

# Role of Accredited Social Health Activist (ASHAs) in Pandemic Era of COVID-19

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## Abstract

Recent major public health emergencies are arisen due to the presence of Coronavirus that is the pandemic era of COVID-19. At this time public health system and community healthcare workers have an important role in dealing with COVID-19 in rural areas. The aim of this study is to find out the role of Accredited Social Health Activist (ASHAs) and various problem faced by them. For this study take a sample of 36 ASHAs in a 5 sub centre of Kunnothparamba panchayath of Kannur district in Kerala. Under this study found that ASHAs conduct 'house to house' visit and collecting information, carryout contact tracing, maintaining of documents etc. But ASHA workers are faced a lot problems this time such as over burden, lack of COVID protective equipment, underpaid etc.

## Key words:

ASHAs, role of ASHAs COVID-19, community awareness, maintenance of documents

## Introduction

Accredited social Health Activist (ASHAs) creates an awareness on health and other social factors relating to health among public. They provide various services to women healthcare and child healthcare. They assist women for immunisation and nutrition etc..They provide counselling relating to nutritious food and encourage women go to hospital for delivery. At the time of COVID-19 ASHAs have a vital role to resist the spreading the corona virus.

(Miyamoto, 2020), published an article, titled "COVID-19 Healthcare workers: 70% are women", in this article highlight is some of the gendered effects emerging from the COVID-19 in the global healthcare sector. In this article he stated that 70% of the total healthcare workers are women especially in India Accredited Social Health Activist (ASHA) community health workers are women. He found that healthcare workers face a highly risk of exposure to COVID-19 and transmitting the virus to others because of their close and prolonged contact with sick patients. Another reasons is that unavailability of COVID-19 protective equipment. In his study he found that in Spain 72% of infected healthcare workers are women, in Italy 66% of infected healthcare workers are women and in United States 73% of the infected healthcare workers are women.

(Patley Rahul, 2021) They made an analysis to attempt the role of ASHA in District Mental Health Program learning from COVID-19. For this study they take 76 patient by delivering mental healthcare services to the patients' doorsteps. At the time of COVID because of lockdown and travel restriction many patient cannot access essential medicines and other services. At this time ASHA workers made a list of such patients (who required medicines and other services), collected the same and ensured their availability to the needy.

## Objectives of the study

1. Role of ASHA workers at the time of COVID-19
2. Problem faced by ASHA workers at COVID -19

## Methodology

In this study, Kunnothparamba PHC of Kannur District in Kerala is selected as an area of study. Under Kunnothparamba PHC, 5 sub-centres are there and 36 ASHA workers are there. For this study 36 ASHA workers are selected. Data were collected through in-depth interview

### ASHA (Accredited Social Health Activist) workers

ASHA workers are a key link to public health service in villages in India. They are being deployed the central government the NHRM ( National Rural Health Mission) for every 1000 in the state to ensure the accessibility of primary care services to the rural people. ASHA workers is a community health workers and is the primary contact for any health related issues especially for women and children in rural area and now in urban area also.

### COVID-19

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. The COVID-19 virus spreads primary through droplet of saliva or discharge from nose. The current coronavirus disease 2019 (COVID-19) pneumonia pandemic, caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is spreading globally at an accelerated rate, with a basic reproduction number (R0) of 2 to 2.5, indicating that 2 to 3 persons will be infected from an index patient. A serious public health emergency, it is particularly deadly in vulnerable populations and communities in which healthcare providers are insufficiently prepared to manage the infection. As of March 16, 2020, there are more than 180,000 confirmed cases of COVID-19 worldwide, with more than 7000 related deaths. The SARS-CoV-2 virus has been isolated from asymptomatic individuals, and affected patient continue to be infectious 2 weeks after cessation of symptoms. The substantial morbidity and socioeconomic impact have necessitated drastic measures across all continents, including nationwide lockdowns and border closure.

### Role of ASHA workers at the time of COVID-19

#### References

(n.d.). Retrieved from <http://>

(n.d.). Retrieved from [http://www.mohfw.gov.in/pdf/FacilitatorGuideCOVID19\\_27%20Marchpdf](http://www.mohfw.gov.in/pdf/FacilitatorGuideCOVID19_27%20Marchpdf).

Miyamoto, D. I. (2020, May). COVID-19 Healthcare Workers : 70% are women. *Daniel K. Inouye Asia-Pacific Center for Security Studies*, 3.

Patley Rahul, . K. (2021, january). Accredited Social Health Activist (ASHA) and Her Role in District Mental Health Program: Learnings from the COVID 19 Pandemic. *Community Mental Health Journal*, 4.

Supriya bezbaruah, S. B. (2021). Roles of community health workers in advancing health security and resilient health systems: emerging lessons from the COVID-19 response in the South-East Asia Region. *10(3)*, 41-48.

ASHAs have an important role at the time of COVID-19. They conduct contract tracking, collect information about quarantine people, they provide essential services to these people such as medical services, food facilities. Passengers are restricted at the time lockdown patients face difficulties to get essential medicine. ASHAs made a list of these patients and provide facilities to get these medicines. At the same time ASHAs faced a lot of challenges at COVID-19 such as increased workload that is their working time is increased by 3-4 hours than normal time, unavailability of protective COVID-19 equipment, underpaid etc. ASHAs act as a link between quarantine people and society and health departments.

To deal the situation of COVID -19 in India, the ASHA workers responsibilities were elaborated. The role of ASHA workers in containment of COVID-19 in the country outlined by Ministry of Health and Family Welfare is given below:

### **Role of ASHA Workers (Under the guidance of ASHA facilitator & CDPO)**

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 house to house surveillance including
  - a) Identification of HRG and probable cases
  - b) Ensure uptake of medical service in urban and rural areas and
  - c) Psychosocial care and stigma and discrimination
3. Reporting and feedback
4. Personal safety and precautions
5. Use of COVID 19 IEC materials

(Source: Ministry of Health & Family Welfare, Government of India. 2020a. "COVID-19 Facilitator Guide: Response and Containment Measures Training Toolkit for ANM, ASHA, AWW).

As per the Model Micro Plan for containing Local Transmission of Coronavirus Disease COVID-19 announced by the Ministry of health and Family Welfare, Government of India, ASHA workers are required to conduct house to house visit, reporting symptomatic case, carry out contact tracing, documents maintaining, monitor situation and creating an awareness about the COVID-19 in the community.

At the time of COVID-19 the role of ASHA workers are summarised below:

#### **1. Contact Tracing**

During the lockdown in COVID -19 ASHAs have an important role in tracking the people who are coming from outside the states and countries. A lot of NRIs returned this time. A lot of migrants returned from different places of India and a lot of students came back to home. ASHA workers collect all information about this people and submit reports to concerned authorities. They ensure quarantine of these persons. ASHA workers continuously contact with these persons and given adequate instructions to quarantine persons. They act a link between quarantine person and society and health department.

#### **2. Provider of essential services**

At the time of COVID because of lockdown and travel restriction many patient cannot access essential medicines and other services. At this time ASHA workers made a list of such patients (who required medicines and other services), collected the same and ensured their availability to the needy. ASHA workers provide these services to quarantine persons also. Along with these services they provide various other services. They provide food facilities to quarantine people.

#### **3. Delivery of Non COVID essential services**

In lock down period due to COVID-19, Asha workers have ensure that providing of non COVID essential services to needy people like maternal services, child health care etc.

#### **4. Creation of an awareness on COVID-19**

ASHA workers create an awareness about COVID- 19 among community. They provide instructions to taking preventive measures such as regular hand washing with soap and water, using mask and sanitizer, keeping social distance,etc.

#### **Problems faced by ASHAs during COVID-19**

##### **Increased workload**

In the COVID -19 pandemic situation the ASHAs quantity of work was increased. Before COVID-19 time, they worked for an average of 6-8 hours per day but during this period along with normal work they provide various additional services like collect information about quarantine people, contact tracing, because of the travelling restrictions of the lockdown period many patient cannot access essential medicines and other services ASHA workers made a list of such patients and

collect the same to the required persons. For these purpose their average working time is increased by 3-4 hours at the time of COVID-19

### **Lack of COVID-19 protective equipment**

Another problem faced by ASHAs at the time of pandemic period was lack of COVID protective equipment. Concerned authority did not provide adequate COVID protective equipment to ASHAs. In order to safeguard the healthcare are the leading edge in the fight against COVID-19, the Ministry of Health and Family Welfare issued guidelines directing the state government to ensure proper safety equipment to health care workers. Getting even minimal protection equipment has been a big challenges of ASHA workers.

### **Underpaid**

Usually not paid a monthly fixed wages to ASHA workers. They get honorarium and incentives only. ASHA are considered as “volunteers/activist” and not as a “workers”. They are excluded from protection under any social security benefits and any law such as insurance, pension plan, paid leave, maternity leave etc. At the time of COVID-19 due to lockdown, many incentive based tasks like immunisation, child healthcare, maternal service, awareness programs etc. were suspended which have leads to decreasing their earnings.

### **No formal or elaborate training**

On 27th March, 2020, the Ministry of Health and Family Welfare (MOHFW), Government of India released a training toolkit for frontline health workers for the containment of COVID-19 (Ministry of Health & Family Welfare, Government of India 2020a). However, a survey conducted with 31 ASHAs in six states in India found that except for a few ASHAs in Assam and Haryana, none had received any COVID-19 specific training ( Niyati and S. Nelson 2020)

### **Conclusion**

From the study we found that ASHAs have an important role at the time of COVID-19. They conduct contract tracking, collect information about quarantine people, they provide essential services to these people such as medical services, food facilities. Passengers are restricted at the time lockdown patients face difficulties to get essential medicine. ASHAs made a list of these patients and provide facilities to get these medicines. At the same time ASHAs faced a lot of challenges at COVID-19 such as increased workload that is their working time is increased by 3-4 hours than normal time, unavailability of protective COVID-19 equipment, underpaid etc. ASHAs act as a link between quarantine people and society and health departments.

## References

- (n.d.). Retrieved from [http://www.mohfw.gov.in/pdf/FacilitatorGuideCOVID19\\_27%20Marchpdf](http://www.mohfw.gov.in/pdf/FacilitatorGuideCOVID19_27%20Marchpdf).
- Miyamoto, D. I. (2020, May). COVID-19 Healthcare Workers : 70% are women. *Daniel K. Inouye Asia-Pacific Center for Security Studies*, 3.
- Patley Rahul, . K. (2021, january). Accredited Social Health Activist (ASHA) and Her Role in District Mental Health Program: Learnings from the COVID 19 Pandemic. *Community Mental Health Journal*, 4.
- Supriya bezbaruah, S. B. (2021). Roles of community health workers in advancing health security and resilient health systems: emerging lessons from the COVID-19 response in the South-East Asia Region. *10(3)*, 41-48.