COMMUNITY HEALTH WORKER: A TOOL FOR COMMUNITY EMPOWERMENT

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ABSTRACT

Community health workers (CHWs) are broadly defined as community members who work almost exclusively in community settings and serve as a link between health-care consumers i.e. community and the health-care providers. This position helps them to identify the problems of the community people in a better way and to find out solutions for these problems with community involvement and participation. As the community health worker mainly engages women, the women are empowered by attaining the role of decision-makers who take important decisions not only for themselves but also for the entire community in relation to health and social determinants. The community is empowered to take timely and appropriate decisions for their own well-being and health. As the community health workers make the community aware of the various government programmes related to health and about government-run health facilities and services, the people in the community are coming out in greater numbers to avail of such health care services. This, in turn, has shown up many positive health outcomes that have been achieved in India after the ASHA programme under NRHM has been introduced. This paper describes the role of community health workers in making the community empowered to take decision for better health-care services for improving health and well-being.

Key words: Community Health Workers, ASHA (Accredited Social Health Activist), Women, Empowerment.

Community health workers (CHWs) are broadly defined as community members who work almost exclusively in community settings and serve as a link between health-care consumers i.e. community and the health-care providers. The term

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‘community health workers’ can refer to a variety of health-care providers such as village health workers, community resource people, traditional birth attendants or workers known by local names. CHWs are known by specific names in different countries such as ASHA and Angwanwadi workers in India, Promotores in Latin America, Lady Health Workers in Pakistan, or Health Extension Workers in Ethiopia. Community health workers primarily act as link workers between the health-care services and the community. These are the grass-root voluntary workers who are engaged to work in the same community in which they are residing. This feature helps them to identify the problems of the community people in a better way and to find solutions for these problems with community involvement and participation. The community health workers can empower the community members by identifying their problems, helping them to realize the needs and ways to solve their problems by taking appropriate and timely decisions. They provide health education that affects life-style choices and individual health behaviors related to health status. They can deliver a variety of community-based health care services, and are particularly important in areas where the use of facility-based services is low. CHWs are particularly committed to meeting the needs of the economically, culturally and socially marginalized people and engaged in collective action for social change. The community health worker interventions work as a key empowerment strategy which primarily engages women in a continuum of care: from natural helpers to para-professional extenders of primary health care services to health educator aides to advocates for community health issues\(^1\). The CHWs empower the community members by identifying their problems, helping them to realize the needs and ways to solve their problems by taking appropriate and timely decision.

The empowered people in the community acquire the decision-making power, increased sense of self-determination and self-esteem. There is an overlap between community empowerment and other community-based concepts such as community participation, community capacity building and community development. The key difference between community empowerment and other community-based concepts is the sense of struggle and liberation that is bound in the process of gaining power. There is a wide variation in terminologies for conceptualization and measurement of empowerment. Bearing the complexities in mind, empowerment broadly defines the process by which relatively powerless people work together to gain control over the events that determine their lives and health. The essence of empowerment is that it cannot be bestowed by others but must be gained by those who seek it\(^2\). It can occur at an individual, organizational or community-level\(^3\). It means that empowerment not only brings change in an individual’s life but also changes the whole community or the system in a positive direction. Community empowerment refers to the process of enabling communities to increase control over their lives. Community empowerment is
a process of re-negotiating power in order to gain more control. It recognizes that if some people are going to be empowered, then others will be sharing their existing power.

This paper intends to highlight the role of community health workers in community mobilization, and the positive outcomes that have been achieved as a result of community empowerment initiated by the community health workers. It also throws light on the problems faced by the community health workers and the motivational approaches used for retaining these workers. This paper refers CHWs as ASHAs.

The CHW in India is named as Accredited Social Health Activist (ASHA) under the National Rural Health Mission (NRHM), Government of India. In India, ASHA workers are women selected from the village itself to which they belong. Her role is to provide accessible, affordable and accountable quality health services even to the poorest households in the remotest rural regions. One of the key components of NRHM is to provide every village in the country with a trained female community health activist. ASHA acts as an interface between the community and the public health system. ASHA is the first port of call for any health related demands for the deprived sections of the population, especially women and children, who find it difficult to access health services. About 8.94 lakhs of ASHAs have been recruited till 2013-14. With the addition of 8.94 lakhs of ASHAs, the nation has been empowered with an increased number of workforce at the ground-level in the health sector.

**Role of CHWs and Empowerment**

ASHA, as a health activist in the community, has varied roles (Fig. 1) to play in improving the health of the community like creating awareness about health and its social determinants, mobilizing the community towards local health planning, increased utilization and accountability of the existing health services, promoting good health practices, and providing a minimum package of curative care as appropriate and feasible for that level and make timely referrals. She also acts as a depot holder for essential provisions being made available to every habitation like Oral Rehydration Solution (ORS), Iron Folic Acid tablet (IFA), Chloroquine tablets, Disposable Delivery Kits (DDK), oral pills and condoms, etc.
The community health worker programmes mainly engage women. The women are empowered by attaining the role of a decision-maker who takes important decisions not only for herself but also for the entire community pertaining to health determinants. As depicted in the Figure-1, ASHAs have become symbols of empowerment for the society as a whole. They have not only gained the authority to decide for the welfare of themselves and their families but also empowered the people in the community to think about the health-related problems in their lives, and how to prevent the calamities before they occur by taking timely and appropriate decisions. Today, people are coming out of their homes to avail of the health care services provided through out-reach services as well as in health facilities.

According to the 6th Common Review Mission 2012\(^4\), ASHA’s role turns out to be extremely important in terms of motivating pregnant women for utilizing ANC care from public sector health facilities. Pregnant women in villages where ASHA makes weekly home visits, and carries and distributes free medicines; clearly depicts a higher propensity to seek ANC from public sector health care facilities. It is found that the tendency to utilize private health care institutions for ANC
also declines in rural areas where ASHAs are functioning responsibly in terms of visits, carrying medicines and providing counseling to pregnant women. Role of ASHA seems to be important as patients from households which are visited more frequently and where free medicines get distributed depict higher tendency of using public compared with private health facilities for treatment of chronic diseases. Similarly, households where general counseling on health matters is provided by ASHAs and other health functionaries, report a higher utilization of public health institutions for the purpose of treatment.

**Individual Empowerment**

Individual empowerment refers to an individual’s ability to make decisions and have control over his or her personal life. CHWs are particularly committed to help meet the needs of the economically, culturally, or ethnically marginalized people to obtain the basic prerequisites of health. CHW programme is not only a key-changer of individual behaviour but also engages in collective action for social change. They receive training, and get aware of the programme more. They gain respect, earn an income, and have become more visible and mobile within their communities. The programme also has a significant effect on the lives of the health workers as they receive credibility and recognition in their communities. An evaluation has shown that the women are more empowered; they have a greater say in intra-household decision-making, including family planning and health-seeking behaviour. This process brings self-esteem and personal competence to understand the community in a social and political context. As a result, these women have become self-dependent individuals who are able to take important decisions not only for themselves and their families but also for the community. Her self-efficacy influences other women of the community and their decisions. Empowerment at the individual level is linked with the community-level development and empowerment.

**Community Empowerment**

A community is a social unit of any size that shares common values. It can be broadly defined as a group of people who are connected to each other by social relations that extend beyond immediate genealogical ties and who mutually define that relationship as important to their social identity and social practice. An empowered community is one where individuals apply their skills and resources in collective efforts to meet their respective needs. Community participation provides support for each other, addresses conflicts within the community and gains control over the quality of life in the community. Apart from their role in health care, they can advocate other social agendas by contributing to community empowerment and growth. Advocacy and awareness brought by the CHWs, influence decisions and changes in the larger social system.
Most ASHAs are functional in promoting institutional deliveries, immunization and family planning services. ASHAs have become functional in the communities, there has been a significant improvement in the health outcomes in India e.g. infant mortality rate which was 58 per 1000 live births in 2005, has come down to 42 per 1000 in 2012. Maternal mortality ratio has also decreased to 178 per 100,000 live births in 2012 from 254 per 100,000 live births in 2005. The total fertility rate has also shown a significant decline from 2.9 in 2005 to 2.4 in 2012. A study linking the payment of ASHAs to maternal and infant care (attendance of home deliveries, infant care at birth, conducting home visits and supporting mothers in new-born care, monitoring the new-borns, and managing new-born sicknesses) reports that the neo-natal mortality rate has declined by 70 per cent between 1993 and 2003. Empowered with knowledge and a drug-kit to deliver first-contact healthcare, every ASHA is expected to be a fountainhead of community participation in public health programmes in her village. ASHAs are also actively involved in formation of women’s Mahila Arogya Samitis to fulfill the urgent hard-cash needs for treatments— a mechanism of risk pooling and health insurance.

The ASHA programme remains the component where reports from across the states are uniformly positive on her functionality and enthusiastic participation. Action on social determinants has made some headway only where the village health and sanitation committees are functional and have the capacity and leadership— from the ASHAs. The programme has achieved positive impacts on family planning, ante-natal care, neo-natal care and immunization rates.

Barriers to Empowerment

The barriers may relate to the CHWs and external factors. The factors which are often associated with de-motivations are inadequate and irregular pay, lack of family support, lack of time, lack of profit, over burden of work, instability of job, and loss of other economic opportunities. The reported problem rates of CHWs are between 3.2 per cent and 77 per cent. Although in any CHW programme, it is necessary to measure the problems they face and identify the causes but often it takes a back seat in the light of health outcomes and process indicators such as the number of workers recruited, number of workers trained, etc.

In India, the incentives being paid for certain services are not sufficient for ASHAs to provide the services. Although ASHAs are voluntary health workers but if ASHAs’ earnings are their only source of income, it is not feasible to make ASHAs true volunteers without any salary. The amount of work ASHAs are expected to do including record-keeping, seems to be expanding without a corresponding increase in their monetary incentives. Due to the amount of work required, the volunteer spirit of ASHAs is diminishing. A survey from Odisha revealed that one-
third of the ASHAs were dissatisfied with their cash assistance and described it as ‘too much work and too little money.’ Delays in payments and irregular payments are the problems in many states. The ASHA payment system differs from those of other frontline health service providers like AWWs and ANMs who receive a fixed monthly salary.

There are various innovative approaches used for retention of the community health workers\(^9\). In India, many states have provided non-monetary incentives for ASHAs. The best performer state is Assam which has provided uniforms / sarees, umbrella, torch, ID card, radio and mobile sets to the ASHAs. Assam has also introduced a medical insurance scheme for ASHAs. Chhattisgarh has a provision of sponsorship programme for ASHAs to enter ANM training schools. Bihar has supported about 1000 ASHAs to clear the Class Xth exam through National Institute of Open Schooling (NIOS). The recommendations of the 6th CRM Report of India, 2012 were to create career opportunities for ASHAs through certification of their skills and supporting them in education programmes; also the states should ensure one fixed day payment process for all the ASHAs irrespective of the mode of payments to eliminate delays in payments.

**CONCLUSION**

Empowerment is the process by which relatively powerless people work together to gain control over the events that determine their lives and health. It can occur at an individual, organizational or community level. Community empowerment refers to the process of enabling communities to increase control over their lives. Besides motivation and education, community health workers deliver a wide range of interventions in the areas of nutrition, maternal and child health, primary health care, malaria, tuberculosis and HIV/AIDS prevention and control, mental health and non-communicable diseases. These workers are found to be effective in increasing immunization coverage, improving breast-feeding rates, reducing infant mortality and improving tuberculosis treatment\(^9\). They serve as a great tool in community empowerment as they respond to the local needs of the community they are serving because they know the existing problems of the community. The community is empowered to take timely and appropriate decisions for their own well-being and health. By getting awareness and information through the community health workers about various government programmes related to health and health facilities, the people in the community are coming out in greater numbers to avail of the health care services. This, in turn, has shown up as many positive health outcomes\(^10\) that have been achieved in India after the introduction of ASHA programme under NRHM.
CHW programmes also serve as means to empower the women not only in intra-household decision-making e.g. in family planning and health-seeking behaviour but also as providers of primary health care services. Attrition has been identified as one of the key challenges in the health worker programmes and the various reasons responsible for it are inadequate pay, delay in payments, lack of profit, lack of family support, lack of time and loss of other economic opportunities. Hence, it is essential to have proper recruitment procedures, to provide community health workers with opportunities for continuing education, professional recognition, and career advancement.

The need of community health workers with regard to monetary incentives i.e. provision of a fixed-day payment and an appropriate amount should also be addressed keeping in view the various services these workers are providing to the community and the health outcomes that have been achieved owing to their hard work. Non-monetary incentives like provision of sarees or shoes and free treatment for their family members in sickness are also suggested. As it has been seen that CHWs often get frustrated for missing incentives for deliveries, it is suggested that they should be compensated for pregnancies rather than deliveries. It is important to recognize the change process as development involves time and resources to enhance the community empowerment, linking communities together for mutually beneficial collaboration can enhance community empowerment.

REFERENCES

1. WHO. (February, 2006). What is the evidence on effectiveness of empowerment to improve health? Regional Office for Europe’s Health Evidence Network (HEN).

