1500-2000

population (where the norm is ASHA/1000 population). Hence, they find it difficult to provide information about COVID-19 to all households.

The population in some of the wards in the Rajakkad panchayat is spread over large areas and intercepted by hills. In such places, ASHAs will have to walk long distances to reach the home of the beneficiaries. Due to these natural barriers, the ASHAs even failed to visit certain areas and certain sections of the population.

ASHA were not getting any kind of travel incentives. However, there is a scope for getting performance-based honorarium. In 2016, the Government of Kerala hiked their performance-based honorarium substantially from Rs. 1,000 to Rs. 5,000. The Chief Minister also announced an additional incentive of Rs. 1,000 to all ASHAs, hailing them for their exemplary work during COVID-19. But they do not receive the honorarium in a timely manner. Most of the time, they spend money from their own pockets to fulfil their responsibilities. The Government has declared an insurance cover of Rs. 50 lakhs for health care workers but ASHAs are asking for an increase in pay scale.

Being an integral part of the coronavirus prevention chain, ASHAs are the first ones in contact with people. Many of the ASHAs revealed that during the initial weeks of April, they had no access to sufficient masks and gloves. But now they are provided everything that they need from the CHC. Also, Kudumbashree members, SPC cadets, and other youth organizations make masks and sanitizers and give it to the healthcare workers.

3.4 Feedback about the services rendered by ASHAs by different officials and the rural population

The participants of this study including ASHA coordinator of the Block Panchayat, JPHNs of CHC Rajakkad, ward members of the Rajakkad Gram Panchayat, and the remaining rural population had positive opinions regarding the performance of ASHAs. When the implementation of government strategies comes to the ground level, ASHAs play an important role along with government officials, elected representatives of the panchayat, members of self-help groups and Anganwadi workers.

Congress leader Rahul Gandhi has hailed the work done by ASHAs, ANMs and Anganwadi workers in fighting coronavirus. He said that as a nation, “we owe them and

their families a huge debt of gratitude for the tremendous personal sacrifices each of them is making". "In an environment where fear and misinformation pose a bigger danger than the virus itself, community workers have a key role to play in educating people about the dangers of COVID-19 and the how it is transmitted," Rahul Gandhi pointed out.[xxiv]

Kerala Chief Minister Pinarayi Vijayan has expressed his gratitude towards the health workers and "saluted their valiant efforts" in checking the spread of novel coronavirus.

For the Panchayat members, ASHA is a community informer. According to them, ASHA is also a service provider and is promoting women's empowerment as many ASHA are involved as volunteers in the state's women's development programme – Kudumbashree.

The majority of the rural population are aware of ASHAs and opined that ASHA provided relevant information regarding COVID-19. Besides, they were very satisfied with the services rendered by ASHAs. "One day, I was walking with a towel across my face. Seeing me without a mask, an ASHA from my ward, asked Why don't you wear a mask. I said I couldn't get one. The next day, she stitched a few masks for me" says a woman.

ASHA coordinator of the Block Panchayat hailed the efforts of ASHA workers. "They played key roles in Idukki's COVID fight. They are our grass-root level warriors. We could not have contained COVID-19 without their help," he said.

CHAPTER 4

Findings, Recommendations and Conclusion

4.1 Findings

The major findings of the study are summarized below.

1. On an average, ASHAs covered 15 houses per day. They take door-to-door surveys, checking for symptoms, and generating awareness about the COVID-19 pandemic.
2. Despite the COVID-19 preventive measures, ASHAs were able to carry out their normal activities and pre-monsoon sanitization.
3. Panchayats do not have any direct role in the supervision or evaluation of ASHA's performance. JPHNs are supervising and evaluating ASHA's activities.
4. ASHAs received training in the initial phase of lockdown and refresher training was provided by the doctors and JPNHs of CHC Rajakkad.
5. The ASHAs revealed that during the initial weeks of April, they had no access to sufficient masks and gloves. But now they are provided everything they need from the CHC Rajakkad.
6. In some areas, the ASHA's position is vacant and no additional recruitments have taken place. Some of the ASHAs have to cover a population of 1000-1500. Hence, they are unable to provide information about COVID-19 to all households.
7. The entire compensation received by ASHAs per month is very low, which is quite inadequate for their sustenance. They are also bearing the costs of travel and for providing services.
8. The rural people are more aware of the COVID-19 due to the involvement of ASHA.
9. The majority of the rural population are aware of ASHAs and opined that ASHA provided relevant information regarding COVID-19. Also, they were satisfied with the services rendered by ASHAs.
10. JPHNs and doctors of CHC Rajakkad were satisfied with the performance of ASHAs.

11. The community is not aware of the functioning and activities of the Village Health Sanitation and Nutrition Committees (VHSNC) and the *Mahila Arogya Samities* (MAS) as they do not reach the community.

4.2 Recommendations

Based on the findings of the study, the following recommendations are made for overcoming the problems and enhancing the performance of ASHAs.

1. ASHAs are responsible to cover 1000 households to facilitate health care services. Some of them now to cater to a population of 1000-1500. Hence, they are unable to provide information about COVID-19 to all households. So, it is necessary to fill up ASHA's vacancy on time.
2. The population in some of the wards in the Rajakkad panchayat is spread over large areas and intercepted by hills. In such places, ASHAs will have to walk long distances and difficult terrains to reach the home of the beneficiaries. Therefore, the panchayat should provide transportation facilities to ASHAs.
3. The duties and responsibilities of ASHA and other field level health functionaries need to be clearly defined and be made mutually exclusive.
4. Qualified ASHA should be provided with advanced training so that they can work more efficiently and also can enhance community development in rural areas.
5. ASHAs are overly worked as they have to carry out their normal duties along with COVID-19 duties. So, panchayat should start a volunteer committee for assisting ASHAs.
6. Regular monitoring of the performance of ASHAs should be done in which their registers should be checked, and feedback also sought from the community. The best performing ASHA should be awarded some bonus or performance incentive for her work. This, in turn, will motivate them to do their work with more sincerity.
7. Incentive schemes should be revised, and the government should fix additional incentives for the extra works undertaken so that ASHAs efforts do not go unacknowledged and they are not demotivated.

8. The effectiveness of the functioning of Village Health Sanitation and Nutrition Committees (VHSNC) and the *Mahila Arogya Samities* (MAS) should be improved through devising innovative projects with improved community participation.
9. Make provision for ASHAs to express their difficulties and problems in delivering services.
10. Awareness generation and education with the help of local leaders are of prime importance for proper utilization of the services of ASHA and for bridging the gap between ASHAs and the community.

4.3 Conclusion

ASHAs are the frontline workers who act as an important interface between the community and the public healthcare system in rural areas. ASHA has been successful in the activities like door-to-door surveys, checking for symptoms, generating awareness about COVID-19, and other healthcare programmes. The rural peoples are more aware of the COVID-19 due to the involvement of ASHA. The activities of ASHA are supporting the rural people. An upliftment among the rural society through such grass root level activities was a key objective of a scheme like ASHA. This objective has been achieved in Kerala by ASHAs in the fight against COVID-19. In the future as well, the programme will be successful of the required support is extended from all levels.

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