

A submission on the challenges being faced by community health workers

To

**The Committee to assess the impact of the COVID epidemic on people's human rights
appointed by the National Human Rights Commission, New Delhi**

By

**The 'Healthcare workers and community: Forging alliances'
a Hub at Community of Practitioners on Accountability and Social Action in Health
(COPASAH)**

Which is collaboratively led since 2018 onwards by

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The hub entitled 'Healthcare workers and community: Forging alliances' at the Community of Practitioners on Accountability and Social Action in Health (COPASAH) evolved as one of the five thematic areas in 2018, as part of the preparation and conceptualisation of the Global Symposium hosted by COPASAH in Oct 2019 in Delhi. Since health care workers represent a wide canvas, we consciously chose to focus on those sets of workers who engage with community directly on provision/facilitation/promotion of health care. This includes the range of frontline health care workers located at the interface of health system and community. While it is well acknowledged that health care workers globally share similar challenges, more so in the current policy environment of SDG/UHCs, the increasing complexity of the spaces they occupy in different country contexts is yet to be fully understood.

The objectives behind the work that is being pursued under this thematic hub at the COPASAH in India chapter are:

- (a) To locate them in the system characterised by power hierarchies, such as, those arising of health administrative structures and gender, both within the health care system and in the communities, and its implications for creating empowering spaces for themselves; and
- (b) To appreciate the ongoing efforts and strategies of HCWs [including Auxiliary Nurse Midwives (ANMs), Accredited Social Health Activists (ASHAs) and other community-level health workers (CHWs)] while demanding accountability from the state and to provide HCWs with all the support needed to help deliver on their commitments to communities by building and maintaining trust based relationships with communities.

The underlying philosophy is to enable HCWs to be the change agents, rather than mere service providers. Our collaborative efforts with fuller participation of HCWs is also to document stories of change where health care workers and community have been successful in fostering social accountability and to record the lessons learnt from such stories.

As part of this collaborative efforts, **we have continued engagement with HCWs during the times of Covid-19 pandemic.** We facilitated a conversation with ASHAs, ANMs and nurses from three states from the northern India – Jharkhand, Madhya Pradesh and Uttarakhand to understand the ground reality from their own perspectives. Our present submission to the Committee is informed by this conversation. Some of the questions we focused include:

- a. How do grassroots HCWs prepare themselves to deliver on their commitments during this unprecedented pandemic?
- b. How have they been supported by the government in capacity building, protection and communication, reflecting the recognition of their role in the containment and other surveillance related activities during the pandemic?
- c. How HCWs have been making efforts to do their routine non-Covid-19 related health care responsibilities amidst the need for them to respond to Covid-19 related care in their communities of work?
- d. What are the challenges they have been facing and they are dealing with these?
- e. What their recommendations are for the government to respond to their situations and challenges they are confronted with?

1. Challenges being faced by ANMs, ASHAs and other community level health workers

ANMs and ASHAs shared a number of challenges they were confronted with during the Covid-19 pandemics. We briefly enlist them below:

- a. **Lack of awareness and misconceptions about Covid-19:** They spoke about tackling wide-ranging misconceptions amongst community members about the Covid-19, and especially about averting infections or getting cured. It is important to note that HCWs reported that after a point their fight is not so much with Covid-19 but the entrenched fear and anxiety about Covid-19 in communities and villages where they are working.
- b. **Lack of access to Covid-19 protective measure for health care workers and government's non-response:** They did not have PPEs, masks and sanitisers supplied by the government. As they did not have access to these materials, they had to spend from their own pockets to procure them so as to not obstruct their work in the field.
- c. **Lack of availability and access to public transport during lock down.**
- d. **Adverse impact on HCW's work in communities for their routine non-Covid-19 responsibilities.**
- e. **Compromised maternal care and immunisation programs.**
- f. **Shortage of lack of medicines and other supplies, including essential medicines for non-Covid-19 health condition in PHCs and other hospitals.**

2. Implementation and non-implementation of the advisories and the gaps

- a. The Union Ministry of Health and Family Welfare (MoH&FW)- National Health Systems Resource Center (NHSRC) developed materials to help HCWs to get oriented in Covid-19, presenting their roles and responsibilities in responding to Covid-19 in communities, measure to take to prevent infection and protect themselves from Covid-19 infection. These materials mostly focused on HCWs duties. They didn't say much about the rights of health workers who are expected to take on additional responsibilities during such a pandemic. Here are a couple of examples: (i) [Role of frontline workers in prevention and management of Corona virus](#) by MoH&FW-NHSRC, March, 2020. ; (ii) [Covid-19 Facilitator Guide: Response and containment measures. Training toolkit for ASHAs, ANMs and AWW](#), MoH&FW-NHSRC (not dated).
- b. Overall, this MoH&FW-NHSRC-Covid-19 webpage shows nine documents published for HCWs between March and May 2020. They are as below:

Sr no	Title of the document/advisory/letters issued from MoH&FW-NHSRC-NHM	Highlights-Key points
1.	Disbursement Of Performance Based Incentive To CHOs In COVID-19 (19.05.2020).	Relates to the performance linked payments to Community Health Officers (CHOs) at the Health Wellness Centers (HWCs) for the period of March – June 2020 for CHOs Covid-19 related work
2.	Additional ASHA Incentives For Undertaking Activities In COVID-19 (20.04.2020)	Relates to the incentives to be paid to ASHAs of Rs 1000/- per month for their Covid-19 work in addition to their routine payment of Rs 2000/- per month for the period between Jan 1, 2020 and June 30, 2020. It strongly urges that in addition to these incentives to ASHAs, states supply ASHAs with protective equipment so that their safety against Covid-19 infection is ensured.
3.	WhatsApp Number Designated For The Grievance Redressal (17.04.2020)	Relates to a directive to the States and UT governments to maintain an additional WhatsApp number for people to register their complaints if they are unable to access non-Covid essential health services. This was as per directive by the Delhi High Court Order on a matter relating to maintenance of non-Covid essential health services.
4.	Guidance Note- Enabling Delivery Of Essential Health Services During The COVID-19 (14.04.2020)	Relates to maintenance of all non-covid-19 essential services such maternal, new born and child care; HIV care, dialyses services, tuberculosis, and voluntary blood donations etc.
5.	Support ASHAs During Filed Work For Prevention Of COVID-19 (3.04.2020)	It notes the adverse reactions to ASHAs and ANMs in communities, including incidents of violence against these health care work force and that states to ensure necessary support to facilitate their work and mobility in the community.
6.	Pardhan Mantri Garib Kalyan Package- Insurance Scheme For Health Workers Fighting COVID-19 (30.03.2020)	A notification to share with states the news about activation of the insurance scheme for health care workers including community health care workers.
7.	COVID-19 Guidance Note On Operationalizing Actions At Outreach And Community Level And The Role Of FLWs (27.03.2020)	Relates to the measures for containment of Covid-19 at community and outreach level. In these six pages long note it lays out roles and responsibilities of ASHAs, ASHA facilitators, multi-purpose workers, Village Health, Sanitation and Nutrition, and Committees; and Mahila Aarogya Samitis regarding Covid-19; and the role PHC MOs should be playing. It is quite a

		responsibility for ASHAs and also other community level health workers and committees. Amongst others, it states that all essential medicines including the ones for NCDs such as hypertension and diabetes at SHC-HWC to avoid patients and their families traveling long distances to PHCs elsewhere during the pandemic. It also mentions making soap and water or sanitisers available at SHC for health workers and patients.
8.	Brochure For FLWs In Prevention And Management Of COVID-19- Hindi	Information for health workers on Covid-19, messaging in their communities, and prevention and management of infection in Hindi
9.	Brochure For FLWs In Prevention And Management Of COVID-19- English	Information for health workers on Covid-19, messaging in their communities, and prevention and management of infection in English

- c. Drawing upon the narratives by ASHAs, and ANMs from rural areas, we state that the gaps in implementations of these advisories exist quite extensively. Some key gaps are as below:
- i. **With regard to No 2 advisory/communication** from the NHSRC: ASHAs expressed deep disappointment and dissatisfaction with the paltry sum of Rs 1000/- additional incentive to them for Covid-19 related work. Three reasons for their dissatisfaction are: the roles and responsibilities laid out for them during the Covid-19 as the notification no 7 in the aforesaid Table are quite demanding; these are all in addition to their routine responsibilities which has become more demanding due to changed circumstances due to covid-19 (eg: lack of transportation, lack of essential medicines at SHC-PHCs etc; and HCWs are exposed to immense risks of infection, as well as, stigmatisation and risks arising out of this stigmatisation including physical violence, disrespectful treatment by community members, even by their own family members.
 - ii. With regard to No 4 advisory/notification/guidance, all HCWs reported that it was challenging to maintain the non-Covid 19 services over these past months. As explained in the subsequent points, health care workers found it difficult to maintain the essential services for various reasons. It included the widespread misconceptions about the Covid-19 disease, reluctance to allow ASHAs and ANMs to enter in the community and households, lack of availability of essential medicines and lack of transportation facilities.
 - iii. With regard to **No 7 advisory/notification**, ASHAs and ASHA facilitators reported a concerning implementation gap. They reported that unavailability of essential medicines at SHC-HWCs for non-Covid illnesses was the trend over these past few months. Some explained that long standing lock down has severely impacted the routine supply chains. Lack of public transportation further hampered their efforts even if health NGOs working in the area were willing to fetch it on their own to serve people in their own work areas. They reported that medicines were simply not available even with the suppliers for this NGO working in Uttarakhand.

- iv. Further, with **regard to No 7 advisory/notification**, as mentioned before, ASHAs and ANMs working in Madhya Pradesh reported that protective gears and other supplies such as sanitisers and masks were not available or did not reach them. As result, they have been spending from their own pockets to procure them. This, they mentioned, had been financially burdensome. They felt that the incentive of additional Rs 1000/- per month for ASHAs and Rs 100/- per additional visit to villages up to five visits of ASHA facilitators were exhausted for these safety gears etc and therefore did not mean much to them.
- v. Male nurse and other staff associated with a health NGO in working in the mountainous area in Uttarakhand reported that lockdown caused halting of their mobile health unit services. This had adverse impact on commute of those who required access to health care. They reported that patients from remote areas in absence of any other choices, had to travel to longer distances, struggle to arrange transportation for patients to reach the NGO run health care facility.

3. **Recommendations/actionable points (immediate) for the State and Union governments**

Drawing upon the first hand narratives and stories of struggles of HCWs to deliver on their commitments during Covid-19 times, and challenges they have been facing on ground, below are the recommendations to improve the situation:

- a. **Risk Communication and information resources:** Evidence suggest that the current communications and messaging remains inadequate. It is key to have user friendly risk communication and other communication materials for HCWs which they can use in the field to create much needed awareness about various aspects of Covid-19. Responding robustly to mitigate the risks arising of misconceptions about Covid-19, its causes, its effect, non-availability of preventive and curative measures is important to enable HCWs to deliver on their responsibilities. Safety of HCWs has been further compromised during this pandemic that arises of misconceptions about the Covid-19 disease leading to stigmatising HCWs for invaluable work they have continued doing in communities.
- b. **Measures to protect HCWs from Covid-19 exposure risks and potential infection:** The government must assume the responsibility of protecting HCWs from specific risks they are exposed during Covid-19 pandemic. The government must provide Personal Protective Equipment (PPE), masks, gloves and sanitiser supplies to all ASHA workers and ANMs; and must ensure timely replenishing of these supplies.
- c. **Workload management measures:** The narratives and first hand experiences from our own engagement with HCWs and those available in the public domain demonstrate that HCWs are entrusted with Covid-19 related responsibilities in addition to their routine responsibilities. It is necessary that the government looks into their overall work load to ensure they are not overburdened which may result into compromising their own well-being and likelihood of adversely impacting their work in communities.

- d. **Capacity building of HCWs for Covid-19:** The government must develop mechanisms and systems for their capacity building in general, and for Covid-19 in particular.
- e. **Fair remuneration:** The government must consider fair remuneration, especially for ASHA workers since they are not formally part of the public health care system.
- f. **Appropriate compensation or incentives for Covid-19 duties delivered by HCWs:** The government must consider appropriate compensation for their high-risks job in communities during Covid-19 times; and for the increased demand on their time and additional Covid-19 related responsibilities they are entrusted with.
- g. **Provision of health insurance to HCWs:** The government has an obligation to provide appropriate health insurance to all the frontline HCWs.
- h. **Recognition of their salient contribution to the response to the pandemic:** All of them rued the lack of distinct recognition of their contribution and necessary support by the Government to ensure their safety. One of them asked: "...Aren't we also the frontline warriors?".

These recommendations are both informed by the ground realities shared by ASHAs and ANMs in the webinar we organised, as well as a number of stories are justified by the following frameworks of human rights.

1. India is a state party to the International Covenant on Economic, Social and Cultural Rights (ICESCR). ICESCR supports all workers right to just and favourable conditions of work. This comprise of the right to fair wages, equal pay for work of equal value, safe and healthy working conditions, reasonable limitations on working hours, protections for workers during and after pregnancy, and equality of treatment in employment.
2. The Right to health is a fundamental right is enshrined in the Constitution of India.
3. The challenges we have enlisted in this submission breach both these frameworks of human rights relating to health and work spaces.

Resources which informed this submission:

1. Mishra, A., Bandewar, S., Gautam, S. (2020, July 15). Being at the frontline of COVID 19: Conversations with grassroots health care workers [Web log post]. Retrieved from <https://fmesinstitute.org/blogs/>
2. Being at frontline of Covid 19: Conversation with the Grassroots Healthcare Workers in India. Webinar held on May 29, 2020. Available from: <https://www.youtube.com/watch?v=q5LRDjPvPr4&feature=youtu.be;> <https://fmesinstitute.org/doublef-event/webinar-being-at-the-frontline-of-covid-19-conversations-with-grassroots-health-care-workers-in-india/>

Select stories from the press discussing challenges faced by ASHAs and other frontline health workers for ready reference:

1. Agarwala Tora in *Indian Express*. **July 12, 2020. Through rain and floods, Assam's community workers battle pandemic. Floods might be as old as Assam, but fighting a pandemic in knee-deep water is a whole new challenge for even the most seasoned health worker.** Available from: https://indianexpress.com/article/facebook-stories-of-strength-2020/governing-the-crisis/assam-community-workers-battle-pandemic-floods-6501494/?utm_source=newzmate&utm_medium=email&utm_campaign=sos&tqid=i.DmNCN9EU0BVj5.d7lINyreubrue0U4Xogdg6a9PA Cited 2020, Aug 1.
2. *Outlook India News Feed*. Source IANS. **May 25, 2020. ASHA workers spread "hope" in India amid Covid-19 pandemic.** Available from: <https://www.outlookindia.com/newsscroll/asha-workers-spread-hope-in-india-amid-covid19-pandemic/1845465> Cited May 30, 2020
3. Aswati Warriar. Amnesty International India. May 21, 2020. **The Women Warriors Fighting COVID-19 at the Frontline: ASHA workers left without Hope.** Available from: <https://amnesty.org.in/the-women-warriors-fighting-covid-19-at-the-frontline-asha-workers-left-without-hope/> Cited May 25, 2020
4. Sajju Meena. **May 18, 2020. A day in the life of: A community health worker.** Available from: https://idronline.org/a-day-in-the-life-of-a-community-health-worker/?utm_source=facebook&utm_medium=paidsocial&utm_campaign=lpviews&utm_adilo-community-healthworker&fbclid=IwAR0PjYz-wgoySqNtX_aD5puhlBkEFRsRb_Mst6Uigyb0wFfqOv43Yhsu-k4 Cited 2020, May 18
5. Scroll Staff. **April 2, 2020. Covid-19: Health worker attacked in Bengaluru while collecting data on Nizamuddin returnees, 3 held.** Available from: <https://scroll.in/latest/958017/covid-19-health-workers-manhandled-in-bengaluru-while-collecting-data-on-tablighi-jamaat-returnees> Cited 2020 April 3