

Community-Based Grassroot Functionaries in the Pandemic: Situation Analysis of ASHA, Anganwadi Workers and Sarpanches - A report by KMIC-IIMA

Our community-based workers are in the frontline of defence during the COVID-19 pandemic. Anganwadi Workers (AWWs) and ASHAs (Accredited Social Health Activist), the “COVID warriors” were involved in contact tracing, information dissemination, and COVID-19 surveys in addition to their regular work. After the imposition of lockdown, Anganwadi centres (AWCs) were shut for their beneficiaries; but ASHAs, AWWs and Anganwadi Helpers (AWHs) were delivering health and nutrition services, especially to children and women, at their doorstep. On one hand, they were tasked with new responsibilities with the onset of the pandemic, and on the other, it became difficult for them to perform their regular functions.



We conducted surveys to understand the status of these health and nutrition services during the pandemic and challenges faced by frontline functionaries in Gujarat. They included questions on child and maternal health and nutrition, early childhood education, awareness and information dissemination in the village, training on COVID-19, challenges and difficulties faced by the AWWs and ASHAs, and the status of village-level amenities. The survey focused on the intra-village coordination amongst Panchayat, health centre, AWC, AWWs and ASHAs to get a holistic picture of the response to the pandemic. The full reports can be read [here](#)

We interviewed 69 AWWs serving in Banaskantha, Dahod, Kachchh, Narmada, Sabarkantha, and Surat (urban) in May 2020; and surveyed 60 ASHAs serving in Dahod, Narmada, and Surat (urban) in June 2020. The survey instrument was designed jointly with UNICEF (Gujarat).

In addition to the findings emerging from our surveys, we will briefly discuss the findings of another study carried out with AWWs, ASHAs and Sarpanches across 26 districts of Gujarat conducted by Unnati - Organisation for Development Education and Gujarat Inter Agency Group with UNICEF.

Findings

- **Distribution of Take Home Ration (THR) kits:** Almost all AWWs reported distributing THR packets to children in the age group of 3-6 years in lieu of hot cooked meals as was directed by the government resolution (GR). These were the packets meant for children of 6 months-3 years. The GR did not specify the number of packets to be distributed to children of 3-6 years. We found that fewer packets were given to children of 3-6 years than younger children (6 months to 3 years). None of the AWWs across districts reported distributing wheat to 3-6 years children despite it being mentioned in the GR.
- **Physical growth monitoring/ Anthropometric measurements of children:** Only 15% of AWWs were able to take height and weight measurements of children during the lockdown. Thus, they were not able to cater to the nutritional requirements of underweight children.
- **Immunisation sessions:** Mamta Divas (immunisation sessions) were conducted irregularly after the imposition of lockdown; this continued even after the lockdown was lifted.
- **Early childhood education:** 70% of the AWWs believed that the quality of learning at home was not as good as it was at AWCs.
- **PDS Shops:** PDS shops were open but 20% of the ASHAs and AWWs complained about insufficient stock in the shops.
- **Aware about Helpline number:** 52% AWWs and 42% ASHAs did not know or remember the helpline number when asked.

Challenges faced by AWWs and ASHAs

- **Additional COVID-19 work:** All the ASHAs and more than 70% of the AWWs were involved in conducting HH visits/surveys related to COVID-19, over and above their routine activities. The primary purpose of these visits was to disseminate information about COVID-19 and to report people showing symptoms.
- **Insufficient Safety Gear:** Most AWWs had insufficient safety gear (masks, gloves and sanitisers), the situation of ASHAs was better.
- **Fear of Infection:** About 50% of AWWs were concerned about catching the virus and spreading the infection to their families.
- **Lack of Conveyance facilities:** Only 20% ASHAs and AWWs, received transportation or any other kind of support from the Panchayat or health centre.
- **Lack of coordination with other formal channels:** Only seven ASHAs reported that the village Health and Sanitation Committee specifically undertook activities related to COVID-19.
- **Dissatisfaction with the compensation:** Around 40% of ASHAs complained about not receiving salary for the month of May; around 20% of ASHAs explicitly complained about salary being inadequate and about not receiving any compensation for the extra work they were doing.

Interviews with Sarpanches

Sarpanches were contacted to understand the situation in the village and their response to it. However, we were able to have detailed interviews with only two sarpanches due to certain limitations. These interviews revealed that farming was adversely affected and farmers were not getting adequate price for their produce. They were not satisfied with the steps taken by the government related to education and nutrition of children. Both the Sarpanches expressed their dissatisfaction with the support they received from the local administration and higher officials. The Sarpanches had taken various initiatives to respond to COVID-19 - they had taken steps to guard the village boundary, arranged for hand washing /sanitising facilities around common spaces, sanitised the village, put and/or distributed posters in local language at frequently visited areas, among others. The narratives of the Sarpanches can be found [here](#)

Findings (from the study by Unnati)

The study conducted by Unnati also points to similar disruptions in routine activities and challenges faced by ASHAs and Anganwadi workers (being overworked, lack of safety gear, transportation and stigma faced during household visits). Their study reports that children and pregnant women attending immunisation sessions had either remained the same or increased, around 20% ASHAs also reported an increase in home deliveries during the lockdown, both of which were slightly different from the findings of our study.

Their surveys with Sarpanches revealed a substantial loss of income and livelihood in the villages and reported that many families were selling their assets to sustain themselves. They

also reported active involvement of Pani Samitis, SHGs, SMC members in disbursing funds in lieu of mid-day meals. 65% of the Sarpanches reported having a COVID-19 GP response plan and also reported taking initiatives regarding trauma/panic and stigma related to COVID-19. The report can be accessed [here](#)

Way Forward

Ensuring proper service delivery is difficult to imagine without providing adequate support and incentives to ASHAs and AWWs. Therefore, we suggest that the following steps should be taken at the earliest:

- The financial compensation should be made commensurate to their work.
- Transport facilities should be arranged for ASHAs and AWWs, especially in absence of public transportation facilities.
- Attention should be given to the mental health of ASHAs and AWWs by checking the emotional toll of care work.
- The role of Panchayat and other formal channels like Self-Help Groups (SHGs) and village level committees should be strengthened for better coordination and support to frontline workers.



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