ASHA Workers- Part 2

Why in news?

India's ASHA volunteers have received arguably the biggest international recognition in form of the WHO's Global Health Leaders Awards 2022.

How did ASHA evolve?

- India launched the ASHA programme in 2005-06 as part of the National Rural Health Mission.
- Initially rolled out in rural areas, it was later extended to urban settings as well.
- The core of the ASHA programme has been an intention to build the capacity of community members in taking care of their own health and being partners in health services.
- The ASHA programme was inspired from the learnings from two past initiatives.
    - In 1975, a WHO monograph titled 'Health by the people' and then in 1978, an international conference on primary health care in Alma Ata.
    - The biggest inspiration for designing the ASHA programme came from the Mitanin initiative of Chhattisgarh, which had started in 2002.

What about the key features of ASHA?

- The ASHA selection involved key village stakeholders to ensure community ownership for the initiatives and forge a partnership.
- ASHAs coming from the same village where they worked had an aim to ensure familiarity, better community connect and acceptance.
- The idea of having activists in their name was to reflect that they are the community's representative in the health system, and not the lowest-rung government functionary in the community.
- Calling them volunteers was partly to avoid a painfully slow process for government recruitment and to allow an opportunity to implement performance-based incentives.
- ASHAs have become pivotal to nearly every health initiative at the community level and are integral to demand side interventions for health services in India.

To know more about ASHA workers, click here

What are the challenges of the programme?

- **Salary-** ASHAs do not have a fixed salary.
- **Career progress**- They do not have opportunity for career progression.
- **Delays**- Though performance-based incentives are supplemented by a fixed amount in a few Indian States, the total payment continues to remain low and often delayed.
- **Protests**- The issues have resulted in dissatisfaction, regular agitations and protests by ASHAs in many States of India.

What is the need of the hour?

- **High renumeration**- Indian States need to develop mechanisms for higher remuneration for ASHAs.
- **Capacity building**- It is time that in-built institutional mechanisms are created for capacity-building and avenues for career progression for ASHAs.
- **Social services**- Extending the benefits of social sector services including health insurance for ASHAs and their families should be considered.
- **External review**- While the ASHA programme has benefitted from many internal and regular reviews by the Government, an independent and external review of the programme needs to be given urgent and priority consideration.
- **Permanent staffs**- Considering the extensive shortage of staff in the primary health-care system in India, ASHAs can be made as permanent government employees.

Reference

1. https://www.thehindu.com/opinion/lead/a-case-for-community-oriented-health-services/article6548506ece

