Scholarly Research Journal for Interdisciplinary Studies,
Online ISSN 2278-8808, SJIF 2021 = 7.380, www.srjis.com
PEER REVIEWED & REFEREED JOURNAL, JULY-AUGUST, 2021, VOL- 9/66

CRITICAL STUDY OF WORK OF ASHA WORKERS

Anita Kumar Dhaigude, Ph. D.
Adhyapak Mahavidyalaya, Vadgaon Maval, anitakdhaigude@gmail.com

Paper Received On: 21 JULY 2021
Peer Reviewed On: 31 JULY 2021
Published On: 1 SEPT 2021

Abstract

Better Health Of every citizen is responsibility of that government. For the betterment of people governments always do needful majors. There are many government schemes which help people to get advantage of it. Central government introduces health policies, which are implemented by state government with the help of Local authorities. In rural areas Local authority is Jeela parishad & panchayat Sammitee, For Cities it is Municipal Council which take care of it. India has very low expenditure on public health- 1.29 %of the GDP in 2019-20. This is very lower than other countries.

The constitution of India does not expressly guarantee a fundamental right to health, but there are multiple references about public health and state governments' role about provision of healthcare of citizens. India's National Rural Health Mission was launched in 2005 ,aiming is to provide every village in the country with trained female community activist Accredited Social Health Activist[ASHA].This mission begins in 2005 full implementation was targeted for 2012. In July 2013 there were 870,089 ASHA workers in India. Goal of this mission was to connect marginalized communities to the health care system. But we assessed this program on the utilization of maternity services. But from 2020 lockdown the role of ASHA workers changed. ASHA workers play vital role in this pandemic situation. ASHA workers assisted state government in contact tracing and community surveillance. Research wants to know the problem faced by ASHA workers in this crucial period.

***Keywords**: critical study, workers*

Introduction: - The situation COVID-19 exposed the deep vulnerabilities of India's healthcare system. The main reason is that in India Public Health is not consider as fundamental Rights of citizens. There is very low budgetary provision for Health or public Health in Indian Budget. There is no statutory framework for Public Health. There is needed to make Healthcare of citizen as Fundamental Rights. It should be implemented within the legal devices. There is need to build capacities for framework of co-operative federalism at the grassroots level. Public Health focuses on improving and protesting community health

and well-being. Public Health initiatives such as vaccination, family planning, clean water and air. In 2006 , the Government of India launched the Accredited Social Health Activist [ASHA] program, with the goal to connect marginalized communities to the Health care system. Create awareness on health & it's social determinants & mobilize, the community towards local health planning and increased utilization and accountability of the existing health service.

Task of ASHA Workers

It includes motivating women to give birth in hospitals. To bring children to immunization clinics. Encouraging people for family planning , treating basic illness & injury with first aid, keeping demographic records, & improving village sanitation.ASHA means to serve as key communication mechanism between health care and rural population. She will act as a depot holder for essential provisions being made available to all habitations like Oral dehydration therapy [ORS] , Iron Folic Acid tablets, Chloroquine Disposable delivery kits[DDK], oral pills & condoms.

Criteria For recruitment As ASHA worker

1] ASHA must be primarily be a women resident of the village married/divorced/widow , preferably in the age group of 25 to 45 years.

2] She should be literate women of qualified up to 10^{th} standard and interested in doing this work. ,

3] ASHA will be chosen through rigorous process of selection involving various community groups, self-help groups, Aganwadi institutions, the block nodal officer, District nodal officer and village health committee & Gram Sabha.

4] There is continuous process for capacity building of ASHA workers. They have to undergo various training to acquire the necessary KNOWLEDGE, SKILLS AND CONFIDENCE FOR performing her duties.

ASHA workers Salary /payment

As ASHA workers are not permanent employee of state or central government, they don't have regular monthly income.

ASHAs will receive performance based incentives for promoting universal immunization, referral and escort services for Reproductive & Child Health (RCH) and other healthcare programmes and construction of household toilets.

Empowered with knowledge and a dug-kit to deliver first-contract healthcare, every ASHA is expected to be a fountainhead of community participation in public health programmes in her village.

ASHA will be first port of call for any health related demands of deprived sections of the population, especially women and children, who find it difficult to access health services. ASHA will be a health activist in the community who will create awareness on health and its social determinants and mobilise the community towards local health planning and increased utilisation and accountability of the existing health services.

She would be a promoter of good health practices and will also provide a minimum package of curative care as appropriate and feasible for that level and make timely referrals. ASHA will provide information to the community on determinants of health such as nutrition, basic sanitation & hygienic practices, healthy living and working conditions, information on existing health services and the need for timely utilisation of health & family welfare services.

She will counsel women on birth preparedness, importance of safe delivery, breast feeding and complementary feeding, immunization, contraception and prevention of common infections including Reproductive Tract Infection/Sexually Transmitted Infections (RTIs/STIs) and care of the young child.

ASHA will mobilise the community and facilitate them in accessing health and health related services available and the Anganwadi/sub-centre/primary health centres, such as immunisation, Ante Natal Check-up (ANC), Post Natal Check-up supplementary nutrition , sanitation and other services being provided by the government.

She will act as depot older for essential provisions being made available to all habitations like Oral Rehydration Therapy (ORS), Iron Folic Acid Tablet(IFA), chloroquine , Disposable Delivery Kits (DDK), Oral Pills & Condoms,etc.

At the village level it is recognised that ASHA cannot function without adequate institutional support. Women's committees (like self-help groups or women's health committees), village Health & Sanitation Committee of the Gram Panchayat, peripheral health workers especially ANMs and Anganwadi workers, and the trainers of ASHA and in-service periodic training would be a major source of support to ASHA.[nhm.gov.in] The Constitution of India does not expressly guarantee a fundamental right to health. However,

there are multiple references in the Constitution to public health and on the role of the State in the provision of healthcare to citizens.

The Directive Principles of State Policy in Part IV of the India Constitution provide a basis for the right to health. Article 39 (E) directs the State to secure health of workers, Article 42 directs the State to just and humane conditions of work and maternity relief, Article 47 casts a duty on the State to raise the nutrition levels and standard of living of people and to improve public health. Moreover, the Constitution does not only oblige the State to enhance public health, it also endows the Panchayats and Municipalities to strengthen public health.

CRITICS

The state does not recognise ASHAs as "workers," but as volunteers and excludes them from the protection offered under various labour laws. They do not receive social security benefits such as paid leave, insurance of any kind, or maternity leave and Minimum Daily Wage.

Another major finding is that work for an ASHA has intensified during the pandemic and lockdown. Before the pandemic, an ASHA worked an average of seven to eight hours per day to complete the tasks assigned to her, including, for example, immunisation drives, , assisting pregnant women, and attending meetings with health officials. But post pandemic despite the suspension of usual tasks, the average number of hours of work per day increased by two to three hours for most workers because new tasks related to containing the spread of the infection were assigned to them.

Besides this ASHA workers lack basic facilities like the provision of adequate safety gear, frequent covid testing free of cost for all ASHA workers, and health insurance and treatment coverage for ASHAs and members of their families.

ASHAs workers are also at high risk of contracting the infection. They were also worried about the potential risks to their families. Even neighbours viewed them as potential spreaders when they returned from work. Self-isolation or home quarantine was not possible for them in their cramped homes. The only measure ASHAs took to ensure the safety of household members was to wash their hands, bathe, and wash their uniforms immediately after returning from work. And due to this many Asha Workers lost their life and weren't compensated for this. And another major aspect is that most of the ASHA workers are sole bread winner of the Family out of which many are Widow Women or Single mothers. After

their death family has been left in miserable conditions of which nobody is taking cognizance.

Conclusion

ASHA workers need to be given workers status by the respective State so as Labour Law would be applicable to them and minimum wage would be allotted to them. ASHA workers need to be insured along with their family members for various health issues created while performing their duties. The minimum wage is not at all sufficient for ASHA workers to meet their daily expenses. So ASHA workers should be paid adequately.

References

www.google.com
www.wikepidia.com
nhm.gov.in