

Community health workers in Chhattisgarh during Covid-19

Background:

Over the decades, the community health workers (CHWs) have played a pivotal role in increasing access to health services, especially in a low-middle income country like India which has a less resilient health system. The community health worker is known as Accredited Social Health Activist (ASHA) in most states across India or colloquial names like ‘Mitanin¹’ in the state of Chhattisgarh or ‘Sahiya’² in Jharkhand.

The Mitanin Programme which is a precursor to the nation-wide ASHA programme was launched in 2002 in Chhattisgarh. The Mitanin was envisaged as a community leader, who will play a significant role in addressing health issues from the lens of social determinants, understanding the linkages between health and other factors like clean water, the environment, nutrition, gender, and people’s livelihoods and social support. The role of Mitanin was amalgamated such that she will be a service provider, linking the community with government healthcare services, and advocate for better health services. In fact, it is their role as advocates that is central to their strategic action on public accountability (Garg & Pande, 2018).

Over the years, CHWs have not only helped in strengthening public health systems but also mobilized community action for increasing public accountability. So, it was no surprise that at the outbreak of COVID19 pandemic, community health workers were at the forefront of battling this pandemic (“ASHA pillars of COVID 19- response”, 2020; Rana, 2020). CHWs have assisted various state governments in contact tracing, spreading awareness about precautionary measures and conducted regular follow up visits after the national lockdown was implemented.

In Dharavi, Maharashtra, also known as Asia’s most populated slum (wherein 1 million people stay merely in 520 acres!) had to adopt a different approach to counter the spread of the virus than physical distancing. The ‘Dharavi model’ adopted by municipal corporation combined the efforts of hundreds of CHWs along with community-based organizations and civil society representatives. The model deployed “chasing the virus” with tracing, tracking, testing and providing treatment, including proactive screening of patients and robust surveillance. Within two months, the numbers were significantly lowered because it was able to capitalize on the trust built by CHWs within their communities and their ‘local knowledge’ of the area to curb the spread (Bezbaruah et al., 2021).

It has been highlighted how these CHWs have been risking their lives during the pandemic with insufficient PPE while receiving no financial support from the government, even in the event of

¹² The term ‘Mitanin’ or ‘Sahiya’ refers to a female friend in local dialect of Chhattisgarh and Jharkhand states respectively.

their deaths. CHWs who already hail from marginalized families were further discriminated by people in power during this crisis due to their status as ‘voluntary health workers’ and ‘incentive based’ salaries (Singh, 2020; Bhandare, 2020).

Several news reports have stated that the frontline workers were stigmatized, isolated, socially ostracized and mistreated due to their role in combating COVID-19 crisis (Raj, 2020; Mohanty, 2020). While there has been done little efforts by central government to collate data on health workers, a report by Amnesty stated that over 87,000 health workers have been infected in India by September 2020 and nearly 573 health workers have died. In October 2020, Indian Medical Association released a list of doctors who passed away due to Covid-19 which surmounted to 515 doctors but there was no data on healthcare workers like ASHAs or sanitation workers which paints a grave picture of how little the system is concerned about the ones working at the grassroots level (“Amnesty analysis reveals”, 2020).

Methodology:

This paper draws from a webinar that was organised in order to capture the experiences of community health workers after the COVID-19 outbreak, during the period of March-September, 2020 in Chhattisgarh, India. The webinar was co-organized on 19th September, 2020 over zoom by Public Health Resource Network in collaboration with Oxfam India. In the meeting five CHWs who are working in urban and tribal areas of Chhattisgarh spoke, and health activists working in the state also provided inputs. After the webinar, a few follow-up discussions were conducted with the respondents telephonically due to lockdown restrictions. This paper is located within the work of JSA Chhattisgarh with the Mitans CHWs over the last two decades.

Discussion:

Lockdown causing issues for vulnerable populations like old-aged people/single women/persons with disabilities/migrants

In a discussion with CHWs, they highlighted how lockdown exacerbated the vulnerability of marginalized sections of the society. Overall, several families who were living on daily wages were facing unprecedented hardships because of the sudden lockdown that was imposed all over the country. In addition to this, there was an influx of migrants in various districts of Chhattisgarh who had travelled hundreds of kilometers from urban area to reach their homes in villages, after the national lockdown was imposed in March 2020. These migrant workers needed assistance but did not know whom to ask for help.

Mitanins and Mahila Arogya Samiti (MAS)³ played an important role in mitigating this crisis. In urban areas, the households comprising old-aged people, people with disabilities, and people with mental health issues as well as single women were the ones who seek their help due to problems arising out of lockdown. While some needed help as there was no food or ration available in their homes, there were others who wanted their help in accessing healthcare services.

MAS in urban areas of Chhattisgarh like Raipur and Durg-Bhilai took initiative and collectivized their funds to provide food, healthcare to people in need. They also approached the municipal corporation (Nagar Nigam) and civil society representatives for help.

“Sabhi ward ki Mitanin chahe parshad se, chahe trust se chahe khud se sookhe rashan ki vyavastha ki thi.....paka hua bhojan bhi vitran kiye the trust ke madhyam se.” (Mitanins from all wards were trying to gather dry ration either through the help of councilors or through some charitable trust or their own savings..we also provided hot cooked meals for some families via a charitable trust).

In addition to this, transportation was not available even for emergencies (Coronavirus: Chhattisgarh govt suspends public transport, 2020) and it is only with the efforts of Mitanins and people who came for aid that patients needing emergency care were able to reach hospitals.

“Ek buzurg mahila thi jo bp patient thi.Bp badhne ke wajah se unhe paralysis ho gaya tha..toh maine sarkari gaari ki madad maangi toh who bhi nehi mili,112 mein bhi mada nehi mili fir mohalle ke baccho ne madad maangi kyunki who ekal mahila thi..fir bacche logo ki madad se hum use zila haspatal le gaye aur waha treatmet bhi karwaye, waha ruke bhi rahe...waha toh pehle doctor ne haath hi nehi lagaya ki pehle jaanch karwao ki corona samay hai..humne unki madad ki, hum unhe ghar wapas laye aur unke bete ko fir inform kiya”. (There was an old aged woman who was also a bp patient. Since her bp increased, she got paralysis. I (Mitanin) requested for the government ambulance, but it didn't come, I tried calling for 102 as well but then finally had to take help from youngsters in our colony. The young boys helped in arranging a vehicle and we also went to district hospital and stayed there overnight. Initially the doctor didn't want to touch the patient and were asking to get a corona test because it's a pandemic..but we helped them even then got her back at home and informed her son).

Another Mitanin added- *“Ek chothi si bacchi ke saath dushkarm hua tha humare area mein.....toh usko hasptal le jane mein..muawza lane mein ..lockdown mein bahut dikkat aayi”*(A

³ Mahila Aarogya Samiti (MAS) are local women's collective in urban areas who take collective action on issues related to health, nutrition, water sanitation and its social determinants at slum or ward level. MAS were considered an important asset in decentralizing health planning by facilitating local community action.

small girl was sexually abused in our area...we faced a lot of troubles during lockdown in taking her to hospital or getting her compensation).

Even amidst a pandemic, Mitans did not lose their sense of duty towards their community and often, helped those who were sidelined by the society-

“Ek divyang ek apang hai..woh jhopdi ghar mein rehte the paar unke makan malik unko khana banana nehi dete the..fir hum 15 din tak kha diye aur fir unke makan maalik ko bhi samjhaya”
(There was a person with disability and he stays in a thatched house and his landlord was not letting him cook....then for 15 days we provided him food).

Lack of social security measures for CHWs:

The role of CHWs in managing the pandemic cannot be undermined. They have often put their own lives at risk while trying to fulfill their duties. However, till date they have received little credit for their contribution in public health. CHWs expressed that since they are also a part of the health system, they should also be getting benefits of regular public health employees. For instance, their families should also get free healthcare; they should also be enrolled in employee provident fund and other social schemes.

“Sabse pehle fieldwork mein toh hum hi log ghumte hai..door to door, sabhi Mitans....door to door survey kar rahe hai ..baaki sab doctor, ANM ke liye sab facility available hai but humare liye kuch available nehi hai”.(In the very beginning, we were only going for door to door visits, each Mitans, we are also doing surveys door to door....there are facilities available for doctors, ANMs but there are no facilities available for us).

“Jo gareeb parivar, jo pravasi mazdoor unko khane peene ki samasya aayi...toh unke liye humne samiti ki didi se baat karwayi aur khane peene ki vyavastha karwayi”. (For poor families and migrant workers who were facing food issues, we spoke with members of samiti and arranged food and water for them.)

CHWs have prioritized the health of the community members over their own family. One of the Mitans shared her own predicament when her daughter was so sick that she could not get out of bed, but she had to leave her to assist a pregnant woman for her delivery. She mentions how her husband told her that she is leaving her own child in such condition and going out, but she realized that she needs to accompany the woman to hospital because this is her work. She emphasized that when the CHWs have gone beyond their call of duty their efforts need to be duly recognized.

One of the Mitans also lost her life while providing service to the community and efforts have to be made to ensure that these families do not struggle to receive compensation. Mitans felt that there are several hurdles in the bureaucratic health system, especially if you are at the lowest rung.

No proper reimbursement for work done by CHWs:

CHWs have been raising concern about their remuneration for a long time but during the pandemic other essential services came to a halt and CHWs were employed in the management of the pandemic. In some rural parts, Mitanins were even deployed at the checkpost to monitor vehicles that are coming in and out of villages. Mitanins were supposed to visit families in the community and spread awareness about the disease. For the entirety of their work done during the pandemic, they were given an amount of Rs.2000 only for two months, i.e., April and May. This could not suffice their living costs because Mitanins receive task based incentives and during the lockdown, a lot of tasks were not happening regularly. However, the Mitanins were continuing to do their jobs but there was no clear demarcation of their duties and often found themselves overwhelmed with work.

Apart from this, Mitanins have highlighted that the additional work that is imposed on them often does not get reimbursed such as, every year, they do a survey for screening leprosy patients and they have not received any money for that activity till date. Similarly, for detecting Filaria patients they are supposed to get Rs.600 but they only get Rs. 300.

No respect from fellow health practitioners for CHWs:

One of the persistent issues several Mitanins have been facing over the years has been the way they have been treated by other health professionals. Several Mitanins have talked about how disdainfully they have been treated at government hospitals. There is an inherent hierarchy in the medical sector and CHWs being voluntary workers, their contribution is often neglected. CHWs felt that they should also be considered a part of the health workforce and treated with dignity.

One of the Mitanins remarked that as soon as they enter public hospitals, they would be asked to identify themselves and the moment they informed the hospital staff that they were Mitanins, they would be asked to leave the room- *“Mitanin ho? Chalo chalo niklo yaha se”* (Are you a Mitain? Get out from here then).

“Is line mein ane ke baad itna beizzati karte hai..toh man bhar jata hai”. (After coming to this field, we have been treated so badly that our hearts get welled up).

One of the Mitanins remarked- *“Thoda izzat se baat karein bas..taaki kisi Mitain didi ka dil bhi itna bhi dukhna nehi chahiye”* (Just speak with us with a little bit of respect so that no Mitain sister should be deeply hurt).

Discrimination faced at the hands of community members:

Mitanins shared that during the pandemic they had to face discrimination from the community members. The community members feared that since Mitanins are visiting families during the pandemic they will be the carrier of the disease. Mitanins felt that people forgot that the former also have families and are a human being in the end that need support. Due to the atmosphere of fear and panic regarding COVID-19 infection, several Mitanins were harassed for doing the jobs.

“Mohalle waley humi logo pe chillate the ki Mitandin door to door ja rehi hai, corona ka failaw kar rehi hai...par hum bolte the yeh toh humara kaam hai, hum apni suraksha karte hue hi aapke yaha pahunch rahe hi”

One of the Mitanins had a pregnant daughter who had come from Delhi to her natal home for her delivery. The community was so apprehensive about people coming from out of the state that they surrounded the Mitandin's house and demanded that she needs to ask her daughter to move out of the house.

“Aapke ghar mein jo delhi se aaye hai pehle unko ghar se bahar nikalo ... Fir nal operator ne nal bhi bandh karwa diya (The person who has come from Delhi, throw that person out from your home first.....The water operator also shut down their water supply)”

In another instance, Mitandin had contracted corona virus and had to be admitted along with her husband. Her family members who were staying at the house were harassed by the community members. They were not able to get any food and their water supply was also cut off.

“Unke ghar waley ko bahut torture karte the..MT aur hum fir jake baat kiye” (Her family members were harassed a lot but then our Mitandin Trainer (MT) went and spoke to the community).

Mitanins felt that the community members also need to realize that Mitanins are part of the community as well and need to be treated with compassion and support as fellow human beings.

“Mohalley waley bole ki Mitandin ke liye koi chooth nhi hai..par Mitandin bhi toh insaan hai na!..Yeh nehi soche ki Mitandin bhi toh aam public hai..ki unke yaha bhi toh dukh dard hai”. (Our people in community said that there is no consideration for Mitandin...but even Mitanins are human beings. They didn't think that Mitanins are also part of the common public and they also have problems at their homes).

Demand protest by Community Health Workers:

Despite their overwhelming contribution to strengthen the public health systems, Mitanins are merely seen as volunteers and not an essential part of the workforce in the larger health systems. On 23rd November, 2020 which is celebrated as 'Mitandin Diwas' (Foundation Day), Mitandin groups and members of regional People's Health Movement (Jan Swasthya Abhiyan)

submitted memorandums to the Health Minister and the Chief Minister, demanding fair compensation, safety equipment, clear demarcation of duties & social security. The issues of waiting rooms for Mitanins near hospitals, payment of pending incentives for COVID work, and regular supply of medicines to Mitanins were also brought up in the conversation with the Health Minister.



Picture 1 depicting Mitanins demanding for their rights in front of Health Minister's residence on Mitanin Diwas, 23rd November, 2020.

Mitanins demand better pay, working conditions

■ Staff Reporter
RAIPUR, Nov 23

TO MARK the occasion of Mitanin Diwas on 23rd November, Mitanin groups and Jan Swasthya Abhiyan Chhattisgarh submitted memorandums to the Health Minister and the Chief Minister, demanding better pay and working conditions.

The Mitanins met the Health Minister virtually and reiterated their demands. The Minister assured them that the promises of the Jan Ghoshna Patra will be kept and their demands will be met. Mitanins are community health workers who are considered to be volunteers and not workers within the health system. They are paid incentive-based payments that do not compensate for the huge amount of work that they do. There are more than 69,000 Mitanins (ASHAs) working in rural and urban areas of Chhattisgarh. The Mitanins have been widely recognised for their work on prevention and treat-



Mitanins in front of the official residence of Health and Family Welfare Minister ahead of submitting memorandum.

ment of communicable diseases like malaria and reduction of infant mortality and child malnutrition rates in Chhattisgarh.

The Mitanins through their memorandums demanded that the ruling Congress Government should honor the promise made in the Jan Ghoshna Patra of giving Rs 5,000 to Mitanins in addition to monthly incentives. The Central Government has directed states to give Rs 1,000 per month as COVID incentive to all ASHAs. Chhattisgarh is the only State where this incentive has not been given to the Mitanins

(ASHAs) from June 2020 onwards. This amount should be immediately given to the Mitanins.

Mitanins do a lot of work on prevention of diarrhoea, fever, cough and cold, pneumonia, dengue, jaundice etc. They also treat a large number of patients and undertake numerous tasks for spreading awareness in the community. However, Mitanins are not given any incentives for all this work. Government should design incentives for all these tasks and provide them to the Mitanins. As Mitanins are considered as volunteers, the admin-

istration should not give us any order, especially related to survey or filling forms. This needs to be made clear to health and other departments, district administration and block administration.

Since Mitanins are engaged in doing community surveillance for COVID-19, the State Government should provide an adequate number of masks and sanitiser to Mitanins for this work. Mitanins and their family members should receive social security benefits like pensions, provident fund and free health services. The State Government should ensure that health staff in government hospitals should behave well with the Mitanins and treat us with respect. A grievance redressal system for the Mitanins should be set up. The issues of waiting rooms for Mitanins near hospitals, payment of pending incentives, and regular supply of medicines to Mitanins were also brought up during the conversation with the Health Minister.

Picture 2 represents a news article that highlights various demands made by Mitanins.

The health activists from Jan Swasthya Abhiyan had helped in mobilizing the CHWs for 'Mitandin Diwas' to flag their concerns and grievances after a series of discussions throughout the lockdown period. The health activists had also helped in drafting the memorandum containing their demands which was submitted to Health Minister and Chief Minister of Chhattisgarh on Mitandin Diwas. 'Mitandin Diwas' was considered a suitable opportunity for raising the urgent demands of CHWs, as a strategic move on part of the health activists.

Conclusion:

The contributions made by CHWs in response to COVID-19 pandemic have often come at their own personal expense with little efforts being made by the State for any reparation. The experiences garnered from Chhattisgarh continues to show the myriad of challenges the CHWs continue to face till date. It is no doubt that CHWs are considered an important component of primary health approach, but their aspirations, needs and concerns continue to be sidelined in the purview of health system. Crisis such as COVID-19 only shed light upon the fact that in order to build resilient health systems, we need to invest in the future of community health workers programmes so, they are able to adapt to the changing environment by providing them with necessary skills and resources.

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