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ASHA WORKER: AN INDISPENSABLE HUMAN RESOURCE

ASHA Worker: An Indispensable Human Resource

Background:

The onus of delivering maternal and child health interventions in India relies heavily on the shoulders of frontline workers (FLWs) comprising of the Anganwadi Workers, Auxiliary Nurse Midwives, and Accredited Social Health Activists. However, ASHAs are only one among the many FLWs who are considered as mere 'honorary volunteers', even though they form the backbone of the public health-care system in India.

The ASHA program was initiated by the National Rural Health Mission in 2005, to bridge the gap between the community and the health system, more importantly, among the underserved and vulnerable population such as women and children. Even though ASHAs are considered voluntary workers, they perform several duties in a professional manner. These include being the first entry point for health services related to women and children, creating community awareness on nutrition, sanitation, and hygiene, as well as promoting good health practices, and conducting referrals. The Ministry of Health and Family Welfare is currently supported by approximately 100,000 ASHA workers (1). Despite the significant time and professional involvement of these humble workers, ASHAs are considered as **voluntary community leaders.**

Special Role of ASHA's during COVID

ASHA workers were at the forefront during Covid-19. They supported the health department through community surveillance, medical assistance, door-to-door awareness generation, mask compliance, contact tracing, community engagement, social and behaviour change communication, in addition to provision of health services.

Recognition of ASHAs as 'Global Health Leaders' by the World Health Organization (WHO)

Recognizing and lauding the tremendous efforts of one million plus ASHA workers towards surveillance, contact tracing, awareness generation and other innumerable COVID-19 related duties during the pandemic, the World Health Organization in 2022 honored them with the 'Global Health Leaders Award'. *However, the global recognition has not been able to stave off the persistent challenges and issues that the ASHAs have been facing, such as overburdening with multiple responsibilities, poor working conditions, poor occupational health standards and most importantly, inadequate remuneration, as the incentives paid to them are task-based.*

What does the salary structure of ASHAs look like?

The NHM guidelines mandates ASHA workers as **'honorary volunteer'.** *Thus, they do NOT receive any fixed salary but instead are given task-based incentives*. It was also stated that the work/task assigned to the ASHA workers would not interfere with her normal livelihood (2 to 3 hours a day). However, the multiple responsibilities that an ASHA worker shoulders, often amounts to a full day's work.

What are the incentives that ASHAs receive?

The incentives that are received by the ASHA workers can be divided into three categories:

CATEGORY 1	Fixed monthly incentives of Rs. 2,000 for routine and recurring activities
CATEGORY 2	Performance based incentives under 12 categories
CATEGORY 3	State specific incentives

CATEGORY 1:

ASHA workers receive incentives that are tied to certain tasks and activities under the National Health Mission. The Central government provides them with a fixed incentive of Rs. 2000 for routine and recurring activities focused on health and nutrition- (2)

FIXED MONTHLY INCENTIVES FOR ROUTINE & RECURRING ACTIVITIES	
TASK	**AMOUNT**
Mobilizing and attending Village Health and Nutrition Days or Urban Health and Nutrition Days	200
Conveying and guiding monthly meetings of VHSNC/MAS	150
Attending the monthly PHC review meeting	150
Line listing of households done at beginning of the year and updated every six months	300
Maintaining village health register and supporting universal registration of births and deaths to be updated on the monthly basis	300
Preparation of due list of children to be immunized on monthly basis	300
Preparation of list of ANC beneficiaries to be updated on monthly basis	300
Preparation of list of eligible couple on monthly basis	300
TOTAL	**2000**

CATEGORY 2:

Additionally, ASHA workers receive performance-based incentives for 66 tasks related to multiple health related programs. These include maternal health, child health, immunization, family planning, adolescent health, Participatory Learning and Action, Revised National Tuberculosis Control Programme, National Leprosy Eradication Programme, National Vector Borne Disease Control Programme, Comprehensive Primary Health Care & Universal NCDs Screening and Drinking water and sanitation. This amount ranges from Rs 1 per ORS packet for 100 under five children to Rs. 5000 for a completed course of treatment (treatment and support to drug resistant TB patients). (3)

CATEGORY 3:

Some states provide a fixed monthly amount to the ASHA workers. This ranges from Rs. 750/per month to 10,000/per month (4).

Is the performance-based incentive system justified for a cadre that plays such a crucial role in nurturing the health-care system at the grass-root level? In addition to the incentives being paid to the ASHAs being inadequate, there are diverse challenges that interfere with effective implementation of the incentive system. The concerns are outlined in the table below.

CONCERN	EXAMPLE
Fixed monthly payments by the states are below the minimum wage standards.	States such as Odisha, Himachal Pradesh, Rajasthan, and West Bengal pay Rs 3,000 or less, which is well below the standards for minimum wage (5)
Low incentives as compared to the effort and time allocated to the services	An ASHA worker is paid Rs 150 for a two-day Village Health Sanitation and Nutrition Day (VHSND) and is paid only for complete immunization which involves multiple visits (6)
Untimely payment of the incentives	Delays in the payment of incentives, sometimes due to inadequate or inaccurate documentation, or a delay in receiving funds by the blocks and districts or receiving lesser funds than requested have been reported (7), (8)
Lack of an integrated payment system	The incentives are budgeted under different components of the NHM such as Reproductive and Child Health pool under the NRHM flexible pool, Communicable and Non-Communicable diseases pool etc. which results in irregular and delayed payments (9)

Incentives dependent on the population and the number of households allotted	ASHAs stationed at lower population density areas are at a greater disadvantage as this would mean lesser incentives (10)
Beneficiary related issues result in a delay in the payments	The Janani Suraksha Yojana envisages the incentives be paid to ASHA workers only when the financial support is transferred to the beneficiaries' bank accounts - most of the beneficiaries either do not have a bank account or are unwilling to open an account. Additionally, some beneficiaries assigned an ID at one particular facility, approach another facility later and are given a different ID, which results in the ASHAs not getting paid (11)
No provision of payment for certain activities	Certain activities such as accompanying women to the hospitals under Pradhan Mantri Surakshit Matritva Abhiyaan (PMSA), accompanying pregnant women for iron-sucrose infusion are not compensated or indirectly compensated (12). Certain states like Gujarat provide compensation for accompanying only pregnant women Below Poverty Line and Tripura has cut down the maternity incentive from Rs 300 to Rs 250 (13).

Additional challenges include long working hours, sub-minimal working conditions (14), poor Social Security (15), vulnerabilities during the extraordinary conditions like Covid-19.

What steps have been taken to improve ASHA's salary and incentive structure?

What was promised	***What has been delivered so far***
ASHA Workers (Regularization of Service and other Benefits) Bill was introduced in 2018 to provide for regularization of the services of ASHA workers conferring the status of permanent employee of the Government on them and for matters connected therewith.	This bill is yet to be passed by either house (16)
The 45th session of the Indian Labour Conference, recommended that all the 'scheme workers' be recognized as 'workers' instead of 'volunteers'- this action taken report was presented at the 46th meeting of the Standing Labour Committee	The committee rejected all the demands except for the demand for insurance coverage

In April 2020, the Government of India, in recognition of the crucial role played by the ASHA workers during COVID-19, announced an incentive of Rs. 1000 per month from January to June, under the India Covid-19 Emergency Response and Health Systems Preparedness Package. The state governments were also directed to pay the ASHA workers an honorarium of 2000 along with the task-based incentives.	In a survey conducted across 16 states in India, interviewing 52 ASHA workers and ASHA union leaders, it was found that at the time of survey, **almost 75% of the states had not paid the COVID 19 incentives and 69% of states reported delay in paying the regular honorarium** at the time of the survey (17).

Conclusion

ASHAs have been christened as 'foot soldiers' for the tremendous sacrifices they make in bridging the gap between the communities and the health-care system. However, there has been a long pending gap in recognizing their efforts which transcends beyond categorizing their work as voluntary or casual work and providing greater financial and social protection. The crucial role played by them during COVID-19 provides us with an opportunity to re-think the modalities governing their recruitment, financial provisions, and social protection and above all acknowledging their work and the sacrifices they make. In a country, where the female-workforce needs to be adequately encouraged, formalizing and valuing the work of ASHA workers should be the first step towards this.

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