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**Community Health Workers: The COVID**  
**Warriors of Rural India**

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## **Abstract**

*The diverse roles and activities of community health throughout history have been appreciated across programmes in various countries. In a plethora of cases, CHWs perform a range of different and equally challenging tasks that can be preventive, curative and developmental. CHWs have played an integral role while battling medical emergencies right from Ebola to COVID-19. Our study endeavoured to establish the role played by them in the past and found the acute structural challenges faced by them in the Indian context. Through the medium of this paper we have talked about the steps that are being taken by the Anganwadi Workers — the CHWs of India such as recording people's travel history from door to door, noting flu symptoms and, where needed, even helping trace contacts. Our Study also tried to grasp the significant role that they're playing to control this pandemic and suggested measures to do this with more efficiency. However, the challenges are yet to be tackled. Herein, we calculated how the lack of representation, lack of funds, etc., are sabotaging the mission and what could be done to turn this around. Furthermore, we found that if we do not move beyond these barriers, not only are we putting at stake the lives of CHWs, but also reducing the pace at which these pandemic or other medical emergencies could be tackled. We further realised the need for amendments and systemic reforms and suggested different policies/steps which could be implemented/taken to ensure safety, growth, representation and increase the efficiency of the community health workers of India.*

## **1.0 Introduction**

Community health workers (CHWs) are members of the society who work either as volunteers or for pay in association with the local health care system. They usually work in rural and semi-urban environments. CHWs offer interpretation and translation services, provide culturally appropriate health education and information, help people get the care they need, give informal counselling and guidance on health behaviours, advocate for individual and community health needs, and provide some direct services such as first aid and blood pressure screening. They are frontline agents of change who help in reducing health disparities in underserved communities. CHWs have been an integral part of the World Health Organisation's efforts to help implement policies and plans in order to control diseases, improve mortality rates, spread awareness etc. CHW's have been recognised as an important component of the public healthcare ecosystem all over the world.

The immense courage shown by CHWs during the Ebola outbreak in 2014 in Sierra Leone or the contribution of CHWs in mitigating Malaria in rural and urban parts of India are some good examples.

The umbrella term 'CHWs' consists of various community health aides selected, trained and placed in the communities where they come from. In India, they are known as AWW (Anganwadi Worker), ANM (Auxiliary Nurse Midwife) and ASHA (Accredited Social Health Activist). They form a critical part of the Integrated Child Development Services (ICDS) programme, whose mandate is to provide pre-school education for children under six, and nutritional support and healthcare for children and pregnant or lactating mothers, to reduce mortality, morbidity, and malnutrition.

The role they have been playing over the years is undisputedly crucial in improving universal health access to rural India. Hence, It brings us to the urgency of understanding their breadth of potential especially in the context of low income, patriarchal and relatively high mortality countries like India. However, because of unrealistic expectations, poor planning and an underestimation of the effort and input required to make them work, the role of CHWs in India is undermined and slowly losing its credibility to engender change.

By the time Primary Health sector of India could act in the favor of ASHA's, in 2020, they met another challenge, Covid-19. Coronavirus 2019 (COVID-19) is defined as an illness caused by a novel coronavirus now called severe acute respiratory syndrome coronavirus 2, which was first identified amid an outbreak of respiratory illness cases in Wuhan City, Hubei Province, China.

Experience from past pandemics and times of economic disruption has shown that ensuring food security and nutrition becomes even more critical. When food prices rise and supply chains break down, the earnings of the poor and vulnerable fall substantially. (The World Bank, 2020)

This is where the Community health workers step in- with the communities living in the rural part of the country. Their work at the grass-root level would be extremely essential in helping the world combat COVID. However, CHW has a lot of challenges that it still hasn't tackled which is not only making CHW prone to the virus but is also weakening the core of the CHW community.

In this paper, we have tried to shed light on the challenges of CHW, their relationship with governments of different nations and how we can institutionalize, empower and popularize the role of CHWs ecosystem in battling the pandemic.

## 2.0 Community Health Workers of India

- ICDS is the world's largest government-led programme for early childhood care and development. The services are provided through a network of 1.4 million Anganwadis run by almost 1.3 million Anganwadi workers and 1.3 million Anganwadis helpers catering to approximately 80 million children under 6 years of age. The functionaries are trained and monitored through a tier system of Cluster Level

Supervisor, Child Development Project Officer, District Magistrate.

- There are mainly three types of Anganwadi workers:

AWW (Anganwadi workers)

ANM (Auxiliary Nurse Midwife)/Anganwadi Helper

ASHA (Accredited Social Health Activist)

- The AWWs ANMs and ASHAs are paid fixed honorarium of Rs. 4500/- per month, Rs. 2250/- per month, Rs. 2000/- per month respectively as decided by the Government and 2018 Guidelines. Mini-Anganwadi Centres workers are paid honoraria of Rs.3500/-. An incentive of Rs.250/- linked to monthly performance is also being paid to Anganwadi Helpers for facilitating proper functioning of Anganwadi Centres (AWCs). Apart from these, an additional amount of honoraria is also paid by most of the State Governments /UT Administrations from their own resources. AWW's have always been crucial to the policies implemented in the rural parts of the country. Their work consists of but not restricted to:

Carry out quick family surveys	Keep a record of birth and death rates of every month
Guide and assist ANM's and ASHAs	Maintain liaisons with other institution (mahila mandal and village committee)
Make home visits to educate parents to plan an effective role in child's development.	To identify disability among children

Figure 1  
 Delivery framework of services provided by Anganwadis under ICDS

Figure 2

(Roles and Responsibility of anganwadi workers Sandhyarani & Usha Rao, 2013)

### 3.0 Challenges faced by CHW's

National Health Systems Resource Centre report on the ASHA program (2011-12) laid down three different roles for the CHW's:

1. They bridge the gap between rural and vulnerable populations within the health services centres as link workers.
2. They function as a service extension worker where they are trained and provided with a kit that includes commodities such as condoms, oral contraceptive pills, delivery kits and simple lifesaving drugs including cotrimoxazole and chloroquine.
3. They are conceptualised as 'health activists 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'.

Despite laying down these clear-cut roles for Anganwadis, a study on the "Operational Difficulties of Anganwadi Workers at a Coastal South Indian City" shows that perceived responsibilities of Anganwadis are limited to pre-school education and house visits as compared to more essential responsibilities like Immunization or Supplementary food.

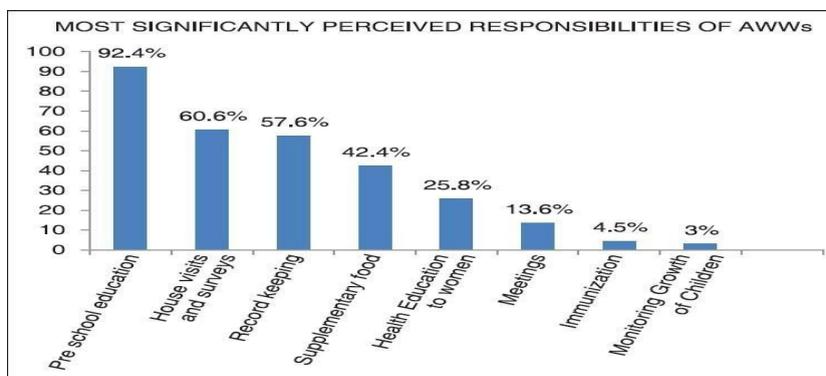


Figure 3  
Perceived roles and responsibilities of  
Anganwadis (Tripathy, 2014)

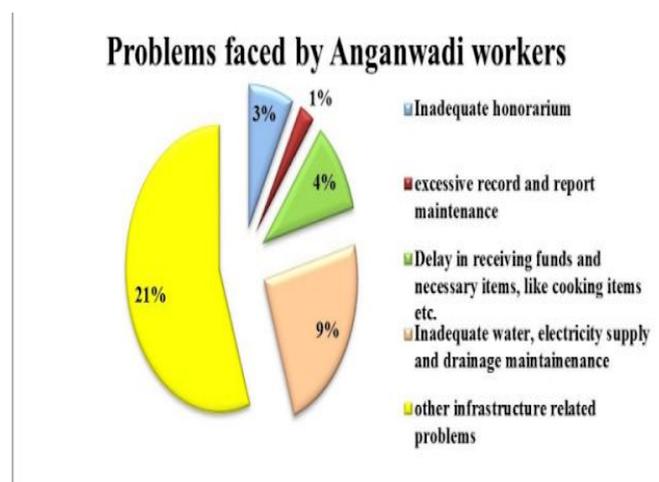
A study of “Challenges and Opportunities Accredited Social Health Activists (ASHA’s) face in realising their multiple roles Manipur” (Sapri, 2015) found an evidence gap as to the extent to which CHWs can realise their role as health activists and an agent of change, supporting community participation and empowerment. The growing willingness of the experts to understand the key role of community health workers in improving the primary health of communities has brought this seldom addressed issue of CHWs to light.

Even though owing to the vast geographical and cultural diversity of Indian subcontinent the implementation of this program has varied, but the nature of challenges faced by CHWs in implementing these programmes has remained the same.

The study highlights that lack of communication between the CHW authorities and the State often leads to lack of role clarity. The ambiguous role of the village health committee further hampers the management community health workers’ initiatives. In addition to that, poorly developed concepts on the importance of Primary Health Care amongst the health personnel at the top of the hierarchy creates a dysfunctional environment for the delivery of healthcare services by the CHWs at the grassroots level. (Uta Lehmann and David Sanders School of Public Health University of the Western Cape, 2007)

A report titled ‘Asha: Which Way Forward?’ reported discrepancies in coverage across states for CHWs tasks. For example, the percentage of all women with children younger than 6 months of age who had received service from their CHW ranged from 50% to 70%. Considering that CHW’s are supposed to provide postnatal counselling and encourage breastfeeding after all births, this finding indicates limited functionality. (Gupta & M, 2011)

A case study of large scale community health workers states “The impact of the program is only as strong as each ASHA/Anganwadi ” it highlights that the CHWs payment system fails to reflect the amount and type of work expected. (Case Studies of Large-Scale Community Health Worker Programs, 2017)



Although workers are tasked with a wide range of activities, including developing and implementing Village Health Plans, they receive remuneration for only a very few highly specific activities. Hence, workers tend to focus on the tasks that they are paid for. Due to restrained funding, the effectiveness of the program was limited by supply-side factors. Even though 70% of survey respondents reported that they had consulted a CHW about a sick child, few workers were able to provide appropriate care because they lacked drugs, skills, or support.

A budget brief by the centre for policy research shows the shares of Anganwadi Services out of total MWCD budget has decreased annually. In FY 2014-15, the scheme accounted for 89 per cent of MWCD budget. This decreased to 68 per cent in FY 2019-20. The study also points out that due to a decrease in funding the number of people availing services under ICDS has been low.

*Figure 4*  
*Knowledge of Anganwadi workers and their problems in Rural ICDS block (Joshi, 2018)*

Services	Target Group	Service Provider
Supplementary nutrition	Children below six years Pregnant and lactating mothers	Anganwadi worker and Anganwadi helper
Pre-school education	Children three-six years	Anganwadi worker
Nutrition and health education	Women (fifteen-forty-five years)	Anganwadi worker/ Auxiliary Nurse Midwife/ Medical Officer
Immunisation	Children below six years Pregnant and lactating mothers	Auxiliary Nurse Midwife/Medical Officer
Health check-up	Children below six years Pregnant and lactating mothers	Anganwadi worker/ Auxiliary Nurse Midwife/ Medical officer
Referral services	Children below six years Pregnant and lactating mothers	Anganwadi worker/ Auxiliary Nurse Midwife/ Medical Officer

According to NFHS 4 (2015-16), only 54 per cent of children under 6 received any service from the AWC. The numbers for pregnant women and lactating mothers was– 46 per cent and 51 per cent lactating mothers did not receive any service from an AWC.

#### **4.0 Challenges faced by CHW’s due to COVID 19**

The sustenance of universal health coverage in the milieu of COVID-19 has brought its own unique set of challenges for the community health workers and made the process of delivering services all the more arduous.

The WHO has established a number of criteria for effective community health programmes in the COVID-19 response. The advice is to include them – at all levels – in emergency response forums, equip them with essential knowledge and skills, clarify their roles and responsibilities, and provide them with essential tools to protect themselves from COVID-19 and prevent the spread of the virus. But history has taught otherwise.

A study into the effectiveness of community health workers during the 2014-2016 West Africa Ebola outbreak (Miller, 2018) found that the maintenance of primary care services and the Ebola response were hampered because community members were engaged late in the response.

A reason for this is that community health workers are poorly integrated into existing health systems. Countries didn't build the management and training structure required for effective integration. A study in South Africa on the governance of community health worker programmes showed that lack of coordination creates fragmentation in health care delivery and means the community health workers don't contribute to important decisions.

During previous pandemics, CHWs have faced stigmatisation, isolation and in some cases were even socially ostracised. The studies reported that communities often saw them as 'carriers for infection' owing to the proximity (real or perceived) with those affected by the outbreaks as well as high mortality rates among healthcare workers in general. CHWs often isolated themselves to protect their 'loved ones' from disease and stigma. (Bhaumik et al., 2020).

From ineffective training not meeting medical regulation standards for a prescription to lack of necessary medicines, medical supplies, and faulty supervision of qualified health workers.

CHWs have often fallen prey to systemic problems of the public health system.

The following disruptions have caused rapid deterioration of the public health system — leading to severe trust deficit amongst the community and CHWs:

Suspension of Pre-schooling at all Anganwadis centres on March 24, 2020, by MHA.	Discontinuation of Hot cooked meals and snacks provided to children registered at Anganwadi.
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Disruption of activities like WASH programmes, and health checkups, among others.	Abrupt Supply Chain.
Insufficient PPE kits for CHWs' protection.	Absence of social and occupational security net of CHWs.
Inadequate training and knowledge of pandemic.	Disrupted flow of already limited funds.

*Figure 5*  
*Challenges of Anganwadis during COVID*

The world has clearly failed to learn a lesson from the past in the view that COVID-19 has placed considerable stress on the Public Health, nutrition and social welfare institutions especially in developed countries. Our CHWs are not yet adept at surveilling, preventing, and managing disease outbreaks.

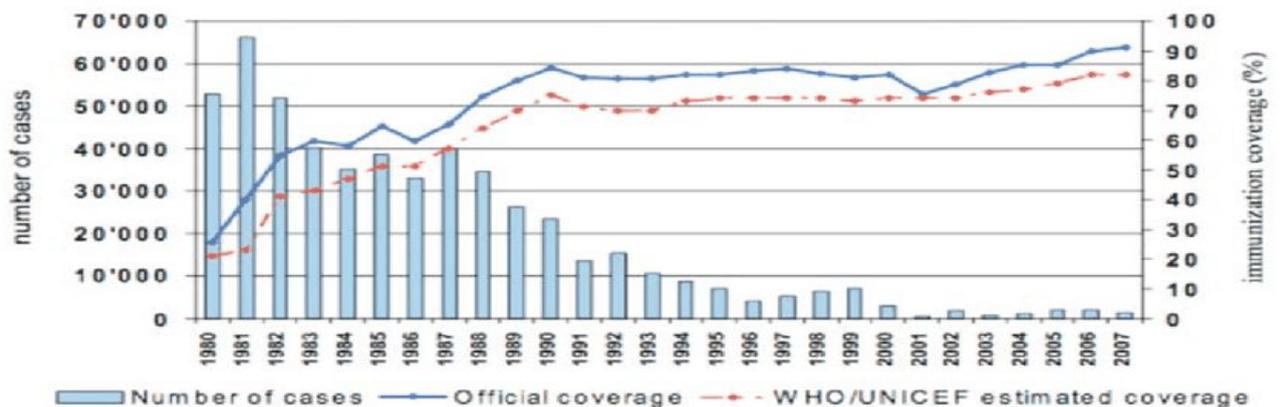
As part of the COVID-19 response, the government has diverted/shared public Resources for antenatal and postnatal care, immunisation, treatment of acute malnutrition and others jeopardising the already vulnerable vertical of women and children. A rapid assessment by a civil liberties organisation on state food and nutrition provided by Karnataka Government through Anganwadis, mid-day Meal schemes and Public Distribution System found that only 75% of pregnant and lactating women and 13.75 percent of adolescent girls suffering from malnourishment received ration from Anganwadis. A study conducted on food and nutrition security by Centre for Child and the Law, National Law School Bengaluru stated that dry rations and eggs delivered to pregnant women, children in rural Karnataka have been less than sufficient.

Although, few Anganwadi services such as the distribution of take-home ration door to door and technological interventions for preschool education have resumed. These challenges, even if short term, constitute a serious threat.

### **5.0 The Way Forward: Protecting the Protectors**

Community Health workers of India are an untapped source of hyperlocal knowledge providing a better insight into rural development for better outcomes as they share the same culture, socioeconomic status, language, and life experiences with the people that they serve which helps create a feeling of trust and support.

A Study of 2009 on “The Role of the Anganwadi Worker in Polio Eradication in Bihar, India: From Awareness Generation to Service Delivery” proves that capacity building and increased intervention of AWWs during polio eradication in Bihar significantly improved polio eradication outcomes accompanied by increased levels of awareness in the community.



*Figure 6*

*The Role of the Anganwadi Worker in Polio Eradication in Bihar, India: From Awareness Generation to Service Delivery (Gaur et al., 2009)*

The pandemic has created a new ‘focal point,’ one in which beliefs have shifted toward the importance of community health workers and the need to train, support, and equip them to perform a variety of health tasks during and beyond the pandemic. For every health scheme launched by the Ministry of Health and Family Welfare, it is CHWs who step in to implement it at the grassroots level. It is only imperative that we provide a solution to the problems faced by CHWs.

Here are some of the measures that we recommend which could encourage moving forward:

1. Proactive CHWs are paramount to communicating and implementing new and rapidly evolving community-level response measures. Over 5000 healthcare workers tested positive while on duty. COVID kits must contain PPE kits, masks, shields, sanitisers. etc.
2. Governments must recognise the efforts of these barefoot soldiers, especially of part-time or currently unpaid CHWs, for supplemental hours through mobile payments. Money currently earmarked for performance-based incentives should be reallocated to cover routine salaries or stipends for all active health workers.
3. Training the existing Community Health Workers to prevent, detect and respond will establish a standard protocol for CHWs responding to COVID-19. This includes expanding community event-based surveillance modules to incorporate COVID-19 and using mHealth and e-learning tools to accelerate uptake and provide accreditation. Existing digital technologies can support training reinforcement, practice, point-of-care test procedures and clinical guidance, and remote supervision.
4. The decline in essential health services during a pandemic, can and is killing more people than the pandemic itself. More than 100,000 children within the first month of life and 6,000 pregnant mothers would have died in this period according to an estimation by Scroll. The requirement is that we empower CHWs with knowledge, PPEs, essential equipment and regular supply of ration to sustain routine primary healthcare services. Such workflow modifications are necessary to continue primary healthcare delivery while being responsive to change.
5. CHWs play a crucial role in providing health services. Since a significant proportion of the workers work on a voluntary basis, their personal satisfaction and motivation levels have a key role to play in how they react to the circumstances. While we do have research that talks about CHWs and their involvement, we postulate that a study talking about the motivation, satisfaction levels, perceptions during an outbreak like Corona will help us make better-informed decisions and policies.
6. CHWs have a long history of playing a key role in gathering data, battling diseases in poverty-stricken regions, etc. We suppose that having CHW officials at the table when Centre and State policies are being made would not only help the government formulate better, more implementable policies but also give CHWs the representation that they deserve.

7. Centre and State need to recognise the contribution of CHWs and understand their potential for future growth and development. CHWs could be trained as barefoot doctors. Building upon their existing capacity with education, training would help us target deeper issues such as depression, malnutrition, etc. Providing healthcare benefits, pensions to CHWs would help with the motivation and the size of the workforce.
8. CHWs could be used to promote adaptive resilience by serving as a type of reserve health corps during public health emergencies. A role rooted in social mobilisation instead of medical mobilisation could help expand the role of communication networks and would enhance the perceived validity of information which would help reduce the risk of misinformation that could lead to social unrest in a region that is already afraid of the circumstances that surround it.

## **6.0 Conclusion**

Community Health Workers are the backbone of the world's largest early childhood care and development programme — ICDS. As evidence in our research suggests, CHW's have been pivotal in battling medical emergencies including Ebola, Malaria and Polio.

Hence, our study was successful in establishing the direct effect AWW's/CHWs have had over the rural public health ecosystem in the past. While concluding this study we also learned about the scanty funding, poor training and infrastructure. Insufficient remuneration accompanied with irregular supply of ration, medicines and essential medical equipment impedes the established motive of service delivery by AWW's. Lack of awareness amongst the workers and the community alike further exacerbates this issue besides causing a trust deficit between the beneficiaries and the functionaries.

The Pandemic has magnified these issues with such blatant that we cannot consciously choose to remain ignorant anymore. Moreover, our study also found that due to the long term impact and the added burden of dealing with COVID-19, CHWs are fighting a dual battle of warding off malnutrition and COVID-19. Hence, there is an urgent need for systemic change in infrastructure, policies, sustainable funding and most importantly, adequate representation of the AWWs.

Through this study, we strongly recommend safeguarding and effectively equipping these barefoot soldiers i.e 'Protecting the Protectors', if we want to defeat this Pandemic efficiently.

## References

Bhaumik, S., Tyagi, J., Nambiar, D., & Moola, S. (2020, July 27). Community health workers for pandemic response: a rapid evidence synthesis. PubMed Central (PMC) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7292038/>

Case Studies of Large-Scale Community Health Worker Programs. (2017, May 24). Maternal Child Survival Program. <https://www.mcsprogram.org/resource/case-studies-large-scale-community-health-worker-programs-2/>

Gaur, S., J Park, J., Patridge, T., & Ray, A. (2009). The Role of The Anganwadi Worker In Polio Eradication in Bihar:From Awareness Generation toService Delivery. He Role of The Anganwadi Worker In Polio Eradication in Bihar:From Awareness Generation To Service delivery.[https://www.researchgate.net/publication/282335896\\_The\\_Role\\_of\\_the\\_Anganwadi\\_Worker\\_in\\_Polio\\_Eradication\\_in\\_Bihar\\_India\\_From\\_Awareness\\_Generation\\_to\\_Service\\_Delivery](https://www.researchgate.net/publication/282335896_The_Role_of_the_Anganwadi_Worker_in_Polio_Eradication_in_Bihar_India_From_Awareness_Generation_to_Service_Delivery)

Gupta, G., & M, S. (2011). Asha: Which way forward? National Health Mission [https://nhm.gov.in/images/pdf/communitisation/asha/Studies/Evaluation\\_of\\_ASHA\\_Program\\_2010-11\\_Executive\\_Summary.pdf](https://nhm.gov.in/images/pdf/communitisation/asha/Studies/Evaluation_of_ASHA_Program_2010-11_Executive_Summary.pdf)

K.J. (2018). Knowledge of Anganwadi workers and their problems in Rural ICD block. IJPNS. <https://IJPNS-1-1-8-14.pdf>

Miller, N. P. (2018). Community health workers during the Ebola outbreak in Guinea, Liberia, and Sierra Leone. PubMed. <https://pubmed.ncbi.nlm.nih.gov/30023054/>

Poddar, P., & Mukherjee, K. (2020). Response to COVID 19 by the Anganwadi ecosystem in India. KPMG. <https://home.kpmg/content/dam/kpmg/in/pdf/2020/06/anganwadi-report-2020.pdf?w>

Sandhyarani, M. C., & Usha Rao, D. C. (2013). ROLE AND RESPONSIBILITIES OF ANGANWADI WORKERS, WITH SPECIAL REFERENCE TO MYSORE DISTRICT.

International Journal of Science. <http://ijset.net/5-c/IJSET%2019.pdf>

Saprii, L. (2015, December 9). Community health workers in rural India: analysing the opportunities and challenges Accredited Social Health Activists (ASHAs) face in realising their multiple roles. *Human Resources for Health*.  
<https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-015-0094-3>

The World Bank IBRD IDA. (2020, April 27). India: The Dual Battle Against Undernutrition and COVID-19 (Coronavirus). The World Bank.  
<https://www.worldbank.org/en/news/feature/2020/04/27/covid19-coronavirus-india-response-health-undernutrition-anganwadi-workers-healthcare>

Tripathy, M. (2014, July 1). Perceived responsibilities and operational difficulties of anganwadi workers at a coastal south Indian city Tripathy M, Kamath SP, Baliga B S, Jain A - Med J DY Patil Univ. *Medical Journal D.Y Patil Vidyapeeth*.  
<http://www.mjdrdypu.org/article.asp?issn=0975-2870;year=2014;volume=7;issue=4;spage=468;epage=472;aulast=Tripat>

Uta Lehmann and David Sanders School of Public Health University of the Western Cape. (2007). Community Health Workers: What do we know about them? World Health Organisation. [https://www.who.int/hrh/documents/community\\_health\\_workers.pdf](https://www.who.int/hrh/documents/community_health_workers.pdf)