UNSUNG HEROES
CENTRE FOR NEW ECONOMICS STUDIES

PHOTOGRAPHS & CAPTIONS BY
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The pandemic has drawn public attention, respect and admiration for the frontline workers and the medical community (aptly named the ‘COVID-Warriors’) like moths to a flame. However, as doctors, nurses and hospital staff get their much-earned appreciation, another community of medical workers have been left backstage, outside the limelight — ASHA Workers.

Accredited Social Health Activists (ASHAs) have played a critical role in managing the raging pandemic. It is only unfortunate that their pivotal work has not been highlighted in the media. Trying to bring the story of strength and sacrifice of ASHA workers in the light, this essay looks at a Day in the life of an ASHA worker.
Pre-pandemic, an ASHA’s work revolved around the pre-natal care, post-natal and reproductive health. Typically assigned a particular area, the ASHA’s looked after the pregnant women in their allotted zones. From supplying important supplements and vitamins to the soon-to-be-mothers to accompanying women in labour to the hospitals and then ensuring proper vaccinations of the infants, an ASHA was an integral part of the entire journey of a pregnant woman.

What makes ASHAs unique is that their work is not limited to ‘medical’ procedures, it also extends to looking after their patients’ mental health, advising them and preparing them for the rest of the 9 months of their pregnancy. At so many points, an ASHA has been the primary motivator of the patient. However, the pandemic has changed much about the nature of the ASHA’s work.
ASHAs have been assigned different roles during the pandemic. From various survey work for the government on COVID demographics, contact tracing, spreading awareness about social distancing and precautionary measures, to supplying essential medical and food supplies to households, they have been forced to adapt to the changing situations and requirements.

Pandemic Days

Shikha Nigam (L), an ASHA worker inquires about the child's health to the beneficiary mother on the day of the Vaccine camp at Malahi Tola in Lucknow city, India. There are instances from the field where they were socially outcasted on grounds of being a Covid frontline worker.

Samba Patel (ANM) makes a call to the beneficiary to attend the Vaccine camp at Malahi Tola in Lucknow city, India.
However, these new commitments have come at a cost of jeopardising and compromising their regular services to pregnant women. What has been more concerning and obvious is that the nature of ASHAs’ work has put them at a higher risk of exposure to COVID-19. Some instances of lack of protective equipment and gear provided by the government, ASHAs have been left to fend for their own health. Walking against the cool morning breeze, ASHA starts her journey on foot at 8 am to visit houses under her jurisdiction with the survey and testing team. Visiting every house and keeping a detailed track of all the necessary data to be collected, the ASHA performs her extra tasks during the pandemic. She ensures that the locals allow the testing team to get their swabs for the COVID test, while noting down medical and demographic information of those in her locality.

Samba Patel (R) and Shikha Nigam (L) note records in the book at the Vaccine camp at Malahi Tola in Lucknow city, India. There were times when both (ANM’s and ASHA’s) had to publicly face embarrassment from the target audience since they preferred tagging as someone who is bringing corona to their house. They were literally abused for visiting the target audience’s residence. In her words, except for physical violence, all forms of harassment were faced by the ANM for providing reproductive health service at the doorstep.
However, apart from accompanying the testing team and looking after soon-to-be-mothers, ASHA's play a crucial role in post-natal care as well. The ASHAs have to ensure that all the infants and children of her area are properly and timely vaccinated. Hence, every Wednesday and Saturday they hold a vaccination drive/camp. They go door-to-door to around 50-80 households and administer vaccines.
The vaccination process is an administrative-heavy task as the ASHA keeps a massive meticulous record of every infant’s vaccination’s status. They regularly update their records on every visit. They also have to keep a track of children whose parents choose to visit healthcare centres for vaccination rather than vaccination at home. With the afternoon sun blazing, ASHA returns to the local at a healthcare centre at 2 PM when the vaccination drive ends and catches up on record-keeping.

After fulfilling the daily administrative work and requirements, the ASHA acts as a source of companionship and compassion in the pregnant woman’s life, motivating
her and helping her take care of herself by sharing necessary information on maternal care and vaccination of her children post-pregnancy. Visiting the pregnant mothers regularly for vitamins and updates, the most important part of an ASHA’s job is to be present during labour. Ensuring that the patient has reached the hospital on time, is not facing and complications and providing solutions in case of emergencies, the ASHA is the guide and motivator of the patient. After the delivery, the ASHA visits the patients for updates.

ASHA workers interact during the meeting at the Urban Primary Health center. The ASHA worker got diverted from providing her services to the reproductive women to conduct surveys on the field in order to track the Covid patients and provide medicines to the patients found covid positive.
Battling these trying times and conditions, ASHAs have still been on the ground doing whatever their jobs entail, even if that means putting their life at risk or isolating themselves from their family members for months; dishearteningly, the problems related to underpaying or non-payment of ASHA workers have continued to plague their lives during the pandemic.

Underpayment of the ASHAs is a structural issue that has to do with their legal employment status. ASHAs are not formal government employees as per their legal status of employment. They are considered as volunteers and, hence, receive an ‘honorarium’ instead of a fixed salary. Moreover, they have an incentive-based system where they receive a fixed amount of money for specific tasks. However, given their volunteer status, their earnings are still paltry—the honorarium ranges from Rs. 2,000-4,000, apart from the central government incentive system.

Adding up their incentives, they still stand a chance to earn up to Rs. 6000 a month which is far below the minimum wage of Rs. 18,000 suggested in the 7th Pay Commission for skilled workers. The government has barely taken any steps to alleviate their distress. The government announced a covid incentive of mere Rs. 1000 which also hasn’t been transferred into the accounts of all ASHAs yet.

The ASHA worker was assured of her COVID duty stipend and the amount promised hasn’t been received yet. Also, they were not offered any support (financial, conveyance, ANC services) from the government on grounds of her being attached to a government body already. The ANMs were a part of the team led by a Lab Technician (LT) who was to perform the COVID test. It was dissatisfying for the ANM to not receive any PPE kit from the health center. The PPE kit was only distributed to the LT on grounds of him performing the COVID test.
ASHA workers have been at the forefront of community healthcare and the secret of success behind achieving various healthcare targets of the government on maternal newborn mortality and vaccination. Any irregularities or disruptions in their work will have long-term consequences on the health of thousands of children and families. The woes of the community regarding remuneration and safety need urgent recognition and resolution. It is needless to explain the imperative behind taking care of those who’re taking care of us.
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PAIGAM (People’s Association In Grassroots Action and Movement) is an aggregator of activists, researchers, practitioners and organisations that aims to bring together social efforts at the local, national and global levels through media advocacy and action research. They wish to bring a seamless bridge between academia, activism, policy and public through our media, advocacy, research, grassroots fellowship and mobilization channels.

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